



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Announced themed inspection
Date of inspection:	17th & 18th May 2022
Registration Status:	Registered from 13th of March 2021 to 13th of March 2024
Inspection Team:	Ruth Coakley Janice Ryan
Date Report Issued:	5th September 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 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 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 in March 2015. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered from 13th of March 2021 to 13th of March 2024 without attached conditions.

The centre was registered as a multi-occupancy centre and could accommodate four young people of both genders from age thirteen to seventeen on admission. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provides a framework for positive interventions. STEM draws on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention and daily life events. There were no children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3; Safe Care and Support	3.1
6: Responsive Workforce	6.1

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

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 13th of March 2021 to the 13th of March 2024. The registered 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 decision for continued registration of this service. The centre manager returned the report with a completed action plan (CAPA) on the 08th August 2022.

The findings of this report and assessment by the inspection service of the submitted action plan were used to determine the centre's compliance and 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 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a policy for safeguarding and child protection. The policy outlined the legal responsibility to report child protection concerns, definitions of abuse and the role of the Designated Liaison Person within the organisation. The policy also set out a diagram of pathway responses to provide guidance on the appropriate responses to child protection and/or welfare concerns to determine where the threshold of harm has been reached. The centre policy also stated that all allegations of abuse would be managed under Children First: National Guidance for the Protection and Welfare of Children, 2017.

Inspectors found that a complaint was made on behalf of a young person on the 08th of September 2020 regarding the behaviour of a staff member. The centre did not correctly categorise this as a child protection and welfare concern and proceeded to investigate and manage this internally through the complaints process. The inspectors found that this concern clearly met the threshold for reporting under both the centre policy and Children First, 2017.

While the centre promptly notified the regional manager, Designated Liaison Person for the organisation, social work department and Guardian ad Litem under the significant event notification system they failed to notify this a child protection and welfare concern until five weeks later. At this point the investigation had been concluded following a meeting with the social work department.

The centre policy for managing allegations of abuse against a staff member states that where this occurs:

“The views of the staff member shall be taken into consideration when determining the appropriate protective measures to take in the circumstances but the final decision rests with management (putting the staff member off duty pending the

outcome of the investigation shall be reserved for only the most exceptional of circumstances)”.

While the complaint was being investigated internally and open to the social work department, for a period of eight months, the staff member continued to work in the centre. The centre conducted a risk assessment in relation to direct working with one young person but did not assess risk in relation to the other young people in the centre and should have done so.

Inspectors found that the centre failed to notify a child protection concern in line with centre policy and Children First, 2017 and to identify individual vulnerabilities. The centre also failed to effectively safeguard the other young people in the centre while the investigation was ongoing.

The inspectors recommend the registered provider review the section of the safeguarding and child protection policy which includes management of allegations against a staff member to ensure that it is line with Children First, 2017 and relevant legislation and is aligned to best practice.

Compliance with Regulations	
Regulation met	Regulation 16

Compliance with standards assessed.	
Practices met the required standard	Not all standards assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards assessed

Actions required

- The registered provider and centre manager must ensure that all child protections and welfare concerns are reported in line with centre policy and Children First 2017 and are categorised correctly.
- The registered provider and centre manager must ensure that all young people are safeguarded from abuse and that their welfare is promoted.
- The inspectors recommend the registered provider review the section of the safeguarding and child protection policy which includes management of allegations against a staff member to ensure that it is line with

Children First 2017 and relevant legislation and is aligned to best practice.

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.

This centre was registered to provide care to four young people. The centre had a staff complement of one centre manager, one deputy manager, three social care leaders and six social care workers, including one worker on maternity leave and one relief worker. At the time of inspection two further social care workers were employed by the organisation and were in the process of onboarding with the centre.

The deputy manager post worked one sleepover shift per week with the remaining hours on deputy management responsibilities.

As part of the on-site inspection, inspectors completed a review of planned and completed rosters, handover documentation, daily logs and sign-in logs between the period of March to April.

A review of the roster pattern for the months of March and April found that there had been four incidents of back-to-back sleepover shifts completed in the centre.

There were also ten incidents where staff completed a day shift directly following a sleepover shift. This is not safe or best practice and should cease.

Inspectors found that agency workers and staff from other centres also worked in the centre. There was a total of six additional staff who completed shifts in the centre during this timeframe. Inspectors found that the number of additional staff working in the centre during the timeframe reviewed negatively impacted on the consistency of care and efforts should be made to ensure there is effective workforce and shift planning in place to keep this to a minimum.

Recording across documentation was not always clear where changes had been made from the planned to final roster. Staff members signatures on logbooks did not always coincide with names on the final roster document for the same date.

The inspectors found that there was enough staff to fulfil the roster pattern in place and provide safe care to the young people living in the centre. Inspectors found that the operation of the service was in line with the National Standards for Children's Residential Centres, 2018 (HIQA) standards 6.1 or the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 6 (1): Person in charge and Article 7: Staffing.

Compliance with regulations	
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 proprietor and centre manager to provide written confirmation to the Alternative Care Inspection and Monitoring Service in writing that the practice of back-to-back sleepover shifts has ceased in the service from immediate effect.
- The registered proprietor and centre manager must ensure records are clear regarding staff working times in the centre.

3. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered provider and centre manager must ensure that all child protections and welfare concerns are reported in line with centre policy and Children First 2017 and are categorised correctly.	The centre manager and regional manager will ensure that all child protection and welfare concerns are recorded in line with centre policy and Children First 2017 and that they are categorised correctly. This has been raised at both team and management meetings. Completed 29 th July 2022.	The centre manager and regional manager will continue to review all significant event notifications to ensure all issues concerning child protection are reported within a timely fashion. All staff receive training on child protection as part of core training, which all staff complete. The child protection training covers categories of abuse and concerns. Child protection training is refreshed every two years as per policy.
	The registered provider and centre manager must ensure that all young people are safeguarded from abuse and that their welfare is promoted.	The registered provider will ensure that Children First, National Guidance for the Protection and Welfare of Children, 2017 is followed at all times. The centre has a safeguarding and child protection policy which will be reviewed in the centre team meeting by the 31.08.2022 and bi-annually thereafter.	The regional manager will review all significant events and child protection notifications. The regional manager will monitor and provide support to centre management to ensure Children First, National Guidance for the Protection and Welfare of Children, 2017 is followed at all times.

	The inspectors recommend the registered provider review the section of the safeguarding and child protection policy which includes management of allegations against a staff member to ensure that it is line with Children First 2017 and relevant legislation and is aligned to best practice.	The senior management team will review the Child Protection and Safeguarding policy and ensure it is fully aligned to Children First 2017. Review to be completed by 08.09.2022. The reviewed policy will be discussed at team meeting.	Senior management team will review the Child Protection and Safeguarding policy and ensure there is clear reference to informing parents or guardians. Review will be completed by 08.09.2022.
6	The registered proprietor and centre manager to provide written confirmation to the Alternative Care Inspection and Monitoring Service in writing that the practice of back-to-back sleepover shifts has ceased in the service from immediate effect.	The centre has ceased the practice of staff doing double shifts unless in an emergency. In cases of emergency, the practice is risk assessed and approved by senior management prior to rostering. This was restated at the senior management meeting on 26.05.22 and discussed at regional meeting on 27.05.22	The registered provider will ensure that emergency rostering are risk assessed and approved by senior management. In addition, rosters and centre documents will continue to be monitored by the regional manager to ensure that safe levels of working hours are completed and that appropriate breaks are provided, highlighting any risks as required. The registered proprietor has deployed additional resources to the recruitment team to support the centre in maintaining a full staff complement.

	<p>The registered proprietor and centre manager must ensure records are clear regarding staff working times in the centre.</p>	<p>The centre manager keeps an online record of the hours worked for payroll purposes. This records the hours worked by the staff team on a monthly basis and provide a clear and exact record of the hours worked. This will be reviewed at senior management meeting on 11th August 2022.</p>	<p>The centre manager will continue to develop monthly rosters to meet the needs of the centre. Any changes to the roster will be recorded on the roster, to provide a clear and factual account of the hours staff members have worked.</p>
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