



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: 2021

Inspection Report

Year:	2021
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Two young people
Type of Inspection:	Announced themed inspection
Date of inspection:	14th, 15th and 16th June 2021
Registration Status:	Registered from the 31st of October 2019 to the 31st of October 2022
Inspection Team:	Anne McEvoy Sinead Tierney
Date Report Issued:	23rd July 2021

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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 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 31st October 2019. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 31st of October 2019 to the 31st of October 2022.

The centre was registered to provide short to medium term care for young people, of both genders between the ages of thirteen and seventeen. The centre operated under a therapeutic support model which provided a framework for positive interventions with young people. The aim was to develop relationships focusing on achieving strengths based outcomes through daily life interactions. There were two 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

A draft inspection report was issued to the registered provider, senior management, centre manager on the 30th June 2021 and to the relevant social work departments on the 30th June 2021. 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 2nd July 2021. This was deemed to be satisfactory and the inspection service received evidence 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 register this centre, ID Number: 165 without attached conditions from the 31st of October 2019 to the 31st of October 2022 pursuant to Part VIII, 1991 Child Care Act.

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 care records for both young people resident in the centre. There was an up to date care plan on file for one young person and inspectors acknowledged that the child in care review had been held for the second young person however due to the cyber-attack on the Tusla IT systems resulting in all systems being shut down for a period of time, the social work department was not in a position to complete or print the care plan from their IT system. There was an older care plan placed on the young person's file and the centre staff who attended the child in care review had recorded comprehensive notes and these were used to inform the most recent placement plan. There was evidence of reviews occurring within statutory timeframes.

Inspectors found up to date placement plans on file for each young person with evidence that these were regularly reviewed and evaluated. One young person interviewed stated that they were aware of their placement plan and was provided with opportunities to have their voice heard. On review of key working records, inspectors found individual key working sessions involving each young person in planning and providing them with opportunities to inform the placement plan. One young person in interview told inspectors that they attended their reviews when they wished to do so. On occasions when they chose not to attend they usually completed a young person's review form and the manager and staff advocated on their behalf. Key working focused both on identified needs from the care plan and on emerging issues from significant events. Inspectors reviewed the placement plans on file and found them to set out clear goals in line with their care plans that were available. There was good evidence on file of key workers working with the young people to meet the goals in their placement plans. Team meeting records reviewed demonstrated that placement plans and goals were discussed so all staff were aware of the goals and work to be completed.

There was evidence on file of centre staff updating family members on specific significant events within the centre, however for the most part involvement of both young peoples' family members was facilitated through the social work department.

Inspectors found identified external supports for each young person where required and these were appropriate. The young people were accessing services such as child and adolescent mental health services, juvenile liaison officer, equine therapy, drugs outreach programme and ACTS. When interviewed, the guardians ad litem and social workers for both young people were satisfied that the centre was facilitating all required external services for the young people and identified that the centre worked well with the relevant social work departments to ensure the best outcomes for the young people.

Inspectors reviewed care files, social work questionnaires and spoke with the management and staff in the centre and found there to be effective communication between all parties. This communication involved in person meetings, regular phone and email correspondence and interagency professional meetings.

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	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

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.

Inspectors reviewed centre records and care files and found evidence of leadership at all levels in the centre. The social care manager provided guidance to social care leaders and staff on provision of safe care, development of professional skills and competencies and team cohesiveness. Staff questionnaires reported that staff found the internal managers to be knowledgeable and approachable. Supervision records demonstrated that the internal managers held staff accountable and challenged their practice when appropriate.

There were clearly defined governance arrangements and structures in place that set out the lines of authority and accountability. In interview staff confirmed that they were provided with job descriptions outlining their responsibilities. The centre had a defined auditing process in place with fortnightly governance reports being forwarded to the regional manager alongside themed audits being undertaken by the quality assurance officer. The company also employed a compliance officer to ensure compliance with company policy and procedures as well as National Standards for Childrens Residential Centres 2018 (HIQA).

The regional manager confirmed that the company had a service level agreement in place and reports were forwarded to the funding body noting compliance with relevant legislation and national standards. The social care manager was deemed to be the person in charge with overall executive accountability, responsibility, and authority for the delivery of service and care. At the time of inspection, it was noted that the centre had a full staffing compliment, however a review of records indicated that this was not always the case. This will be further discussed in standard 6.1. The internal management structure was appropriate to the size and purpose and function of the centre.

It was confirmed that when the social care manager takes annual leave, the period of leave was covered by the regional manager and/or social care leaders depending on

the length of time to be covered. Inspectors were given records supporting the written record of delegated duties to other staff members. This was also supported by supplementary supervision records when delegation of duties was discussed in detail. There was an on- call system in place for evenings and weekends which inspectors found was effective for care provision.

The centre had a risk management framework in place for the identification, assessment and management of risk. The centre had a corporate risk register, a centre specific risk register and a risk register outlining the specific risks for each of the young people placed.

On review by inspectors, the corporate risk register noted risks relating to various staffing issues in other centres but did not note this centre as holding a staffing risk. Inspectors identified the lack of available staff both contracted and relief as a risk held in the centre and this ought to have been recorded in the risk register and a risk management plan implemented. This is further discussed in Standard 6.1. The registered provider must ensure that when there are identified risks relating to the lack of available staff to cover daily rotas, this must be noted on the risk register.

The centre risk register noted that restraints were not permitted due to Covid-19 pandemic and the absence of certified refresher training in the physical restraint aspect of the behavioural management practice. This was noted on the risk register in July 2020 and inspectors recommend that centre management implement a plan to complete this training as soon as possible. On review of training records, it was noted that three members of staff did not have first aid training completed due to absence of training as a result of Covid-19. This ought to be have included on the risk register for the centre and a plan implemented to ensure that these staff members were not on shift together. The centre manager and registered provider must ensure that risks related to training and its potential impact on care provision are named on the risk register, that first aid training is completed urgently and in the interim the centre manager must ensure that there is always a staff member on duty who has valid in date first aid training completed.

The risk register noting individual risks for each young person was not consistent with known risks identified. Significant events which had occurred and which identified additional risks for both young people were not included on the risk register. While the administrative aspect was not consistent, inspectors found that risks were managed well. The centre manager must ensure that all identified risks for young people resident are included on the risk register. In addition, there was inconsistent practice in the evaluation of risk such as smoking in rooms. While this

was identified and assessed, there was no evidence of evaluation to determine if the intervention plans were successful. The centre manager must ensure that risks are evaluated and reviewed to determine if the risk management plan was successful.

In interview the social workers and Guardians ad litem for both young people felt that the centre adopted a pragmatic and sensible approach to risk identification and management. They identified that they were kept informed by the centre of risks that were presenting and the intervention plans to be implemented. Given the complexities of both young people there was evidence of frequent interagency and professional meetings to manage risk and the centre adopted a risk reduction approach which was commended by the relevant social work departments.

Care records reviewed contained pre-admission risk assessments which were carried out prior to admission of each young person which reflected the potential impact that each young person may have on the other and noted how these risks were to be managed. Social workers and Guardians ad litem for both young people noted that the centre completed excellent transition plans for both prior to admission.

Inspectors spoke with the centre manager and staff in relation to the ongoing Covid-19 pandemic and found evidence of measures that were put in place by the organisation in response to the crisis. Staff members confirmed they had full access to personal protective equipment, cleaning materials and sanitiser as required.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that when there are identified risks relating to the lack of available staff to cover daily rotas, this must be noted on the risk register.

- The centre manager and registered provider must ensure that risks related to training, specifically restraint training and first aid training are reflected as necessary in the risk register noting its potential impact on care provision. The centre manager must also ensure that first aid training is completed urgently and in the interim the centre manager must ensure that there is always a staff member on duty who has valid in date first aid training completed.
- The centre manager must ensure that all identified risks for young people resident are included on the risk register.
- The centre manager must ensure that risks are evaluated and reviewed to determine if the risk management plan was successful.

Regulation 6: Person in Charge

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.

At the time of inspection, the centre had appropriate numbers of staff employed having regard to the number and needs of the young people resident and the centre's statement of purpose. The centre had a core permanent team of a social care manager, two social care leaders, and seven social care workers (one of whom was on extended leave). However, the newest member of staff had only been inducted in the three months prior to inspection and prior to their induction the centre was operating with insufficient staffing numbers due to long term sick leave of one member of staff and the centre not having an effective relief panel in place. It was noted at the time of inspection that two relief social care workers were in the process of on-boarding, however the centre had effectively been operating without a relief panel for a significant period of time. From October 2020, due to the Covid-19 pandemic, the nominated relief social care worker had been unavailable to provide relief cover. This was discussed at management meetings and a decision was made to remove the relief social care worker from the panel and recruit additional staff. A sample of team meeting and senior management meeting records reviewed, evidenced that while workforce planning was discussed, there was insufficient action taken to address the matter. As noted under standard 5.2, the staffing issues of not having sufficient contracted staff and no relief staff was not named on the risk register and there was no risk management plan put in place to manage the issue going forward. The

registered provider must ensure that moving forward the centre adheres to the agreed minimum quota of permanent contracted staff with a pool of qualified relief staff to draw from.

There were a number of occasions when there was no identified day shift to support the overnight staff on duty and given the complexities of the young people placed, the centre needed to have three members of staff on duty. Inspectors also noted that there were occasions when staff members exceeded their weekly contracted hours to cover additional shifts. In interviews staff commented on their commitment to the young people and to the centre and this was also commented on by one young person interviewed who stated that there is a core team of staff members who are contracted to the centre and knew the young people well. However, the registered provider and centre management need to ensure that adequate workforce planning is undertaken to ensure that staff have sufficient breaks between shifts to rest and there are sufficient numbers of contracted and relief staff to take account of annual leave, sick leave and contingency cover for emergencies. While the social workers and Guardians ad litem were not aware of reduced staffing numbers, they stated that the care of the young people was not impacted by it.

The staff employed in the centre had the necessary competencies with a good mix of age and experience to meet the needs of the young people. Inspectors found that staff turnover was low with only three contracted staff members leaving since the time of the last inspection in February 2020, one of whom progressed to management within the company. There were a number of company initiatives to promote staff retention, access to an employee assistance programme, incremental pay increases, self-care supports for staff, access to medical assistance and a bursary for educational courses.

The centre had an on call policy in place to assist staff in dealing with any crisis or emergencies when the manager was absent from the centre. In interview staff members noted that this was an effective system with the managers on call familiar with the issues arising in the centre.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider and centre management need to ensure that adequate workforce planning is undertaken to ensure that staff have sufficient breaks between shifts to rest and there are sufficient numbers of contracted and relief staff to take account of annual leave, sick leave and contingency cover for emergencies.
- The registered provider must ensure that moving forward the centre adheres to the agreed minimum quota of permanent contracted staff with a pool of qualified relief staff to draw from.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
5	<p>The registered provider must ensure that when there are identified risks relating to the lack of available staff to cover daily rotas, this must be noted on the risk register.</p> <p>The centre manager and registered provider must ensure that risks related</p>	<p>Centre risk assessment has been completed to reflect gaps of day shifts on the roster.</p> <p>All staff who require first aid training have been booked on the earliest course for this</p>	<p>Staffing has been discussed in detail in recent Regional Management meeting on 29/06/21, whereby risk assessment was discussed. This will continue to be reviewed in this forum.</p> <p>This will also be reviewed at management meetings in the centre.</p> <p>Staffing levels are reported on in the centre's governance report which is reviewed by the Senior Management Team. In addition, staffing levels are discussed at Senior Management Meetings as a standing item.</p> <p>RSCW's are currently in recruitment to fill these gaps in future.</p> <p>SCM will monitor training needs closely for any new staff members who start in the</p>

	<p>to training, specifically restraint training and first aid training are reflected as necessary in the risk register noting its potential impact on care provision. The centre manager must also ensure that first aid training is completed urgently and in the interim the centre manager must ensure that there is always a staff member on duty who has valid in date first aid training completed.</p> <p>The centre manager must ensure that all identified risks for young people resident are included on the risk register.</p> <p>The centre manager must ensure that risks are evaluated and reviewed to determine if the risk management plan was successful.</p>	<p>on the 20/07/21. Until this time, none of these staff are on an overnight shift together.</p> <p>Staff members who are currently not certified to restrain due to no in-person training in line with COVID restrictions, continue to follow the ICSPP and all other behaviour support techniques. In person training is scheduled to recommence from 05.07.2021.</p> <p>Centre risk assessment has been devised and is on file in relation to first aid and TCI training and the above management plan.</p> <p>Risk register has been rectified to include missing risk assessments for YP and all new risk assessments have been added accordingly.</p> <p>Identified risk assessment re: YP smoking has been evaluated and escalated</p>	<p>centre and ensure no two staff without training are on an overnight shift together. SCM will request training if requirements are needed and will liaise with RM around this. Centre risk assessments will be utilised in all events going forward to reflect major deficits in training which may impact care provision.</p> <p>Training and risks are reported on in the centre's governance report which is reviewed by the Senior Management Team.</p> <p>SCM will monitor cross-referencing of risk assessments with the risk register through file review, sign off on documents and through management and team meetings. These will also be cross-checked within themed audits being completed throughout</p>
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		<p>accordingly. All other risk assessment have been checked and evaluations updated/escalated where necessary.</p>	<p>the year.</p> <p>All risks for young people will be discussed at Team and Management Meetings and referenced in the centre's governance report.</p> <p>SCM and SCL's to review and evaluate risk assessments more regularly. SCL's-will be reminded of the importance of this within centre management meetings, with staff members also being prompted and guided around escalating risks and the appropriate response and management plans for same. Escalation for both YP in the centre is a common trend and this will continue to be reviewed regularly by SCM and RM going forward.</p>
6	<p>The registered provider and centre management need to ensure that adequate workforce planning is undertaken to ensure that staff have sufficient breaks between shifts to rest and there are sufficient numbers of contracted and relief staff to take account of annual leave, sick leave and</p>	<p>Roster changes have been completed to ensure staff have adequate time off after shifts, including SCL's with on-call responsibilities.</p> <p>3 RSCW's have begun working in the region and these are now available for any necessary shift cover moving forward.</p>	<p>SCM completes the centre roster and will ensure adequate time off between shifts for each staff member. RM will have oversight on this also to ensure compliance.</p> <p>2 RSCW's are still in process of onboarding for Oakdale. These will also provide cover in the future for any leave which occurs or in case of emergency or sick leave.</p>

	<p>contingency cover for emergencies.</p> <p>The registered provider must ensure that moving forward the centre adheres to the agreed minimum quota of permanent contracted staff with a pool of qualified relief staff to draw from.</p>	<p>Since inspection, 3 RSCW's have begun working in the region and they are now available for any necessary shift cover moving forward, with two RSCW still in process identified to be based in Oakdale. SCM is constantly getting updates from HR regarding progress with the 2 RSCW's files and when these have been fully completed, induction will be completed immediately.</p>	<p>Continued interviews for positions for RSCW are continuing for the region and another RSCW is being actively sought for Oakdale also, to ensure issues of a minimal relief pool do not reoccur.</p>
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