



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: 2020



Inspection Report

| | |
|------------------------------|--|
| Year: | 2020 |
| Name of Organisation: | Daffodil Care Services |
| Registered Capacity: | Three young people |
| Type of Inspection: | Announced Remote |
| Date of inspection: | 09th & 10th July 2020 |
| Registration Status: | Registered without conditions from 17th September 2020 to the 17th September 2023 |
| Inspection Team: | Joanne Cogley Lorna Wogan |
| Date Report Issued: | 1st September 2020 |

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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 third registration and was in year three of the cycle. The centre was registered without attached conditions from 17th September 2017 to the 17th September 2020.

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 inspector examined the following theme and standards:

| Theme | Standard |
|--|--------------------|
| 5: Leadership, Governance and Management | 5.1, 5.2, 5.3, 5.4 |

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 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. Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection was carried out through a review of documentation and a number of telephone interviews.

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

A draft inspection report was issued to the registered provider, senior management, centre manager on the 21st July 2020 and to the relevant social work departments on the 21st July 2020. 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 6th August 2020. 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: without attached conditions from the 17th September 2020 to the 17th September 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational policies

Regulation 6 (1) and (2): Person in charge

Theme 5: Leadership, Governance and Management

Standard 5.1

The centre had a full suite of policies in place in line with standards, legislation and regulations. There were systems in place to identify gaps in compliance through various auditing systems and a number of new policies had been developed in line with The National Standards for Children’s Residential Centres, 2018 (HIQA). From interview with the regional manager there were no noted incidents whereby the centre had operated outside of policy or legislation. All policies had been reviewed by the quality assurance manager and updated in May 2019. The process for reviewing policies was completed by the organisation’s quality assurance manager in conjunction with senior management and these were generally completed on a two-year cycle. Should there be an identified need the centre manager highlighted they would bring this to the attention of senior management for review and policy development. All new policies were then discussed at team meetings.

Through interview with the regional manager, centre manager and staff members, all demonstrated an understanding of legislation, regulations, policies and standards for the care and welfare of children including an awareness of the National Standards for Children’s Residential Centres, 2018 (HIQA) and Children First: National Guidance for the Protection and Welfare of Children, 2017 and the reporting procedures relating to same.

Standard 5.2

Throughout the course of inspection, it was evident that the centre manager demonstrated leadership. This was supported through documentation review and interviews with the Guardians Ad Litem (GALs) and the social worker for two of the young people who stated communication with the centre manager was to a good standard. Staff members interviewed also stated that robust support, guidance and direction was provided to them in their work. Young people also highlighted in their questionnaires if they had an issue in the centre they would speak directly with the

centre manager. One social worker expressed concerns in relation to recent communication issues with a keyworker however was satisfied this had been appropriately addressed and rectified by the centre manager.

Staff members were aware of the other leaders within the organisation and were clear on roles. The centre promoted a culture of learning and accountability, this was evident through supervision meeting minutes and team meeting minutes where there was discussions around task completions, model of care and learning from the effectiveness and ineffectiveness of strategies. There was a clear organisational structure which set out the governance structure together with roles and responsibilities. The centre's internal management structure consisted of one centre manager and two social care leaders. The inspectors found that the internal management structure was appropriate to the size and purpose and purpose and function of the centre. It was confirmed that when the centre manager takes annual leave, the period of leave was covered by a social care leader with support provided by the regional manager. The centre manager confirmed that some management duties were delegated to the social care leaders and staff members. This delegation of duties was evidenced through supervision records, communication book, management meetings and handover documents with the purpose of up-skilling and developing key staff members.

The regional manager confirmed there were appropriate service level agreements in place and that a bi annual report was provided to their funding body. The centre's policies were updated in May 2019 in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

The centre had a policy on risk management which was implemented within the centre. This focused on the 'NAME' risk assessment tool in order to identify, assess and manage risk and was implemented through a written risk assessment where required. All staff members interviewed demonstrated an understanding of the risk management framework and process. GALs for the young people confirmed that while they had not received paperwork around risk assessments, they were confident they were fully informed verbally of all risks and were satisfied with the management of same. The centre also had procedures in place for designated people to contact in case of an emergency and operated an effective on call system.

Inspectors spoke with the regional manager and centre manager in relation to the recent COVID-19 pandemic and found evidence that a number of measures were put in place by the organisation in response to the pandemic. From review Inspectors

found these measures to be in line with public health guidance. Inspectors spoke with the Guardians Ad Litem for all three young people and the social worker for two young people and all felt the centre had managed the recent restrictions to a satisfactory level. Inspectors also found that as restrictions were eased the centre realigned their risk assessments in line with updated guidance and advice. Staff members confirmed that they continued to have adequate and on-going access to supplies of infection control products and equipment.

Standard 5.3

The centre had a statement of purpose which clearly described the model of care together with the aims and objectives of the centre, the range of services available and the arrangements for the wellbeing and safety of children within the centre. The statement of purpose did not outline the management and staff employed in the centre and this should be incorporated into the document.

The statement of purpose reflected the day to day operation of the centre. Inspectors found that it was clearly understood by staff members. Information about the centre was also detailed in young people's booklets and parent's booklets. It outlined the centre's model of care and staff members demonstrated a clear understanding of this through interviews. One GAL informed inspectors they did not receive any information on the centre's statement of purpose or their model of care and this should be made available to them by the centre manager during the admission process.

The statement of purpose was reviewed annually by the organisations quality assurance manager and was last reviewed in February 2020.

Standard 5.4

The centre had a clear format for investigation, recording and monitoring of all complaints which was supported by a written complaints policy. The last formal complaint had been recorded in February 2019 and the last informal complaint was recorded in April 2020. The lack of recording of complaints was a trend noted by the regional manager and in an attempt to rectify this and ensure staff were up to date on the organisations complaints policy a training refresher was completed with the team in June 2020. While there was evidence staff were resolving informal complaints raised by the young people through their solution focused response to young people this was not consistently recorded in the complaints register.

Complaints were a standing item on the team meeting and management meeting agendas however as there were no complaints recorded there was limited discussion around complaints. Staff members interviewed did highlight to inspectors that where a complaint occurred it was discussed in a team meeting and the outcomes and learning to be taken from it identified.

The regional manager and quality assurance manager undertook regular audits within the centre, which was supported by a written policy. A sample of audits were reviewed, these included a supervision themed audit in January 2020, an audit of the centre meetings and young person’s meetings in July 2020 and a review of child protection and complaints in December 2019. It was found that the organisation had recently reviewed their audit template to include a section which allowed for interview of staff and the template allowed for more qualitative data to be recorded. The centre manager also had to complete a fortnightly governance report together with a centre self-audit report which was then validated by the regional manager. This facilitated more qualitative analysis as opposed to solely undertaking a quantitative analysis of work being completed with the young people.

The registered provider was working towards meeting the new National Standards for Children’s Residential Centres, 2018 (HIQA) with the recent appointment of a compliance officer who will lead out on the centre’s annual compliance and improvement plan which is to be completed by November 2020.

| Compliance with Regulation | |
|-----------------------------------|---|
| Regulation met | Regulation 5 Regulation 6.2 Regulation 6.1 |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 5.1 Standard 5.2 Standard 5.4 |
| Practices met the required standard in some respects only | Standard 5.3 |
| Practices did not meet the required standard | None identified |

Actions required

- The regional manager must ensure the statement of purpose is updated to reflect the management and staff employed in the centre.
- The centre manager must ensure the statement of purpose, model of care and complaints procedure is shared with all relevant professionals involved in the young people's care.
- The centre manager must ensure the consistent recording of complaints.

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|-------|---|--|---|
| 5 | <p>The regional manager must ensure the statement of purpose is updated to reflect the management and staff employed in the centre.</p> <p>The centre manager must ensure the statement of purpose, model of care and complaints procedure is shared with all relevant professionals involved in the young people's care.</p> <p>The centre manager must ensure the consistent recording of complaints.</p> | <p>Centre and Senior management have reviewed and updated the Statement of Purpose and Function, to reflect the management and staff employed in the centre, this was completed on the 24.07.20.</p> <p>The Statement of Purpose and Function was received and displayed in the Office and sent onto the social workers and relevant professionals of the young people living in the centre.</p> <p>The Complaint Policy was reviewed in the team meeting and staff prompted to follow policy and procedure.</p> | <p>The Statement of Purpose and Function has been reviewed and updated in line with 5.3.1. on the 24.07.20. The Purpose and Function is reviewed by Senior Management on an annual basis.</p> <p>The Purpose and Function is reviewed by Senior Management on an annual basis. With this the update version will be accessible for all relevant professionals</p> <p>The Complaint policy and procedure will be reviewed regularly.</p> |