



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 049**

**Year: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>03<sup>rd</sup> and 04<sup>th</sup> November 2020</b>
<b>Registration Status:</b>	<b>Registered from 05<sup>th</sup> March 2019 to 05<sup>th</sup> March 2022</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Sharon McLoughlin</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> January 2021</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters.</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 6: Responsive Workforce	
<b>4. Corrective and Preventative Actions</b>	<b>14</b>

## 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 their first registration in March 2012. At the time of this inspection the centre was in its third registration and in year two of the cycle. The centre was registered without attached conditions from the 05<sup>th</sup> March 2019 to 05<sup>th</sup> March 2022.

The centre was registered as a short to medium term centre catering for up to four young people of mixed gender between the ages of sixteen and nineteen years of age on admission. Its specific purpose was to prepare young people for leaving care, independent living and adulthood. The model of care was based on the systemic therapeutic engagement model (STEM) which was described as focusing on the development of relationships with young people including belonging, mastery, independence and generosity. There were two young people 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, 6.2, 6.3, 6.4

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 and the allocated social workers. 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 inspection was a blend of onsite and remote activity. This inspection was carried out through a number of online interviews and a review of documentation both remotely and onsite.

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 and to the relevant social work departments on the 20<sup>th</sup> November 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 11<sup>th</sup> December 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:049 without attached conditions from the 5<sup>th</sup> March 2019 to 5<sup>th</sup> March 2022 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

Regulations 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.**

Workforce planning for the centre was undertaken by the director of services, regional manager and the centre manager. The organisation had a dedicated human resource section which supported the service in the management of the centre's workforce. Inspectors noted that workforce planning was a feature of internal management meetings along with regular discussions taking place at regional and senior management forums.

Inspectors found that there were not appropriate numbers of staff employed in the centre with regard to the number and needs of the children and the centre's statement of purpose. The staff complement consisted of a social care manager, two social care leaders and four social care workers. While there was a deficit of two full time social care workers on the team, inspectors were informed that a recruitment drive had been undertaken to replace staff whose posts had recently become vacant. Two social care workers were successful in the process and were due to commence work within a month. There were two staff on the relief panel, one of whom had a degree in an appropriate field. Relief staff covered for annual leave, sick leave and other emergency needs. External management must ensure that there are appropriate numbers of staff employed in the centre to meet the needs of the children and satisfy the centre's statement of purpose.

As a consequence of the centre recently closing for refurbishment works for a number of months, the majority of the team were appointed since mid-2020. However, there was a mix of experienced to inexperienced staff employed and they had specific competencies to meet the needs of children in the centre. Inspectors saw evidence of enhanced supports and measures put in place by the centre manager to address any deficits regarding staff inexperience. These included, completion of shift evaluations, observations by centre management of care practice by staff, direction and support at team meetings, hand-over and supervision. Both allocated social workers interviewed stated that they were satisfied that the staff were well equipped to meet the needs of



the young person placed there and they had observed some positive impacts of this since their admission.

There was evidence to show that a staff retention strategy was a particular focus currently. Some of these measures in the programme included, a team building fund, the prospect of a saving scheme initiative and paternity leave along with a 'refer a friend' scheme. Inspectors were informed that the workforce also had access to an external employee assistance programme should they require it. The centre manager also provided fortnightly governance documents to the regional manager and staffing and workforce development were part of this report.

There were formal procedures in place for on-call arrangements for evenings and weekends where staff could access advice and guidance.

**Standard 6.2 - The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.**

The centre had a recruitment and selection policy in place that was in line with Irish and European legislation and reflected safe employment practices. This process included: advertisement, interviews, reference checks and verification, Garda vetting and probation. From a review of a sample of personnel files, inspectors found that recruitment was in line with the centre's policy and the Department of Health circular in respect of recruitment and selection of staff to children's residential centres, 1994. Garda vetting was in line with the national Vetting Bureau (Children's and Vulnerable Person's Act 2012 -2016).

At the time of inspection, inspectors saw evidence across staffing records that less than 50% of the entire team had social care qualifications. While the remainder were qualified in a related field it did not meet the requirement for the registered provider to aim to have either all staff to be social care qualified or no more than 50% to be qualified in a relevant area at degree level. External management must ensure that they maintain a core team of staff who are at least 50% social care qualified.

The centre manager held a qualification in a related relevant field and had the required experience in meeting the centre's stated purpose, aims and objectives. However, they had not completed a management qualification suitable for a health care or social care setting and this is recommended. Both social care leaders had social care qualifications.

Staff had up-to-date written job descriptions and contracts of employment.

The personnel files were maintained by the centre manager and were found to be very well organised, secure, up-to-date and in line with regulatory requirements. There was evidence that they had been audited by the quality assurance manager.

The centre had a child-centred code of practice in place for staff that was part of induction training. From a review of a sample of significant event notifications and the complaints register, inspectors noted a breach of the code by a social care worker. This incident was appropriately addressed by the manager and the complaints procedure was robustly followed. However, there was a gap in the review of the code of practice with the staff team. The inspectors recommend that the code is refreshed with staff at team meetings and also following any issues that relate to staff misconduct.

**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.**

Staff had a good understanding of the roles and responsibilities appropriate to their position on the staff team. Accountability and reporting arrangements were clear and consistent. Through interviews and from questionnaires, inspectors found that staff had a practiced-based awareness of the policies guiding their work. This knowledge was observed across centre records in the application by the team of the centre's procedures in the delivery of care to young people.

There was evidence to show that the staff team were being supported to use their professional judgment. This was noted through a review of shift evaluations, team meetings, daily records and young people's files, significant event reviews and supervision. Further, social care leaders were being directed to encourage team members to reflect on and resolve practice issues independently with guidance and support from senior members of staff.

The centre had measures in place to minimise risks to staff safety. These included each young person having an individual crisis management plan in place, provision of training to the staff team on a recognised behaviour management programme, the operation of an on-call system where the person rostered on-call rang staff in the centre at specific times each shift, debriefing and regular supervision was also taking place. There was evidence to show that a culture of learning was emerging in the centre. This was observed in the opportunities provided to staff through training, discussions and reflective practice at supervision sessions, the implementation of

shift evaluations and daily practice guidelines to assist in the updating of skills. A strong emphasis was placed on effective communication and engagement with staff members while on shift along with peer support and learning from each other through regular team meetings and incident reviews. The centre showed a specific focus on caring for each child through their model of care framework which was evident in daily routines with young people.

Consistent supervision was provided to the staff team by the centre manager and one of the two social care leaders supervised relief staff. Both had received appropriate training. From a review of the records, inspectors found that it was taking place in line with centre policy. Records were well organised with evidence of good reflection on care practices and they also showed strong support for staff. Contracts were signed by both parties. Supervisee training was not yet in place for the staff team. The registered provider must ensure that all staff are provided with supervisee training as a requirement of the National Standards for Children's Residential Centres, 2018 (HIQA)

While an annual performance appraisal system was in place in the service, this had not yet been implemented in the centre as the team members had recently taken up their posts. Inspectors saw evidence of an appraisal form template which included areas such as child centred practice, crisis management, goals for improvement, therapeutic knowledge, team work and reflective practice. Staff and line management input formed part of the appraisal.

Support systems were in place to manage the impact of working in the centre on the staff team which included debriefing, supervision, reflective practice and access to an employee assistance programme. Promotion of a work-life balance and self-care was also a feature of supervision sessions with staff. Through interviews and questionnaires, staff acknowledged the strong support and guidance offered by the centre in the performance of their duties and responsibilities with young people.

**Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.**

Training and development opportunities were provided to staff that were appropriate to their role and to the requirements of legislation, standards and guidelines.

Training plans were also cognisant of the centre's statement of purpose and aligned to the policies and procedures being implemented in the centre. A formal two-day onsite induction was in place which incorporated the centre's operational policies. A

manual was also provided as a resource to staff which contained the documents they were required to have knowledge of for their work with young people in the centre. A shadowing system alongside more experienced staff was in place for new recruits.

From a review of the training records, inspectors saw that mandatory training for staff included, online Children First, child safeguarding, fire safety, manual handling, model of care, first aid and a recognised model of behaviour management training. However, due to the ongoing Covid-19 pandemic, deficits across mandatory training existed. This included first aid, behaviour management, fire safety and child safeguarding based on the centre’s child protection policy. All staff had not yet completed the full model of care module, however, this was scheduled to take place by the last week in January 2021. The registered provider must ensure that all deficits in core training are addressed as a matter of priority.

Supplementary provision of training had also taken place for some members of the team such as ligature training, GDPR and risk assessment. A training audit had been completed to determine and analyse the needs of the team so that they could be supported to maintain the necessary skills and competencies to deliver child-centred, safe and effective services to children in placement. There was evidence through a review of centre records that training needs were identified and discussed at forums such as supervision, team meetings and internal and external management meetings. There was a focus by the centre in ensuring access for staff to mandatory training and ancillary training based on the specific needs of the young people living in the centre. A record was maintained of courses or training undertaken by staff in the centre.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1 Standard 6.2 Standard 6.3 Standard 6.4</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

## **Actions required**

- External management must ensure that there are appropriate numbers of full time permanent staff employed in the centre to meet the needs of the children and satisfy the centre's statement of purpose.
- External management must ensure that they maintain a core team of permanent staff who are at least 50% social care qualified.
- The registered provider must ensure that all staff are provided with supervisee training as a requirement of the National Standards for Children's Residential Centres, 2018 (HIQA).
- The registered provider must ensure that all deficits in core training are addressed as a matter of priority.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	External management must ensure that there are appropriate numbers of full time permanent staff employed in the centre to meet the needs of the children and satisfy the centre's statement of purpose.	Two full time Social Care Workers (SCW) and one Relief Social Care Worker (RSCW) had accepted positions prior to the date of the inspection. The centre is awaiting vetting and references to be verified. Full-time SCW and one RSCW have commenced employment since the 30.11.20.	Centre and Senior Management continue to address recruitment needs in a timely manner. Discussions are ongoing regarding work force planning in monthly regional meetings, team meetings, and fortnightly governance reports. In addition to two social care leaders, six social care workers and two relief social care workers, an additional full-time social care worker is currently being recruited as a preventative measure to ensure appropriate numbers of staff are employed to meet the centres purpose and function. There are effective strategies between senior management, centre management, and our HR department to ensure that recruitment and retention remain a critical focus of attention.

	<p>External management must ensure that they maintain a core team of permanent staff who are at least 50% social care qualified.</p> <p>The registered provider must ensure that all staff are provided with supervisee training as a requirement of the National Standards for Children's Residential Centres, 2018 (HIQA).</p>	<p>With the addition of recent new team members there is now a 65/35 split with 65% of the team qualified in social care as of the 30.11.20.</p> <p>Senior management are committed to providing all staff with supervision training. Senior management will carry out a review of the key elements &amp; requirements of supervisee training to ensure effective engagement and use of the supervision process. This will be completed and actioned on or before 29/1/2021</p>	<p>Pre-screen interviews are in place as part of the recruitment process to ensure staff are appropriately qualified prior to progressing to interview stage. Centre manager and senior management will complete interviews with candidates and confirm qualifications prior to a position being offered to successful candidates. Centre manager will complete an audit on current staff qualifications to ensure at least 50% of the team hold a social care qualification prior to recruitment process to ensure adherence to requirements.</p> <p>Senior management are reviewing our supervision agreement to assist in the development of appropriate supervisee training in the expectations, process &amp; function of supervision with a view to supporting effective engagement and use of supervision in line with supervision policy. It is intended that our supervision agreement and induction process will be revised to reflect this requirement</p>
--	--	---	---

	<p>The registered provider must ensure that all deficits in core training are addressed as a matter of priority.</p>	<p>Team members that were booked on to training prior to the commencement of the inspection have since completed the deficits identified in core training. The model of care training is booked for team members on the 24<sup>th</sup>, 25<sup>th</sup> and 26<sup>th</sup> of January 2021.</p>	<p>Centre and senior management have reviewed issues with the training booking form. It has been agreed that the centre manager will continue to complete quarterly training audits and should address additional training needs and dates with senior management. Additional course dates will be requested so as to ensure team members core training is facilitated within required timeframes. Senior management, HR, and the quality assurance department will also carry out staff training audits to ensure that core training is provided to all staff in a timely fashion.</p>
--	--	---	---