



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 128

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	27th, 28th, 29th July 2021
Date of inspection:	Announced
Registration Status:	Registered from 25th August 2020 to the 25th August 2023
Inspection Team:	Paschal McMahon Sinead Tierney
Date Report Issued:	21st September 2021

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	9
3. Inspection Findings	10
3.1 Theme 2: Effective Care and Support (Standard 2.2 only)	
3.2 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.1 only)	
4. Corrective and Preventative Actions	15

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 25th August 2017. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 25th August 2020 to the 25th August 2023.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen on admission. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provided a framework for positive interventions. STEM draws on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention and daily life events. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff, and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

At the time of this inspection the centre was registered without conditions from the 25th August 2020 to 25th August 2023. A draft inspection report was issued to the registered provider, senior management and centre manager on the 23rd August 2021 and to the relevant social work departments on the same date. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 6th September 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 128 without attached conditions from the 25th August 2020 to 25th August 2023 pursuant to Part VIII of the Child Care Act, 1991.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

Inspectors reviewed the status of the care planning for the three young people in residence. One of the young people had an up to date care plan on file. The second young person had recently had a child in care review meeting and the centre had the recorded minutes on file and were waiting on the social work department to forward the updated care plan. The third young person had been admitted a month prior to the inspection and a care plan review was scheduled to take place. Inspectors found that young people had attended their reviews and in cases where they chose not to attend staff assisted the young people in completing their review forms and advocated for them at their review meetings.

Each young person had an up to date placement plan on file that was prepared by their key workers. Inspectors found these to be reflective of the care plans and the review minutes on file. In the case of the new admission their placement plan was based on the referral and admission information the centre had received and was focussed primarily on assisting them in building relationships and settling in. There was evidence on file of individual work conducted with the young people on a monthly basis to get their input into their placement plans and the young people that spoke to inspectors confirmed this. The placement plans identified individual achievable goals and were reviewed on a monthly basis by the key workers, their case managers and centre management. The key work records viewed by inspectors were linked to the goals of the placement plans and were of a good standard with a high level of engagement from the young people.

The placement plans considered the views of young people's families and other relevant people where appropriate through regular phone contact, reviews and professionals' meetings. Social workers confirmed they were consulted in relation to placement plans and were provided with monthly progress reports.

At the time of inspection all of the young people were linked in with external support services and were engaging in these services and attending their appointments. There

was also evidence of good interagency cooperation with external professionals who attended meetings and providing guidance to the centre.

Inspectors were satisfied from a review of the care files and interviews with management, staff and social workers that there was effective communication between all parties.

Compliance with Regulation	
Regulation met	Regulation 5
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There had been a number of managerial changes in the centre since the previous inspection in July 2020. At the time of the last inspection the manager had resigned and the regional manager took over the management role in the interim until a new manager was appointed in September 2020. This manager was in post for a two month period before leaving their post and transferring to another of the organisation's centres. The regional manager again assumed responsibility for the centre in November 2020 until April 2021 while the organisation was in the process

of attempting to recruit a new manager. A deputy manager was also appointed in November 2020 and when the regional manager subsequently went on planned extended leave in April 2021, the deputy manager was appointed to the acting manager role with approval from the Alternative Care Inspection and Monitoring Service. The registered provider must ensure that a permanent centre manager is appointed, and every effort is made to maintain a consistent management team within the centre.

Staff interviewed expressed confidence in the acting centre manager stating that they provided good guidance and support, held them accountable in a professional manner in identifying skills for development.

Inspectors found from a review of the records including team staff meeting minutes and supervision records that there was a good focus on the quality of care, with reflective practice and learning. The centre also had a number of auditing systems in place which assessed the level of care and identified any deficits in quality and safety. There were clearly defined governance structures in place with clear lines of accountability and staff in interview were clear in terms of roles and responsibilities. As highlighted previously there had been a certain level of instability in the past year with a number of different management arrangements in place, social workers interviewed at the time of this inspection were satisfied that the centre was being well managed. The acting centre manager was on site five days a week and had overall responsibility and accountability for the delivery of care and there was evidence of their oversight in centre records and monthly audits. The acting manager was being mentored and supported in their role by the regional manager and in their absence by the assistant director of services. There was evidence in centre records that they, along with other senior management, had visited the centre on a regular basis to review records, conduct audits and meet with staff and young people.

The organisation had regular meetings with the national private placement team providing them with regular reports on compliance with standards and regulations.

The centre policies and procedures presented for inspection had a review date of May 2021. Inspectors reviewed the centres policies and procedures and found that they needed to be updated and aligned with the National Standards for Children's Residential Centres, 2018 (HIQA). The assistant director of services informed inspectors that the policies and procedures were in the process of being updated and the time frame for completion was August 2021.

The centre had a well-developed risk management framework in place that staff were familiar with. There were systems in place for the identification, assessment and management of risk which included a young person's risk register, centre risk register and an organisational risk register. Pre-admission risk assessments had been carried out prior to the young people's admission to identify and address areas of vulnerability and risk management plans were developed when necessary. There was also evidence of risks being escalated to senior management and being recorded on the organisational risk register. The organisation had an effective on-call system in place to support staff at all times in managing incidents and risks in the centre.

There was evidence from interviews and a review of centre records that the organisation had clear plans in place for the management of the Covid 19 virus. Staff members confirmed that they continued to have adequate and on-going access to supplies of infection control products and equipment and that there was an increased cleaning schedule in place. Plans were in place to manage visitors coming to the centre. All visitors were required to give assurances that they were not displaying symptoms of Covid 19 and temperature checks were conducted prior to entry.

The centre had an internal management structure in place appropriate to the size and purpose and function of the centre. There were alternative management arrangements in place for when the person in charge took periods of leave. There was evidence of a written delegation record identifying all duties assigned from the acting centre manager to appropriately qualified staff members.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None Identified
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	None Identified

Actions required

- The registered provider must ensure that a permanent centre manager is appointed, and every effort is made to maintain a consistent management team within the centre.

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

There was evidence across a range of records that workforce planning was undertaken at both organisational and centre level. There were appropriate numbers of staff employed in the centre with the acting manager, two social care leaders, six social care workers, two relief staff and there were plans for a third relief staff to be recruited. There was a good mix of experience in the staff team with the required number of social care qualified staff. The acting centre manager did not have an appropriate qualification in social care required to meet the criteria for a centre manager as set out by the Alternative Care Inspection and Monitoring Service and was being supported by the organisation to return to college in September 2021 to obtain a relevant qualification.

Inspectors reviewed the staff rosters and noted that there were periods in the months prior to inspection when the staffing levels fell below the minimum staffing requirements due to staff being transferred or having to work in the organisation's other centres to cover shifts. This resulted in some cases centre staff having to work additional shifts and double shifts to cover the centre's roster requirements. Inspectors acknowledge that this happened at a time when there was a reduced number of young people in the centre and there was no evidence that it impacted on the quality of care provided to the young people; however, minimum staffing levels should have been maintained. The registered provider must ensure that minimum staff cover is maintained in the centre at all times to cover the staff roster. A social worker who spoke to inspectors said there had been a high turnover of staff and managers last year, but the centre had settled in recent months with a more consistent manager and staff team in place.

The organisation had a range of support systems in place to promote staff retention. Staff stated that there were a number of benefits in working for the organisation

including health care, funding for further education and training and opportunities for promotion. Inspectors were informed that senior management had reviewed staff retention in the organisation and conducted an analysis of information in exit interviews with learning identified and changes planned to the organisation's induction and mentoring system.

The centre had an on-call policy in place which had recently been reviewed and updated. Staff found the on-call service was beneficial in terms of support and guidance and direction at evenings and weekends.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	None Identified

Actions required

- The registered provider must ensure that minimum staff cover is maintained in the centre at all times to cover the staff roster.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
5	The registered provider must ensure that a permanent centre manager is appointed, and every effort is made to maintain a consistent management team within the centre.	The provider continues to make all efforts possible with securing the appointment of a permanent manager for the centre. The registered provider has also revised its centre management structures to include the appointment of a deputy manager with the support of social care leaders. These appointments assist with centre management and provide opportunities for career progression. These positions will come into effect in September/October 2021	Daffodil Care places a strong emphasis on their centre management teams. The management structure has recently been revised to include the appointment of a deputy manager and a complement of three social care leaders. This development provides further support for centre management and provides strong career progression. The organisation is committed to identifying new and creative ways to ensure strong staff retention and has recently appointed a marketing manager to assist with recruitment and retention measures.
6	The registered provider must ensure that minimum staff cover is maintained in the centre at all times to cover the staff roster.	Daffodil Care along with their HR dept will ensure all efforts are made to ensure minimum staff cover is maintained in the centre at all times through appropriate recruitment avenues and risk escalation where required. The centre has recently	Where minimum staffing levels are not maintained, the appropriate risk escalation procedure will be actioned. All efforts are made to ensure recruitment efforts in the region remains consistent to ensure staffing levels in the centre can be

		made appointments to support centre management in addition to appointments of relief social care staff to support periods of annual/sick leave.	maintained at all times.
--	--	---	--------------------------