



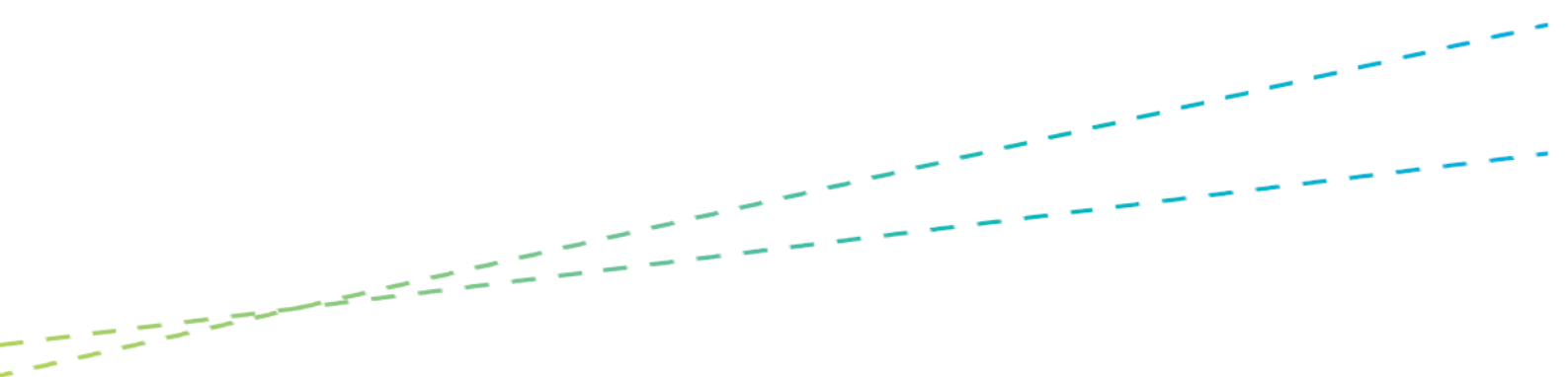
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 165**

**Year: 2020**



## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>One young person</b>
<b>Type of Inspection:</b>	<b>Announced themed inspection</b>
<b>Date of Inspection:</b>	<b>20<sup>th</sup> and 25<sup>th</sup> of February 2020</b>
<b>Registration Status:</b>	<b>Registered from the 31<sup>st</sup> of October 2019 to the 31<sup>st</sup> of October 2022</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>19<sup>th</sup> May 2020</b>

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# 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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 31<sup>st</sup> of October 2019. At the time of this inspection the centre was in its first registration and in year one of the cycle. The centre was registered as single occupancy without attached conditions from the 31<sup>st</sup> of October 2019 to the 31<sup>st</sup> of October 2022.

The centre was a special arrangement to care for one young person. The organisation's model of care was described as providing a framework for positive interventions with young people to develop relationships which were focused on achieving strengths based outcomes through daily life interactions. The centre's purpose and function described the model of care as integral to service delivery.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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 person, staff and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management and centre manager on the 22<sup>nd</sup> April 2020. 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 05<sup>th</sup> May 2020. This was deemed to be satisfactory and the inspection service received evidence of some of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to grant continuing registration for this centre, ID Number: 165 without attached conditions from the 31<sup>st</sup> October 2019 to the 31<sup>st</sup> October 2022.

### 3. Inspection Findings

#### Regulations 5 and 6 (1 and 2)

#### Theme 5: Leadership, Governance and Management

#### Standard 5.1

The inspectors were satisfied that the centre was operating in compliance with legislation, regulations and national standards relating to children's residential centres. Inspectors reviewed the centre's policies and procedures and found that they had been updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

There was an on-going training programme through supervisions and staff team meetings to familiarise staff with new policies and standards. There were also audit mechanisms in place to identify gaps in compliance with national standards and organisational policy. The centre's regional manager and quality assurance manager regularly visited the centre to audit compliance in this respect.

However, inspectors found that staff needed a better understanding and to be more familiar with relevant legislation, regulations, policies and standards for the care and welfare of children. During interview staff members struggled at times to demonstrate knowledge of the model of care, the centre purpose and function and some centre policies. It is important that the organisation's audit mechanisms focus on identifying gaps in staff knowledge and practice in this respect and provide training programmes where necessary.

#### Standard 5.2

There was evidence of leadership in the centre by the internal and external line managers. Inspectors found an emphasis on quality and safety of care practice. There was also a culture of learning which was evident in some aspects across centre records including team meetings and supervision minutes. However, given the relative inexperience of the team, centre managers should have placed a further focus on education and support for staff members. There had been six team meetings since the centre opened and at times there were gaps of three or four weeks between meetings. In some instances the model of care was not discussed at team meetings and where it was discussed the minutes for these meetings did not provide sufficient



detail on the discussions. Inspectors also found that supervision had not increased for staff that were inexperienced and this should have occurred and included a more effective component on education.

Inspectors observed that there was a clearly defined governance structure for the centre with the centre manager reporting to a regional manager who in turn reported to the organisation's assistant director of services. The centre manager was responsible for the day-to-day running of the centre. The centre also had two social care leader posts. Inspectors found that each person in the management structure was aware of their roles and responsibilities and were available to staff. There was evidence on care files that the regional manager had visited the centre to review records, conduct audits and meet with staff and young people.

While one social care leader acted in the centre manager's absence, they did not sign the administrative or care records to evidence their governance and oversight. It is important that evidence of oversight is included where documents have been reviewed and the information and learning from care records passed on to the staff team. Further, there was no formal record of the delegation of duties in the centre and one should be created for tracking and oversight by senior managers.

There were service level agreements in place with the funding body and the service provided regular reports on compliance with standards and regulations. There were mechanisms in place for the regular review and update of policies and there was evidence that policies were reviewed at team meetings with centre staff.

While there was a risk management structure in place in the centre, the staff who were interviewed struggled to describe this. During interview staff members were able to discuss risks associated with the young person's behaviours but could not describe the mechanisms to capture risk or how this was escalated. Staff were not familiar with the operational or environmental risks in the centre or risk mitigation processes.

### **Standard 5.3**

There was a statement of purpose and function for the centre which clearly described the model of care and the service it was to provide. Inspectors found that the aims, objectives and ethos of the centre were included in this document as were the specialised services that could be availed of to meet the young people's needs. Arrangements for the wellbeing and safety of young people along with core policies

were also provided in the document. However, this document did not clearly define that management structure or the staff employed in the centre and must be amended to reflect this.

The centre's model of care was described as a framework for positive interventions with young people to develop relationships which were focused on achieving strengths based outcomes through daily life interactions. Inspectors found through interview that staff members were not familiar with the purpose and function and struggled to describe the model of care and how this reflected the day-to-day operation of the centre. Inspectors also found that three of the six full time staff members had not completed training in the model of care.

Statements of purpose and function for this centre and others in the organisation were regularly reviewed in line with governance arrangements and it was noted that this document had been reviewed a number of days prior to the inspection by the organisation's director of services. The statement of purpose was publicly available and communicated to staff and the resident young person.

#### **Standard 5.4**

The centre had clear systems in place to monitor, improve and evaluate the quality, safety and continuity of care provided to the young people. The organisation's regional manager conducted regular audits in the centre as did the quality assurance manager. There was evidence that the centre manager was monitoring the quality of care in the centre through their oversight of records, observation of staff practice and contact with the young person. The centre manager provided a fortnightly governance report to the regional manager who verified this while on site.

Inspectors found that at times the systems for feedback following audit did not allow for clear tracking of actions and outcomes. There were instances when audits were followed up with an email that contained feedback but an action plan was not created from this. Inspectors recommend that feedback from audits is provided as a written report and that actions plans are always created to support tracking and learning for staff and the centre manager. Inspectors observed that for one audit the centre manager and one social care leader were interviewed. It is important that a cross section of staff are also interviewed as part of audit processes to establish the knowledge base across the entire team on issues such as complaints, child protection and care practice.

The social worker for the young person was very satisfied with the quality of care provided to the young person and the progress they had made in their placements.

The centre had a complaints process in place which was understood by staff. Tracking and monitoring of complaints made by the young person was also carried out by the centre manager and regional manager. The organisation's quality assurance manager had conducted an audit on complaints since the centre opened. However, inspectors found that in two instances complaints that should have been formally notified that were related to the care of the young person were deemed to be informal complaints and dealt with internally by the centre manager. The tracking and oversight by external management should have identified these complaints as formal and ensured they were notified. Learning from these complaints was shared with the staff team and inspectors noted a change in process as a result.

The organisation was aware of the requirement for the registered provider to conduct an annual review of compliance of the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people. Work was on-going in this respect at the time of the inspection.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6.2 Regulation 6.1</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5 .1 Standard 5.3 Standard 5.4 Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The regional manager must ensure that the staff team are provide with further training on relevant legislation, regulations, policies and standards for the care and welfare of children.
- The regional manager must ensure that further training is provided to staff on the model of care that is in use in the centre.

- The regional manager must ensure that where a social care leader acts in the manager's absence that they sign care records to evidence their oversight and governance.
- The centre manager must ensure that there is a formal record of duties that are delegated to other staff members.
- The centre manager must provide training to the staff team on the risk management systems in place in the centre.
- The director of services must ensure that the statement of purpose and function is amended to include the staff and management structure in place in the centre.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The regional manager must ensure that the staff team are provide with further training on relevant legislation, regulations, policies and standards for the care and welfare of children.	<p>Daffodil Care are committed to the on-going development of staff on legislation, regulations, policies and standards for care and welfare of children. A collection of themed quizzes has been developed by the senior management in respect of the HIQA themes to promote on-going learning and familiarisation via team meetings and supervision for all staff members to appropriately identify gaps and areas for further development of the team.</p> <p>Further training for the team in regulations and National Standards will be provided for the team via Webinar before 30th May 2020</p> <p>With regards to policies, this is a standing feature in team meetings, and will be refreshed on a regular basis with the team, to notify of updates and ensure understanding so that best practice is</p>	<p>On induction of a new staff member, emphasis is placed on policies, legislation, and standards of care. This will be supported via team meetings and supervision, with the addition of supplementary supervisions where gaps in knowledge are identified, and an increased level of recording these sessions for monitoring and tracking deficits at the earliest opportunity.</p> <p>The Centre Manager will ensure that training and knowledge deficits will continue to be identified and supported via a standing item at team meetings to focus on policy updates/legislation changes/regulations/National Standards</p>

	<p>The regional manager must ensure that further training is provided to staff on the model of care that is in use in the centre.</p>	<p>provided to young people in our care. Time frame for completion of such will be over a period of three months – bi-monthly meetings will focus on one National Standard theme, and subsequently be followed up via supervision to ensure consistency amongst the team.</p> <p>Regional Manager and Centre Manager have introduced a third team meeting per month for a period of three months May 2020 to August 2020 which will specifically focus on STEM model of care for that given month. This is a supportive measure to enhance knowledge, confidence, and complement training – to ensure consistency of use of model and confidence of delivery of such amongst the team.</p> <p>Two staff members are currently awaiting rescheduling of STEM Training which was postponed in April due to Covid-19. The Centre Manager is focused on</p>	<p>The Centre Manager will ensure that the STEM Induction Manual is adhered to by new staff through the provision of a STEM Mentor and addressed frequently in supervision.</p> <p>The Centre Manager will increase the frequency of formal supervision sessions for new staff to facilitate the required up-skilling in areas such as the model of care, legislation, policy, and National Standards.</p>
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	<p>The regional manager must ensure that where a social care leader acts in the manager's absence that they sign care records to evidence their oversight and governance.</p> <p>The centre manager must ensure that there is a formal record of duties that are delegated to other staff members.</p>	<p>ensuring the STEM Induction Manual, a tool to support new staff in understanding the foundation of the model of care, is a focus of each team meeting.</p> <p>The delegation of tasks when Social Care Leaders are acting in the Centre Managers absence will be recorded in Management meeting minutes and in Supervision records.</p> <p>Social care leaders will oversee, verify, and sign documents to evidence oversight and governance. This will be verified in the regional managers presence in the centre to ensure adherence to this measure.</p> <p>Tasks delegated to the staff team are recorded in a number of formal documents currently such a handover documentation, team meetings, management meetings, formal supervisions and supplementary supervisions conducted with staff.</p> <p>All documentation is reviewed routinely by the centre and regional manager to ensure</p>	<p>The Regional manager will ensure appropriate management support is in place for the centre when the Centre Manager is absent through planning at management meetings and daily communication with Social Care Leaders throughout the absence to ensure a high level of oversight and governance is maintained.</p> <p>The Regional manager will ensure appropriate management support is in place for the centre when the Centre Manager is absent through planning at management meetings and daily communication with Social Care Leaders throughout the absence to ensure a high level of oversight and governance is</p>
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	<p>The centre manager must provide training to the staff team on the risk management systems in place in the centre.</p> <p>The director of services must ensure that the statement of purpose and function is amended to include the staff and management structure in place in the centre.</p>	<p>adherence to tasks identified for delegation.</p> <p>Daffodil Care have reviewed their risk management system and devised a tiered risk management structure for young persons, centre and organisation risk management. Given the restrictions around on-site training due to Covid-19, a risk management training presentation will be shared with the regional and centre management to conduct with the team via distance learning.</p> <p>This will be completed by 30th May 2020.</p> <p>The statement of purpose of function will be amended as required to include the staff and management structure in place.</p>	<p>maintained.</p> <p>Risk management training presentation will be shared with both regional and centre manager to conduct with the team by 30<sup>th</sup> May 2020.</p> <p>The statement will be updated by 15.5.20</p>
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