



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Three young people
Type of Inspection:	Announced Themed inspection
Date of inspection:	31 May 2022
Registration Status:	Registered without conditions from 17th September 2020 to the 17th September 2023
Inspection Team:	Janice Ryan Ruth Coakley
Date Report Issued:	1st 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 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 as a multi-occupancy centre and could 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 two 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	Standard 3.1 only
6: Responsive Workforce	Standard 6.1 only

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, examined how professional staff work with children and each other and discussed the effectiveness of the care provided. Where required 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 17th September 2020 to the 17th September 2023. 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 27th July 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.

It was the determination of the Registration Committee that the centre has not met the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7, Staffing. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 039 with an attached conditions from the 17th September 2020 to the 17th September 2023 pursuant to Part VIII, 1991 Child Care Act.

The attached condition being that; there must be no further admissions of a young person under 18 to this centre until there is evidence that the number, qualifications, experience and availability of members of the staff of the centre are adequate having regard to the number of children residing in the centre and the nature of their needs.

The condition will be reviewed on or before the 30th December 2022.

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.

The inspectors found that a concern raised by one young person on the 17th February 2022 in relation to a staff member met the threshold for reporting under Children's First, 2017. This concern was notified to centre management on the same date and to the Director of services the following day. The social care manager commenced an internal investigation, and a risk assessment was put in place in relation to this staff member. The centre categorised this concern as a complaint and notified the social work department and SEN team for children's residential services on the 21st February.

While the complaint was being investigated internally and open to the social work department the staff member continued to work in the centre and also other centres in the organisation. The inspectors found that a risk assessment was completed which identified the concern as a complaint. The inspectors found that the risk assessment completed was not robust enough and did not assess risks to all young people in the organisation as the concern was not categorised correctly. The control measures in place were not robust as the inspectors found that the risk assessment was only applied to this centre and no other centres in the organisation where the staff member also worked in.

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).”

The centre convened a multi-disciplinary meeting with all professionals on the 07th March to discuss same. The social care manager updated the group confirming that the complaint procedure had been followed and the complaint was deemed “inconclusive.” It was decided among all professionals to process this complaint as a child protection and welfare concern, and this was submitted on the 09th March 20 days after the concern was raised.

The inspectors acknowledge that although multi-disciplinary meetings had taken place with all relevant parties it does not absolve a mandated person’s responsibility within this service to appropriately identify harm or risk of harm to a child and report this concern raised by one young person in line with Children’s First, 2017.

The inspectors were not satisfied that this incident of concern and risk were effectively identified, categorised, and managed within the organisation in line with legislation and best practice. The centre failed to report this concern initially through the Tusla Portal to the duty assessment team for independent investigation in line with Children’s First, 2017 and this did not allow for a transparent and independent review. They also failed to identify individual vulnerabilities and safeguard the other young people in the centre while the investigation was ongoing.

Compliance with Regulation	
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 must ensure that staff and management correctly identify and manage incidents in line with policy.
- The registered provider must ensure that all child protection concerns are reported in line with Children First.
- The registered provider must provide ACIMS the outcome in writing in relation to the above concern.
- The registered provider must review the centre's Safeguarding and Child Protection guidance and ensure it is in line with Children's First, 2017.

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 three young people. The roster pattern in place was two overnights and a day shift. Inspectors were provided with a staff information sheet listing the complement of social care staff allocated to the centre. The centre had a staff complement of one centre manager, one deputy manager, two social care leaders, one acting social care leader and five social care workers. On further review of the centre's roster, they found that one staff member who was included as a full-time staff member was completing approximately 50% of their shifts in another service in the organisation. This is less than the minimum required and was not sufficient with regard to the number and needs of young people and the centre's statement of purpose.

The centre had one dedicated relief staff to cover annual or other types of leave and to fulfil the gap in the roster. The inspectors found that they had completed seven shifts in the centre for March and none for April. On review of the staffing information sheet the inspectors noted that four staff members had left the centre since the last inspection two of which had moved internally in the organisation and two had ceased working for the organisation.

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 2022 to April 2022.

A review of the roster pattern for the months of March and April found that there was only one occasion where a back-to-back sleepover shift had been completed in the centre. The centre was required to provide a staffing provision of two staff on sleepover and one staff on day shift to meet the needs of children in the centre. From the 16th March to the end of April there were no day shifts in place in the centre however, as there were only two young people residing in the centre the inspectors found that staffing was sufficient to fulfil the roster pattern in place and provide safe care to the young people living in the centre.

The inspectors observed that the deputy centre manager was working shifts in the service outside of their current position. They found that over a two-month period the deputy centre manager had worked two day shifts and ten sleepover shifts in the centre to support the roster and during these occasions was not available to fulfil their management function.

The inspectors found that there was not 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) and the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing.

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

Actions required

- The registered provider must always ensure that there are sufficient numbers of staff with regard to the number and needs of young people and the centre's statement of purpose.
- The registered provider and centre manager must ensure that there are effective organisational workforce planning mechanisms in place that prevents the movement of staff from the centre to facilitate staffing deficits

within the organisation and impact on the care being provided to the young people.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	<p>The registered provider must ensure that staff and management correctly identify and manage incidents in line with policy.</p> <p>The registered provider must ensure that all child protection concerns are reported in line with Children First.</p>	<p>Complaint procedure has been reviewed and will no longer be completed in conjunction with a child protection welfare report form.</p> <p>Complaints policy will be reviewed with the team at the next team meeting 04.08.22 to ensure all staff are clear.</p> <p>Complaint procedure will be reviewed at Senior management meeting 11.08.22</p> <p>Team meetings will continue to review policies at each meeting.</p> <p>Regional Manager reviews all Significant Event Notifications, while individually assessing if the nature or information meets the criteria to complete a Child Protection Welfare Report under the Children First National Guidance for the Protection and Welfare of Children, 2017</p>	<p>Regional manager will ensure that the complaint procedure is not activated if a CPWRF has been submitted by the centre.</p> <p>Regional manager will review team meeting minutes on a fortnightly basis, along with attending team meetings to ensure policies are discussed and documented as required, and that incidents are managed in line with policy.</p> <p>Regional manager will continue to review significant event notifications to ensure all issues concerning Child Protection are reported within a timely fashion.</p>

	<p>The registered provider must provide ACIMS the outcome in writing in relation to the above concern.</p> <p>The registered provider must review the centre's Safeguarding and Child Protection guidance and ensure it is in line with Children's First, 2017.</p>	<p>The registered provider has received communication from the relevant social work department regarding the close out of the noted concern. This outcome has been provided in writing to ACIMS.</p> <p>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.</p>	<p>Regional manager will continue to review significant event notifications to ensure all issues concerning Child Protection are reported within a timely fashion.</p> <p>Senior management team will review child protection and safeguarding policy and ensure there is clear reference to informing parents or guardians. Review to be completed by 08.09.2022.</p>
6	<p>The registered provider must always ensure that there are sufficient numbers of staff with regard to the number and needs of young people and the centre's statement of purpose.</p>	<p>The centre currently requires additional relief staff members to be attached to their centre to cover annual leave/sick leave in addition to the core team. In the event of emergencies, the organisation can engage to the use of agency staff.</p> <p>Ongoing recruitment efforts continue on a weekly basis, with interviews being held promptly when suitable candidates are identified.</p>	<p>Ongoing weekly recruitment meetings occur to updates identify gaps and schedule interviews accordingly.</p>

	<p>The registered provider and centre manager must ensure that there are effective organisational workforce planning mechanisms in place that prevents the movement of staff from the centre to facilitate staffing deficits within the organisation and impact on the care being provided to the young people.</p>	<p>Staffing within the region has stabilised in recent weeks with social care worker positions in other centres being filled and staff onboarded. This has reduced the requirement for staff to be required to move between centres to cover shifts.</p>	<p>Regional manager and recruitment department will continue recruitment efforts to ensure that staff movement between centres is reduced and the impact on care being provided to young people is minimal.</p>
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