An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 006

Year: 2023 (2)

Inspection Report

Year:	**2023**
Name of Organisation:	**Daffodil Care Services**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced themed inspection**
Date of inspection:	**20th, 26th and 29th June 2023**
Registration Status:	**Registered from the 13th of March 2021 to the 13th of March 2024**
Inspection Team:	**Janice Ryan** **Ciara Nangle**
Date Report Issued:	**12th September 2023**

Contents

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 and Regulation 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 in March 2015. At the time of this inspection the centre was in their third registration and in year three of the cycle. The centre was registered without conditions from the 13th of March 2021 to the 13th of March 2024.

The centre was registered as a multi-occupancy service to accommodate three young people 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. At the time of inspection there were three young people in residence. Two of which were placed in the centre under derogation as they were under thirteen years of age on admission which was outside of the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care	3.2
6: Responsive Workforce	6.1

This inspection activity was conducted as a result of an escalation sent by the National Private Placement Team to ACIMS in relation to the management of concerning behaviours by three young people in the centre. The focus of this inspection was to determine whether appropriate risk assessments, safety plans and actions were being implemented within the centre to mitigate the risks. The inspection was a blended inspection which consisted of a desktop review of documents and an onsite review of care records for all young people including a wide range of centre records relevant to placement planning, clinical supports, key working, risk management and professional meetings.

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. Where possible 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 23rd August 2023 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 04th September 2023. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

While this inspection found that the centre did not meet the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing, evidence was subsequently submitted by the service to show that they were now in compliance.

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 006: without attached conditions from the 13th March 2021 to 13th March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The inspectors found that the centre had policies and procedures in place to support the positive management of behaviour that challenged. The inspectors found that the core staff team had commenced training in the Systemic Therapeutic Engagement Model (STEM) model of care however, this had been placed on hold due to staffing deficits. The centre had a recognised framework of behaviour management in place in the centre however, not all staff had been trained in the same.

Due to the centre having a deficit in staffing as discussed under Theme 6.1 below, the inspectors found that the centre's reliance on external staff (from other centres and agencies) to fill the roster, placed additional pressure on the core staff team. Given the complexities of the behaviours within the centre it was necessary that staff covering shifts were up to date on the relevant behaviour management plans to guide practice and this placed pressure on the core staff team, some of whom were only newly qualified.

The inspectors found that there were no clear mechanisms in place to assure the acting centre manager that when staff from external agencies were being utilised that these had the required training or competencies to meet the needs of this cohort of young people. There were no risk assessments in place to ensure that this risk was managed appropriately and ensure safe care among staff and young people. This needs to be rectified.

From a review of the centre's records, interviews with staff and management and from discussions with the young people in the centre the inspectors found that the staff understood the needs of each young person. It was evident that the core staff team had built up good relationships with the young people and they trusted staff to keep them safe when incidents arose.

The inspectors reviewed a range of centre records which included Individual Crisis Support Practice Plans (ICSPP) and Individual Absent Management Plans (IAMP)

and found that these were aligned to the behaviour management framework. However, guidance documents that were in place to support a relatively new staff team, to help them manage and understand the presenting behaviours, were very detailed and long and may result in information being lost or not understood correctly. While the centre had a range of plans in place the inspectors found that at times staff were not following these due to inexperience and inconsistent staffing and this was impacting the implementation and overall management of behaviours of concerns. Where staff practice concerns were raised the inspectors found it difficult to verify where these were addressed for learning.

Care planning records reviewed identified behaviours of concerns and included actions to address these issues. The inspectors found that these were reviewed on an ongoing basis and were updated and aligned to new therapeutic interventions where required. The inspectors found that young people were clearly guided by routines and structures in the centre as identified by inspectors in their daily logs, (ICSPP) and therapeutic interventions. There was good key working in place to address behaviours of concerns, which was age appropriate and aligned to each young person's care plan. The centre was proactive and ensured young people were encouraged to develop their interests in the local community and were supported to engage in a range of extracurricular activities. The inspectors found that care plans remained outstanding for all young people. While inspectors reviewed an email on file being sent to the social work departments at three month intervals to request the care plan, this requires improvement to ensure escalation procedures are followed in respect of sourcing these care plans.

Staff had access to a range of therapeutic supports internally and from external services to support risk taking behaviours. However, information from these meetings was only shared at the staff team meetings in which outside agency or staff from other centres did not attend. This resulted in gaps in the implementation of consistent strategies and interventions across the team. The inspectors found that where specialist advice was provided from external agencies, they too highlighted the impact of inconsistent staffing on the young people. The centre is currently awaiting information from the social work department in relation to an external psychologist being sourced to oversee the clinical input for two young people in the centre.

The inspectors reviewed the centre's team meeting minutes and found at times the minutes did not include enough detail around placement planning, interventions, clinical advice or risk management. The minutes detailed that planning documents require updating but did not record what this was. The inspectors found that as a

result of some staff that worked in the centre not attending team meetings it was difficult to be assured that staff knew what strategies were updated or implemented if reading same.

Oversight from the acting centre manager was not always evident across a range of documents reviewed. For example, inspectors noted that significant event reports did not always have feedback or comments relating to issues of concerns, that safety plans were not dated, that plans identified in clinical forms were not always implemented and there was limited evidence of oversight of handovers and daily logs. Significant events reviewed at times lacked details of the event and the interventions of staff. Further, where staff practices were highlighted or interventions were not followed the inspectors found it difficult to ascertain where this was addressed.

The inspectors reviewed a sample of significant event review group (SERG) meetings and found they were of a good standard however, the plan put in place to address themes/trends identified was not robust/detailed enough to effectively manage the complex dynamic and a support new and inconsistent staff team to manage the behaviours or interrupt identified patterns. The tracking of information was not always clear to ensure actions requiring follow-up were completed.

Risk assessments were in place however, these could be more specific and robust. From a review of a sample of risk assessments the inspectors found that the staff team were detailing the behaviour and were not identifying what the risk was. Risk assessments were reviewed at team meetings and externally by regional management, however improvement is required in relation to the understanding and categorising of risks.

Restrictive practice was in place in the centre. In interview, staff were not clear on what constitutes a restrictive practice for example they could identify that door alarms on young people's room were a restrictive practice however, struggled to identify what else could be a restrictive practice. There was centre risk assessment in place for internal sensor alarms however, the inspectors recommend that this is reviewed and individualised to each young person. There was no register in place to support the ongoing review of restrictive practices. The inspectors found that in earlier months restrictive practice items were discussed at the team meetings and items were categorised as restrictive. However, in recent months this has ceased, and the inspectors recommend that this is reviewed.

A behaviour management audit took place in February/March and June this year in the centre by an external company. The inspectors found that this audit would benefit from review and should be aligned to the National Standards for Children's Residential Centres, 2018 (HIQA). The inspectors noted that where actions were identified as not completed it was difficult to ascertain where these were tracked or actioned to an outcome.

Inspectors spoke with all three young people as part of this inspection process. They advised that they liked living in their placement and believed that the staff team could keep them safe. The inspectors observed them engage positively with staff members and were very relaxed in their company.

The supervising social worker and Guardian Ad Litem interview advised that they were satisfied with the care being provided to the young people in placement. Two social workers advised that the team were working to the best of their ability to safeguard the young person and they were notified without delay of any significant events or issues of concerns and that they were responsive to ensure multi-disciplinary meetings took place in a timely manner.

Compliance with Regulation	
Regulation met	**Regulation 16**
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 3.2**
Practices did not meet the required standard	**None identified**

Actions required

- The registered provider must ensure that all staff working in the centre are fully trained in the Model of Care for the organisation and policies and procedures are reviewed regularly within the team.
- The registered provider must ensure that all staff working in the centre are trained in the framework for behaviour management.
- The registered provider must review the movement of staff within the organisation and the impact this may have on the continuity of care to young people.

- The registered provider must ensure that all care planning documents are placed on each young person's file in line with statutory requirements.
- The registered provider must ensure that all team meeting minutes accurately record information in relation to the care of the young people.
- The acting centre manager must ensure that all interventions are accurately recorded and understood by the staff team.
- The register provider must review the young people's risk assessments to ensure that risks are identified correctly, and the mitigation actions put in place to manage the risks are proportionate.
- The registered provider must review all restrictive practices in the centre and ensure they are correctly identified and reviewed in line with the National Standards for Children's Residential Centres (2018), HIQA.
- The registered provider must ensure that where actions are identified that these are accurately documented and tracked to an outcome.

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.

The centre was registered to provide care for three young people and at the time of inspection there were three young people residing in the centre. The centre was providing double overnight cover and a day shift. The inspectors found the centre had been granted an additional staff member to provide extra cover in June 2023 however, the centre had found it difficult to find staff to fulfil this extra requirement on the roster.

Inspectors saw evidence of work force planning for the centre contained within the monthly reports prepared by the acting centre manager and also from the regional management meetings. Regional management meetings took place on a monthly basis which contained an analysis of staffing requirements for the centre and updates in relation to recruitment. The regional manager engaged with weekly meetings with the Recruitment Department in relation to ongoing recruitment issues and filling of vacant posts. The organisation was actively promoting recruitment for the region currently.

At the time of the inspection the centre provided inspectors with a list of current staff. The inspectors found that the centre manager and the deputy manager were both in acting positions in the service. The staff information sheet evidenced that the centre was below their whole-time equivalent (WTE) number with only having six full-time staff. The service operated below its WTE for numerous months and relied on staff within the organisation and external agency staff to support the day-to-day rostering requirements in the centre while they were recruiting additional staff. This was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing. However, it had been agreed as part of the derogation for two young people in the centre that external staff could be utilised until a stable team was in place. Recruitment was ongoing in the centre and the inspectors were aware that there were two staff members onboarding.

The centre had a relatively new staff team which required direction and guidance to manage young people's behaviours. The inspectors sampled the centre's rosters over a three-month period and found that they were clear and easy to follow. It was evident that the centre was heavily reliant on their relief panel/agency/staff from other centres within the organisation to fill the gap in the roster and this had resulted in inconsistencies in care for all young people and was not sufficient to support a newly developed team. The inspectors found that approval had been sought and agreed from the social work department for an additional 4th staff member to be on shift, however, the centre had struggled at times to implement this. The inspectors reviewed the centre's handover log and found that these logs were incomplete at times, not always signed off on or completed correctly. They found that staff were recording in the logs that they were tired, there was not enough staff at the weekend or staggering shift patterns were a concern. Improvement in staffing is required to ensure consistency in care is provided to all young people in the centre.

Staff retention was promoted within the organisation with a range of benefits and initiatives to support retention for example centre of the month, discount/perks for hotels, sports day. The organisation was also in the process of implementing a new recruitment progression programme initiative in relation to the upskilling of social care leaders within the organisation. This was in early infancy. The organisation completed exit interview summaries/analysis where trends were analysed for staff leaving however, there have been no patterns of concern to date.

There was an on-call policy in place which included procedures for contacting on call. Staff in interview were clear of when on call should be contacted. The centre had an on-call record in place but on review of this the inspectors found that the information recorded, or advice given, was not always up to date. Improvement is required in this regard.

Compliance with Regulation	
Regulation met	**Regulation 6**
Regulation not met	**Regulation 7**

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	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Standard 6.1**

Actions required:

- The registered provider must ensure that the centre has sufficient staffing levels to comply with Child Care (Standards in Children's residential Centres) Regulations 1996, Part III, Article 7: Staffing
- The acting centre manager must ensure that the on call records are accurate, up to date and records any advices given to staff on shift.

4. CAPA

Theme & standard	Action	Corrective Action with Time Scales	Preventive Strategies to ensure issues do not arise again with time scales
3	The registered provider must ensure that all staff working in the centre are fully trained in the Model of care for the organisation and policies and procedures are reviewed regularly within the team.	A full review of training requirements for the centre was completed on the 11.08.23 and all staff have been scheduled to attend required training in the model of care from the 05.09.23.	The registered provider has increased the availability of STEM Modular training sessions to ensure that all current staff members are completing the model of care training in a timely manner. The training needs of the centre will continue to be reviewed on a bi-monthly basis and discussed within the centre managers supervisions. Where there are needs identified, the Regional Manager will ensure that additional training will be provided.
	The registered provider must ensure that all staff working in the centre is trained in the framework for behaviour management.	A full review of training requirements for the centre was completed on the 11.08.23 and sent to Regional Manager to ensure deficits were addressed. All staff requiring training in the framework for behaviour management have been scheduled to attend training on 19.09.23 and 09.10.23 to 12.10.23.	Centre training audits are completed every two months by the Centre Manager and forwarded to the Regional Manager and the Director of Services for scheduling when required. The registered provider has invested in new software to support the timely scheduling of required training.

	The registered provider must review the movement of staff within the organisation and the impact this may have on the continuity of care to young people.	The movement of staff within the organisation has been discussed within the Senior Management meeting on the 17.08.23. Where possible this is and will continue to be kept to a minimum.	The centre has had a number of successful employment offers. At present the centre has 1 Acting Social Care Manager, 1 Acting Deputy Social Care Manager, 2 Social Care Leaders, 6 Social Care Workers, with one further Social Care Workers currently on-boarding and 3 Relief Social Care Workers. The centre will continue to recruit, to avoid a reliance on external staff.
	The registered provider must ensure that all care planning documents are placed on each young person's file in line with statutory requirements.	A review of the young people's care files has been completed by the centre and Regional Manager on the 30.08.23. Where care plans have not been received, these this has been escalated to Tusla Senior Management.	The Centre Manager, along with the young person's case manager will review young people's care files on a monthly basis. Where deficits are found, and previous attempts to secure information has been unsuccessful, this will be escalated internally and externally until resolved.
	The registered provider must ensure that all team meeting minutes accurately record	The centre's management team will review and approve all team meeting minutes moving forward to ensure that they include detailed information	The Regional Manager will conduct a review on all the team meeting minutes by the 31.10.23, to ensure that this recommendation is followed within practice.

	information in relation to the care of the young people.	relating to the care of the young people. This will be completed by 21.09.23 and communicated to team at team meeting.	
	The acting centre manager must ensure that all interventions are accurately recorded and understood by the staff team.	The Centre and Regional Manager will review the young people's ISCPP's, to ensure they are detailed, concise and easily followed & understood. These will then be reviewed and discussed within the team meeting on the 05.09.23 and within staff supervision sessions.	The Regional Manager reviews behaviour management on a monthly basis and provides feedback to the centre manager / team. This is an area which will be focused upon.
	The register provider must review the young people's risk assessments to ensure that risks are identified correctly, and the mitigation actions put in place to manage the risks are proportionate.	The Regional Management and Centre management will conduct a review of the risk assessments currently being utilised within the centre and ensure that all mitigating actions are clearly recorded. This will take place by the 08.09.2023 and will be raised, within supervisions and handover, and at a team meeting on the 21.09. 2023.	Centre and young people's risk assessments are reviewed and commented upon on a monthly basis by the Regional Manager, the finding / feedback is shared with the Centre Manager, Quality Assurance Manager, and Director of Services.

	The registered provider must review all restrictive practices in the centre and ensure they are correctly identified and reviewed in line with the National Standards for Children's Residential Centres (2018), HIQA.	The Regional and Centre Manager reviewed restrictive practices on 08.09.23 to ensure the appropriateness of the measures. All restrictive practices have a review date and the centre manager will ensure these are reviewed as scheduled. The identification, implementation, and review of restrictive practices will be discussed at a team meeting on the 21.09.23.	Restrictive practices are reviewed and documented within team meeting, management meetings and regional meetings. All of which will focus upon the identification and review in line with the National Standards for Children's Residential Centres (2018), HIQA.
	The registered provider must ensure that where actions are identified that these are accurately documented and tracked to an outcome.	The Regional and Centre Manager will complete a review of all actions from audits by the 21.09.23 to ensure that all actions have been appropriately followed and completed.	All audits have a timeframe to complete / action. This will be monitored and reviewed by the Regional Manager and Quality Assurance on a monthly basis.

6	The registered provider must ensure that the centre has sufficient staffing levels to comply with Child Care (Standards in Children's residential Centres) Regulations 1996, Part III, Article 7: Staffing.	The centre has had a number of successful employment offers. At present the centre has 1 Acting Social Care Manager, 1 Acting Deputy Social Care Manager, 2 Social Care Leaders, 6 Social Care Workers, with one further Social Care Workers currently on-boarding and 3 Relief Social Care Workers. The centre will continue to recruit, to avoid a reliance on external staff.	Staffing levels are a priority for the registered provider with additional resources brought in to support and enhance the recruitment department. Regional Manager and recruitment department will continue to conduct weekly meetings and address the centres staffing requirements. In addition, risks associated with reduced staffing levels are discussed at Senior Management meetings.
	The acting centre manager must ensure that the on call records are accurate, up to date and records any advice given to staff on shift.	The Centre Manager will review the on-call record on a fortnightly basis, within the team meetings to ensure that on call records are accurate, up to date and records any advice given to staff on shift. This practice commenced on the 04.09.23	The Regional Manager will oversee and monitor the on call record within the monthly regional meetings, to ensure that records are accurate and up to date.