



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 132

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:	14th of June 2022
Registration Status:	Registered from 20th November 2020 to the 20th of November 2023
Inspection Team:	Ruth Coakley Janice Ryan
Date Report Issued:	3rd August 2022

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.4 Theme 6: Responsive Workforce	

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 on the 20th of November 2017. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from the 20th of November 2020 to the 20th of November 2023.

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 three children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
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, 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 the 20th of November 2020 to the 20th of November 2023. A draft report was issued to the centre and social workers on the 11th of July 2022. There were no actions required from the registered provider following this inspection and as such they were not required to provide a corrective and preventive actions plan to the inspection service.

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 provide continuing registration to this centre, ID Number 132 without attached conditions from the 20th of November 2020 to the 20th of November 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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. At the time of inspection there were three young people residing in the centre. The roster pattern in place was two overnights and one day shift. The centre had a staff complement of one centre manager, one deputy manager, and eight full-time contracted staff. The staff complement comprised of two social care leaders and one acting social care leader, six social care workers and one acting social care worker. The centre manager advised that the two acting positions were relief staff who were now covering fulltime shifts on a temporary basis to cover maternity leave positions. There was no identified relief position assigned to the centre at the time of inspection, due to two recent resignations in May and two staff members on maternity leave. The centre manager advised that a new relief staff member was currently onboarding.

Inspectors reviewed the qualifications and experience of two staff members in acting positions and found that one staff member did not meet the criteria for a social care leader position in the centre, due to limited work experience in social care.

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. Inspectors found that all records and files reviewed were legible and clear.

A review of the roster pattern for the months of March and April found that there were enough staff to fulfil roster requirements and there had been no back-to-back sleepover shifts completed in the centre. There were seven occasions of a dayshift completed following a sleepover shift. The role deputy social care manager post was divided between the management duties and covering shifts on the floor. Inspectors noted that the deputy manager completed three sleepover shifts and a number of day shifts during this

timeframe. There were ten occasions where a dayshift was not in place in the centre, some of which were part of a covid management plan to limit covid exposure in the centre. There was effective shift planning in place and the roster was managed within a consistent staff team of twelve people assigned to the centre. There were no agency or no external staff utilised during this timeframe to complete staffing requirements.

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) and 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	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