



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: 2024

Year:	2024
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection
Date of inspection:	6th, 7th, 8th February 2024
Registration Status:	Registered from the 13th of March 2024 to the 13th of March 2027
Inspection Team:	Paschal McMahon Linda McGuinness
Date Report Issued:	16th April 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support, (Standard 1.5 only)	
3.2 Theme 5: Leadership, Governance and Management, (Standard 5.4 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.3 only)	
4. Corrective and Preventative Actions	15

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 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 their third registration and in year three of the cycle. The centre was registered without conditions from the 13th of March 2021 to the 13th of March 2024.

The centre was registered as a multi-occupancy service to accommodate three young people from age thirteen to seventeen 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 in residence. Two young people were placed outside of the centre's purpose and function and a derogation was approved by the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.3

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 person, staff and management for their assistance throughout the inspection process.

Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and relevant social work departments on the 8th March 2024. 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 13th March 2024. After further communication and subsequent information was provided by the organisation in respect of the CAPA, it 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: 006 without attached conditions from the 13th March 2024 to 13th March 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

There was robust evidence to show that the centre recognised and promoted the important role that parents, families, community and friends played in the young people's lives. The managers and care team in interviews demonstrated an awareness of the young people's family dynamics and the importance of family contact. They provided examples of how they supported the young people in their contact with significant people in their lives and in maintaining their identity. Records of care plan reviews confirmed that family contact arrangements were subject to ongoing review. Inspectors found that in cases where there were issues in relation to family contact the centre and social work department were making efforts to progress these relationships. Staff had been made available to supervise family contact arrangements when required. They also transported young people to visits despite the distances involved in one young person's case. **Inspectors found that there were no risk assessments or safety plans in place to consider cases where young people's family contact may be interrupted or there are concerns in relation to contact with the centre and recommend that this is considered good forward.**

The young people who met inspectors identified a range of activities and sports clubs they had participated in their schools and community and further activities they planned to engage in. The young people's placement plans evidenced how the team promoted social contacts within the community. The staff team encouraged young people to be part of the local community and all of them had contact with their peers. There was evidence that birthdays and special occasions were celebrated with parties and gifts and the young people were consulted in relation to how they wanted to celebrate these events.

Social workers and a Guardian Ad Litem told inspectors that the team did their best in terms of supporting the rights of young people to access their family. They also highlighted their efforts in encouraging them to develop friendships and engage in activities in the school and community.

The inspectors found that the young people had access to a landline telephone, where appropriate, a mobile phone, television, and access to the internet. These were provided in consideration of the risks regarding online safety. Individual work had also been completed with the older resident in relation to appropriate phone and social media use.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.5
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard 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 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors found evidence that the quality, safety and continuity of care provided to young people in the centre was regularly reviewed to inform improvements in practices and to achieve better outcomes for the young people. There was evidence

that the centre managers monitored the quality of care through reviewing centre records, observation of staff practice and daily interactions with the young people.

Senior line managers monitored the quality of care in the centre through receipt of monthly operational reports and audits from the centre and regional managers. The regional manager had responsibility for the supervision of the centre manager. They maintained a strong presence in the centre through regular visits, periodic attendance at team meetings, monitoring records and meeting with the young people and the care team. The progress and outcomes for the young people in placement was assessed, reviewed and updated following care planning and professional meetings.

During the review of staff personnel files issues were found regarding the lack of appropriate vetting procedures for one staff member which were brought to the attention of management. This related to a former agency staff who was subsequently recruited as a social care worker by the organisation. Post inspection, the Alternative Care Inspection and Monitoring Service also contacted the registered provider directly to ensure that the necessary steps were taken to address these concerns. The registered provider must ensure that appropriate garda vetting and reference checks take place prior to the employment of all employees.

Inspectors were informed that the organisations director of quality of assurance set out the auditing structure for the centre on annual basis. In the year prior to inspection, inspectors found that both the regional manager and the organisations compliance officer had conducted regular audits based on the themes of the National Standards for Children's Residential Centres 2018 (HIQA). In addition, there had been a number of audits conducted to assess the centres level of compliance in a number of specific areas including behaviour management and child protection. Inspectors were satisfied that appropriate follow up actions had been taken in response to identified deficits or areas of improvement identified in these audits. Staff members in interview, referenced that they discussed feedback from audits at team meetings. Despite these auditing structures in place the inspectors found that there were some deficits in relation to staff vetting identified above which had not been identified prior to the inspection.

Inspectors found that information relating to complaints, concerns and incidents was recorded, monitored, acted on, and analysed. This was evidenced in minutes from team meetings, management meetings, significant event review group meetings (SERG) and audits. The director of quality assurance was responsible for the review

of all notifiable complaints for learning purposes across the organisation. Inspectors were satisfied that young people who met with inspectors were confident in how they could make a complaint and who they could complain to including their allocated social workers.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.4
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The registered provider must ensure that appropriate garda vetting and reference checks take place prior to employment in all instances.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

There were systems in place to ensure that the centre was delivering child centred, safe and effective care and support. All those interviewed understood their roles and responsibilities and there were clear lines of accountability and reporting arrangements. In interviews with the inspector's staff demonstrated a good knowledge of centre policies and procedures. Policies and procedures were included as part of the centres induction process and there was evidence that they were discussed and reviewed at team meetings and in supervision. The team reported that

they were encouraged to use their professional judgment and to make decisions with their colleagues at handovers, during the course of their shifts and in supervision.

There were procedures in place to protect staff and minimise the risk to their safety. Staff in interview referenced the centres safeguarding and lone working policies. The centre also had an on-call system and risk management framework in place to support the team. At the time of inspection, the centre was caring for young people who required a high level of supervision and centre managers needed to be cognisant of the stress levels for staff in terms of shift planning and post crisis response. Additional staffing had been provided as a protective measure for staff based on a risk assessment.

All of the team were required to have mandatory training to enable them to provide safe care. However, at the time of inspection a number of the team did not have the required training including behaviour management and the organisations child protection training. Inspectors also noted that the designated person with responsibility for fire safety in the centre did not have training in the role. The centre management must ensure that these mandatory training deficits are addressed without delay, in addition the centre must ensure all those with additional responsibilities in terms of safety have the required training for the role.

Inspectors were satisfied from interviews and a review of records that there was a culture of learning in the centre. This was evident in team meetings, managers commentary on significant event reports, SERG minutes, supervision records and centre audits.

Inspectors found that there had been a very high staff turnover in the year prior to inspection. Eight new staff members had been recruited in this period and at the time of inspection a number of staff were in acting roles including the centre manager and a social care leader. Inspectors found that this had an impact on team dynamics and the development of a consistent approach in working with the young people. In response to this the regional manager had provided facilitation with the team to address these concerns. All those interviewed reported that this facilitation had been beneficial in terms of the development of greater team cohesion and improved morale. A follow-up facilitation session was conducted at a later date to evaluate the progress made and to review decisions taken.

Supervision was provided to the staff team by the centre management and the social care leaders all of whom who had completed supervision training. Inspector's found

from the sample of supervision records reviewed that in general supervision was taking place in line with the four-to-six-week timeframe outlined in the centre supervision policy. Inspectors were satisfied that supervision was purposeful, and that the care team were being supported and reflecting on their practice. Supplementary supervision was also utilised by management to address staff performance issues and to provide staff with additional support. While supervision records viewed by inspectors were of a good standard, inspectors observed that in several cases supervision records were not signed by the supervisors and supervisees. Inspectors also noted that some staff had several supervisors in a short period of time and recommend that consistent supervisors are maintained where possible.

Inspectors were informed that employees were subject to a six-monthly probation review and annual appraisals. Inspectors found that there was only a limited number of appraisals on file since most of the team had less than a years' experience or had changed roles within the centre. The centre should ensure that all staff including those who have changed roles have an annual appraisal going forward.

There were a number of support mechanisms in place to support the team in their work. Staff had access to debriefing following critical incidents and were provided with opportunities to avail of additional staff supervision if required. The company also provided employees with access to independent medical and counselling services.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 6.3
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The registered provider must ensure that all deficits in mandatory training are addressed as a matter of priority. In addition, the centre must ensure all staff with additional responsibilities in terms of safety have the required training for the role.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	N/A		
5	The registered provider must ensure that appropriate garda vetting and reference checks take place prior to employment in all instances.	A full personnel file audit focusing on references and vetting was completed by the registered provider. Discrepancies highlighted to the registered provider were actioned and closed out on 23/02/2024 ensuring appropriate Garda Vetting and references are on file.	<p>Recruitment department notified of discrepancy noted by ACIMs during their inspection the centre.</p> <p>Personnel files will be subject to review This review will be conducted by the recruitment dept and verified by the centre manager upon receiving the staff file in their designated centre. The centre management team will also complete a full personnel file audit in April 2024.</p> <p>Recruitment Department will hold responsibility for ensuring all staff employed are appropriately vetted and the personnel file is completed as per requirements.</p>
6	The registered provider must ensure that all deficits in mandatory training	Regional manager completed a review of training for the staff team on 29/02/24	Bi-monthly training audits will be conducted by acting social care manager

	<p>are addressed as a matter of priority. In addition, the centre must ensure all staff with additional responsibilities in terms of safety have the required training for the role.</p>	<p>and noted all staff are trained in Child Protection following the training course on the 20/02/24.</p> <p>The acting social care manager completed a full review of the training requirements within the centre on 04/03/2024, escalating the need for additional courses to be scheduled through the regional manager, where courses could not be scheduled.</p> <p>The current nominated fire representative is booked onto fire safety training on the 09/04/24. A fire certified social care leader will take on the duties of fire representative at the centre until the 09/04/24.</p>	<p>where the appropriate action plan will be collated. Where training needs cannot be met within existing course schedule. The acting social care manager will notify the regional manager to support and organise any further training needs for their centre.</p> <p>All staff will be booked onto mandatory training within their onboarding as they enter new roles in the organisation or as required based on young person needs.</p> <p>The provider has reviewed its current software systems for the management of training needs and recording. The provider is committed to develop and implement a new system which will be operational by 30/03/24 which will ensure that training needs will be captured by training audits conducted bi-monthly.</p>
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