An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 039

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Daffodil Care Service**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced**
Date of inspection:	**07th, 08th & 09th September 2021**
Registration Status:	**Registered without conditions from 17th September 2020 to the 17th September 2023**
Inspection Team:	**Joanne Cogley** **Paschal McMahon**
Date Report Issued:	**12th November 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 in 2011. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from 17th September 2020 to the 17th September 2023.

The centre was registered to accommodate three 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 three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following theme and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors looked 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 regards to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 15th October 2021 and to the relevant social work departments on the 15th October 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 22nd of October 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: 039 without attached conditions from the 17th of September 2020 to the 17th of September 2023 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.

At the time of inspection there were three young people residing in the centre. Two young people had an up-to-date care plan on file. Inspectors found these two young people's placement plans were in line with their care plans and had clear achievable goals. There was a care plan outstanding for a young person who had moved to the centre in July 2021. A child in care review meeting had occurred and there was evidence of efforts being made by the centre manager to secure the care plan. The centre had a copy of their own minutes on file however these did not account for all aspects of the care plan. As a result the young person's placement plan was basic and could only be developed to a certain point in the absence of the care plan. There was evidence of regular contact with families and significant people on file updating them on the young people's progress, in particular regarding education and access. Inspectors did not find evidence to show they were specifically asked for input into their child's placement plan. The regional manager and centre manager must ensure the young person's family is provided with opportunities to input into and inform the placement planning process. All three young people in placement were attending school full time. Inspectors met with one young person on their return from school. They confirmed that they felt supported by staff in placement and felt they had a say in the placement planning process.

Inspectors reviewed individual work records and found these to be to a very high standard. There were detailed records of discussions being held. A significant amount of resources were being utilised with the young people including worksheets around consent, positive relationships, smoking cessation, informed consent in relation to the Covid-19 vaccine and other key areas that were linked to placement planning. Inspectors noted some group dynamic issues within the centre and there was evidence to show this had been addressed with young people through key working and risk management. Inspectors also spoke with the young person most affected by these issues and they stated they were supported by the staff team, in particular their key workers and were of the opinion the situation had improved with staff support. Inspectors found each of the young people had access to the

appropriate specialist services they required including occupational therapy and counselling services. This view was supported by social workers.

There was evidence of effective communication between the centre and social work departments on file. Regular email communication was evident along with all monthly documents being sent to social workers for review. The allocated social workers confirmed there were no issues with communication and they received regular updates from the centre manager.

Compliance with Regulation	
Regulation met	**Regulation 5**
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 2.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The regional manager and centre manager must ensure the young people's family are provided with opportunities to input into and inform the placement planning process.

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.

The management structure within the centre comprised of a centre manager and two social care leaders. This management structure was appropriate to the size, purpose

and function of the centre. The management structure was in the process of change at the time of inspection and would incorporate a deputy manager, senior social care leader and two social care leaders, however there were no contract start dates in place. The centre manager was appointed to their role in 2014. Both social care leaders were assigned to their roles in 2017 and 2018. During the course of inspection it was evident that leadership was demonstrated by the centre manager. This was supported through interview with staff members who stated that the centre manager was approachable and supportive. There was evidence of centre manager written comments on a range of records on file providing guidance and analysis. During periods of annual leave the centre manager left a clear delegation record to those covering in their absence with evident follow up upon return.

There were clearly defined governance structures within the centre. All staff interviewed were aware of all management levels within the organisation and were clear on their respective roles and responsibilities. Staff members were of the opinion that senior management were available to them and they felt comfortable should they need to approach them. All staff members interviewed confirmed they had received job descriptions and contracts.

The organisation had both a quality policy and a clinical governance policy. However, it was the conclusion of inspectors that these were not robust enough to allow for governance and accountability. The policy did not identify who held responsibility for completing audits in line with the National Standards for Children's Residential Centres, 2018 (HIQA), the frequency of these audits being carried out or the responsibility for follow through of actions. The organisation employed a quality assurance manager however there was no reference to this person and their role in the aforementioned policies. The regional manager must ensure the quality policy and clinical governance policies are reviewed to address deficits identified.

Themed audits in line with the National Standards for Children's Residential Centres, 2018 (HIQA) were undertaken by the centre manager with the support of social care leaders. Theme 2 and theme 4 audits had been completed over the period of May to August 2021. Inspectors saw responses provided on some aspects of the audit by the regional manager and quality assurance manager following a site visit. As part of the audit process the regional manager confirmed they spoke with staff members but did not speak with young people. The centre manager spoke with the young people in placement and this was used to inform the audit. A set auditing schedule for 2021 was provided to inspectors and despite some delay due to Covid 19 it was envisaged that all themes would be covered by January 2022. The schedule did not set out who

was responsible for completing these audits with the exception of the human resource manager.

The regional manager provided a number of quality checks on aspects of operations in the centre which they, or the human resource manager, had completed throughout 2021. These included; supervision, infection control, qualifications and personnel files. There was no evidence of care practice related checks or audits for the first half of 2021. The regional manager must ensure there are appropriate and timely arrangements in place by personnel external to the centre to assess the safety and quality of care being provided against the National Standards for Children's Residential Centres, 2018 (HIQA).

The centre's policies and procedures were noted to have been updated in August 2021 with a review to occur in August 2023. As noted above inspectors noted deficits in policies that needed to be addressed. Inspectors saw evidence of policies being discussed as part of a standing agenda in team meetings some of which included protected disclosures policy, admission and discharge policy.

The centre had procedures in place for designated people to contact in case of an emergency and operated an effective on call system. The regional manager confirmed the organisation was in the process of negotiating their service level agreements with Tusla.

The centre had a risk management framework in place. Staff interviewed demonstrated knowledge of how to calculate risk and implement control measures. The centre maintained two risk registers. One register contained centre specific risks and the other register contained young person specific risks. Written records of oversight showed the centre risk register had been opened in June 2020 with the only evidence of oversight evident by the regional manager in August 2021. There were no risks recorded in this register between August 2020 and March 2021 and April and July 2021 despite risks being identified throughout the course of inspection. The young persons' risk register was reviewed by the regional manager in December 2019 and May 2021. There were a number of risks entered into the register that had been backdated and were not in chronological order. This was not identified through external audits or oversight by the regional manager or quality assurance manager. The centre manager must ensure risk registers are kept up to date and the regional manager must ensure frequent oversight of risk management.

Inspectors reviewed young people's care files and found disparities between the recording of risk depending on who was completing the risk assessment. In one instance risk assessments for the young person were generally completed by their keyworker. These were to a high standard and took into account the impact on the young person and the surrounding environment. Risk assessments completed for the other two young people focused solely on Covid 19 risks and control measures. This had been addressed by the centre manager in a recent team meeting. The centre manager had provided guidance and direction to the team in relation to completing risk assessments moving forward. Inspectors saw evidence of an improvement in the recording of risk assessments in the weeks prior to inspection since this issue had been addressed by the centre manager.

Inspectors spoke with the centre manager and staff in relation to the ongoing Covid-19 pandemic and found evidence of a number of measures that were put in place by the organisation in response to the crisis. Staff members confirmed they had full access to PPE, cleaning materials and sanitiser as required. Inspectors noted that visitor protocols were followed when they attended on site for the inspection process. Social workers interviewed confirmed they were satisfied with the centre's management of covid-19.

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 the quality policy and clinical governance policies are reviewed to address deficits identified.
- The registered provider must ensure there are appropriate and timely arrangements in place by personnel external to the centre to assess the safety

and quality of care being provided against the National Standards for Children's Residential Centres, 2018 (HIQA).

- The centre manager must ensure risk registers are kept up to date and the regional manager must ensure frequent oversight of risk management.

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 staff team comprised of a centre manager and two social care leaders together with six social care workers. All staff members were appropriately qualified. Of the six social care workers, one had been on extended leave since June 2019 and returned at the end of August 2021. An assigned person had covered these shifts from June 2019 to June 2021 at which point they left the organisation. From June to end of August, these shifts had been covered by relief where possible. This meant the centre was operating with three young people and a core team of seven staff members. Since this person has returned from leave they were working a reduced roster in order to ease them back into work. The centre manager confirmed post inspection this staff member had returned to full time work. Post inspection inspectors were informed by social workers of one of the social care leaders moving to another centre within the organisation for a promotional opportunity. The centre manager confirmed a replacement had been identified and recruitment undertaken to backfill any open positions as a result of this move.

The centre operated two sleepover shifts (24.5 hours) and one day shift (8 hours). The young person inspectors met with noted there had been recent incidences where this had not been the case and they felt the centre had been short staffed and as a result they felt they hadn't staff available to them when needed. This short staffing was confirmed by the regional manager during the inspection feedback process. Upon review of rotas, for the month of August there had been seven noted incidents whereby there was no day shift assigned on the rota. Prior to August, and the admission of a new young person, double cover had been maintained where there were only two young people living in the centre. In other cases where day shifts were

assigned, they had been assigned to staff members working in other units who were drafted in to support the centre operations. This happened on four noted occasions. The centre, at the time of inspection only had access to one relief staff member who had recently been recruited in July 2021. Prior to this there were availability of two relief staff that had since been contracted to the centre. There was another identified relief staff member in the recruitment process at the time of inspection. The regional manager must ensure the centre can access additional staff members from a relief panel.

The centre had a Covid-19 outbreak in March / April 2021. During this time the centre required the use of agency staff to maintain double cover within the centre. Two agency staff members worked alongside permanent staff members during this time. From a review of rotas, the agency staff members worked with a contracted staff member at all times.

The organisation had a procedure for on call arrangements in the evenings and weekends. This included centre managers and social care leaders rotating on call. Staff members interviewed highlighted this process was effective and they received adequate support if they contacted on call. A record of any significant on call decisions were maintained within significant event notification records.

The organisation had arrangements in place to promote staff retention through the provision of a health insurance scheme, pension scheme and team building days. Inspectors noted there had been a turnover of four staff members since the previous inspection in July 2020. Two of these had been promoted within the company. Despite this the centre maintained a core permanent staff team and promoted from the relief panel to the contracted core team allowing for familiarity and consistency. Staff members interviewed were clear in saying the centre manager promoted a culture of openness and support within the centre which they felt contributed to retention.

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 regional manager must ensure the centre can access additional staff members from a panel of staff.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The regional manager and centre manager must ensure the young person's family is provided with opportunities to input into and inform the placement planning process.	Centre Manager will ensure that families are provided opportunities to input into and inform the placement planning process. This will be demonstrated through evidence in placement plans supported by Contact sheets. This will be addressed with the Key working teams by 01.11.21 and revised placement planning documentation formally communicated following this.	Consultation and input from families is a core element of the centre's STEM model of care. To ensure practice is accurately recorded and reflected, the placement planning documentation will be revised to explicitly record and account for family input. This will be completed and implemented by 01.11.21. Senior management will formally review placement planning as part of auditing and ensure that family input is recorded accurately.
5	The registered provider must ensure the quality policy and clinical governance policies are reviewed to address deficits identified.	Clinical governance policy and quality policy will be reviewed 24 November 2021.	Senior management will ensure that the quality policy and clinical governance policies are updated and adhered to. Auditing systems have been reviewed, revised and will be rolled out in November 2021 to ensure that deficits identified will be addressed moving forward.

	The registered provider must ensure there are appropriate and timely arrangements in place by personnel external to the centre to assess the safety and quality of care being provided against the National Standards for Children's Residential Centres, 2018 (HIQA).	The Regional Manager, in conjunction with the Quality Assurance Manager, will ensure appropriate and timely arrangements in place by personnel external to the centre to assess the safety and quality of care being provided. Senior management are reviewing its formal mechanisms for demonstrating external oversight and governance. This review will result in clear demonstration of onsite oversight by external personnel. This revised process will be implemented on-15th November 2021	Daffodil Care Services Senior Management Team has returned to greater onsite presence following COVID-19 restrictions. While the Regional Manager provides feedback to the centre via the completion of themed audits, email and the fortnightly governance report, this approach is being revised to demonstrate more comprehensive oversight and will also utilise the additional resources of a Deputy Social Care Manager and a cohort of three Social Care Leaders. This review will result in clear demonstration of oversight and will be implemented in November 2021
	The centre manager must ensure risk registers are kept up to date and the regional manager must ensure frequent oversight of risk management.	A risk management review will occur in the staff team meeting on 27.10.21 and staff knowledge on documentation required and procedure to be followed will be discussed. The centre manager will review this on an ongoing basis and ensure risk registers are kept up to date. A revised mechanism for demonstrating	Senior management will review risk registers as part of site visits and scheduled themed audits for 2021 and ensure that any negative impacts on young people are adequately recorded within risk registers and risk management plans. Fortnightly service and governance reports will continue to be reviewed by the senior

		oversight of risk management is being finalised and will be implemented by 15th November which will ensure frequent oversight by regional manager.	management team to ensure an oversight on the recording of risk management plans. All centre risks will continue to be discussed at monthly senior management meetings. Training in risk management and recording will be provided to centre management. A revised mechanism to demonstrate more frequent oversight of risk management by senior management will ensure risk registers are up to date and frequent oversight demonstrated. To be completed by November 26th of 2021.
6	The regional manager must ensure the centre can access additional staff members from a panel of staff.	The regional manager will ensure the centre can access additional staff members from a panel of staff. The HR department are actively recruiting both permanent staff and relief staff across the region which will provide the centre with adequate permanent and relief staff.	The senior management team will continue to monitor staffing levels and ensure a proactive recruitment strategy is utilised. In addition, the organisation is consistently reviewing and revising its staff attraction measures in addition to its staff retention measures.