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: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Daffodil Care Services**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced themed inspection**
Date of inspection:	**18th, 23rd & 24th November 2021**
Registration Status:	**Registered from the 13th of March 2021 to the 13th of March 2024**
Inspection Team:	**Paschal McMahon** **Joanne Cogley**
Date Report Issued:	**15th February 2022**

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

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years 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 residing in the centre.

1.2 Methodology

The inspectors 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 via teleconference 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 centre manager, senior management and the relevant social work departments on the 18th January 2022. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 28th January 2022 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 register this centre, ID Number: 006 without attached conditions from the 13th March 2021 to the 13th March 2024 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 the status of care planning for the three young people residing in the centre at the time of the inspection. A statutory review had taken place for one young person a month prior to the inspection and the centre was awaiting the updated care plan. This young person was due to turn eighteen and a there was a plan in place for them to move on to an aftercare placement. A care plan was on file for the second young person and a date for a statutory review was scheduled. The third young person was recently admitted to the centre and a child in care review had been planned. However, due to concerns that had arisen since their admission a decision had been made by the centre to convene a placement protection meeting with the social work department to assess the suitability of the placement and a further placement protection meeting was organised.

The centre kept their own records of care plan meetings which were of a good standard, recording the decisions and goals of the care plans to incorporate into placement planning. In addition, there was evidence of regular strategy meetings and professionals' meetings taking place to review the young people's placements addressing issues of concern, managing risk, forward planning and aftercare. There was also good evidence in these records of the centre advocating for the young people's needs.

There was evidence on file of young people being encouraged to attend their review meetings and where they chose not to, work was completed with them in advance to ensure their views were represented at the meeting and their voices heard.

Each young person had an up-to-date placement plan on file that was prepared by their key worker and case manager. Inspectors found these to be reflective of the care plans and the review minutes on file. Social workers interviewed confirmed that they received copies of placement plans which supported the aims and objectives of the care plans. Inspectors found that goals were clearly defined along with identified supports required to meet the goals. 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. The placement plans considered the views of young people's families through regular phone contact, care plan reviews and professionals' meetings. Placement plans were reviewed at team meetings and there was also evidence that the centre manager and the organisation's external auditor had reviewed the standard of placement planning in the centre. The keywork records reviewed by inspectors were linked to the goals of the placement plans and there was a good level of engagement by the young people.

Social workers and centre management confirmed that the young people in placement had access to external specialist support services. Staff were strong advocates to ensure the young people had the necessary specialist supports which was evident in their successful efforts to secure an aftercare placement for one of the young people. There was evidence of effective communication with external professionals on file. As highlighted previously at the time of inspection there were concerns in relation to the suitability of one young person's placement, whether the centre could meet their needs and efforts were being made to access appropriate external supports for them.

Inspectors reviewed care files and spoke with the centre management, staff and supervising social workers and found there to be effective communication between all parties and a collaborative approach to meeting the young people's needs.

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.

There was evidence of strong leadership in the centre. In the review of centre files and interviews with staff, it was evident that the manager provided effective leadership and guidance to the staff team. Social workers interviewed by inspectors also confirmed that they were satisfied with the leadership and management in the centre. There was evidence that there was a culture of learning in the review of records including team meetings, significant event reviews and management meetings.

There were clearly defined governance structures in place with clear lines of accountability and staff in interview were familiar with the lines of authority within the organisation and external managers were accessible to staff and young people. The 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 audits. Team meetings, internal management meetings and senior management meetings were held on a regular basis and a record was maintained of all meetings. The centre manager reported to a regional manager who was on scheduled leave at the time of inspection and in their absence this role was assumed by the organisation's assistant director of services. There was evidence of the assistant director of services' oversight in centre records, audits and in attendance at young people's care plan and strategy meetings.

The centre had a range of auditing systems in place using a number of audit tools. There was evidence that several audits were conducted in 2021 by the centre managers which focussed on areas such as health and safety and placement planning along with two themed audits assessing the centre's compliance with the National Standards for Children's Residential Centres, 2018 (HIQA). Audits were also conducted by the organisation's human resource officer on staff qualifications and the assistant director of services had conducted an infection control (Covid 19) Audit. Inspectors found that in most cases the centre audits were quantitative self-audit

checklists without any evidence that they were quality assured by senior management. The assistant director of services in interview acknowledged that there were deficits in their current auditing system and the organisation was in the process of implementing a new two-tier auditing system to address issues identified in this and other recent inspections of the organisation's centres. The registered provider must ensure that the organisation's new auditing system is implemented as soon as possible.

Inspectors found that there was also a number of months in the year prior to inspection during which time there was limited evidence of senior management oversight on records most notably during the period when the regional manager was on leave and the assistant director of services assumed responsibility for oversight in the centre. The registered provider must ensure that there is consistent external managerial oversight on centre records.

The organisation had a service level agreement in place and held 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 were updated in August 2021. The inspectors reviewed a number of policies and procedures during the course of the inspection and found that these were in line with the National Standards for Children's Residential Centres, 2018 (HIQA). There was evidence of an on-going review of policies and procedures at team meetings.

The centre had a risk management framework in place and supporting structures for the identification, assessment and management of risk. Staff interviewed during the inspection understood the risk management system in place and there were individual risk assessments on file with appropriate risk management strategies in place. The centre maintained a centre risk register that recorded current risks and was up-to-date. However, there was a period from November 2020 to July 2021 when there was no evidence of external managerial oversight of the register. The registered provider must ensure that there is appropriate external managerial oversight of the centre risk register. Social workers informed inspectors that they were consulted in relation to risk management, and they were satisfied that risks in relation to the young people were well managed.

Inspectors found that preadmission risk assessments were undertaken and sent to social workers prior to the admission of young people. At the time of this inspection,

a plan was in place for another young person to be admitted to the centre. Inspectors viewed evidence on file that the social worker team leader for the most recent admission had raised concerns in relation to the timing of the proposed new admission a month after the previous admission. The issues raised were in relation to the presentation of the young person admitted previously resulting in placement protection meetings taking place to address the suitability of their placement. The assistant director of services subsequently informed inspectors during the inspection that the decision to admit the young person had been reversed based on these concerns and an alternative placement had been sourced for the young person in one of the organisation's other centres.

Inspectors found that there were protocols and procedures in place for the management of the Covid-19 virus. There had been an outbreak in the centre in March 2021 and staff in interview reported it had been well managed. Plans were in place to manage visitors coming to the centre. Staff interviewed confirmed the centre had adequate supplies of anti-bacterial products, hygiene equipment, personal protective equipment and that there was an increased cleaning regime in place. There was evidence in team meetings and audits that the internal and external managers were reviewing Covid prevention measures in accordance with public health guidance and reminding staff of the dangers of complacency in relation to the Covid 19 virus.

There was an appropriate internal management structure in place. This had been strengthened recently with the appointment of a deputy manager and two additional social care leaders.

There were suitable arrangements in place to provide cover when the centre manager was on leave with the appointment of a deputy manager. The centre manager had delegated tasks to the deputy manager and to other staff members and a written record was maintained of these tasks and decisions made in supplementary supervision forms.

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	**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 the organisation's new auditing system is implemented as soon as possible.
- The registered provider must ensure that there is consistent external managerial oversight on centre records.
- The registered provider must ensure that there is appropriate external managerial oversight of the centre risk register.

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.

There was evidence that the centre along with the senior management team had systems in place to regularly review staffing levels. Discussions took place about workforce planning at various forums including internal and external management meetings, and in fortnightly governance reports which were sent to senior management by the centre manager. The staff team comprised of the centre manager, deputy manager, three social care leaders and five social care workers, one of whom was part time. The deputy manager worked on the rota twenty hours per week. The centre managers told inspectors that the centre had one vacancy for a social care worker, interviews had taken place and a candidate was due to be appointed subject

to reference checks. While there had been a turnover of staff in the year prior to inspection with four new staff taking up their posts, there were a number of experienced staff members on the team and the centre had the required number of social care qualified staff. Two suitably qualified relief staff were available to cover all forms of leave.

Social workers interviewed were satisfied that the staff team had the necessary experience and competencies to meet the needs of the young people. One social worker commented on the level of resilience and commitment shown by the centre in their efforts to support and maintain a young person's placement and the positive relationships they had made with the staff team. Another young person that had spent three years living in the centre had made significant progress during this time and was in the process of moving on to a planned aftercare placement.

The organisation had a number of measures in place to promote staff retention. The support systems identified by staff and managers in their interviews with inspectors included an incremental pay scheme, access to a pension scheme, health fund, wellness programme and career development plans.

There was a formalised on call system in place to support staff at evenings and weekends provided by the organisation's centre managers, deputy managers and social care leaders.

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	**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.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
5	The registered provider must ensure that the organisation's new auditing system is implemented as soon as possible. The registered provider must ensure that there is consistent external managerial oversight on centre records.	Senior Management along with the Quality Assurance Department have agreed and implemented the new auditing system for 2022 from 04th January 2022 which involves a blended approach of centre self-audits, themed audits, senior management audits and regular site visits. The Senior Management team, as part of the revised auditing system, will ensure there is consistent and demonstrable external managerial oversight on centre records. This was implemented on 4th January 2022.	The new auditing system will be reviewed and discussed within monthly senior management meetings, to ensure its implementation and effectiveness. Senior management will conduct regular site visits, to ensure consistent managerial oversight is demonstrated. This will be competed via site visits, review of centre reports and on-line auditing.

	The registered provider must ensure that there is appropriate external managerial oversight of the centre risk register.	The Senior Management team, as part of a revised senior management meeting structure, will ensure there is consistent and demonstrable external managerial oversight of the centre risk register. This was implemented on 4th January 2022.	The Senior Management team will now review and provide oversight of the centre risk register on a monthly basis, as this is discussed within monthly Senior Management meetings. Centre risks are highlighted within a number of monitoring and reporting record on a weekly and monthly basis, this is to ensure a high level of managerial oversight is achieved.
6	N/A		