



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: 2021

Inspection Report

Year:	2021
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	07th December & 09th December 2021
Registration Status:	Registered from 05th March 2022 to 05th March 2025
Inspection Team:	Sharon McLoughlin Lisa Tobin
Date Report Issued:	23rd February 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 their first registration in March 2012. At the time of this inspection the centre was in its third registration and in year three of the cycle. The centre was registered without attached conditions from the 05th March 2019 to 05th March 2022.

The centre was registered as multi occupancy 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 four young people living in the centre at the time of the inspection two of whom were under 18.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
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 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 24th of January 2022. 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 7th of February 2022. This was deemed to be satisfactory.

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 5th March 2022 to 5th March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

The inspection found that the four young people living in the centre were well supported and that their individual needs were clearly identified. The approach used by the staff was one of promoting independence through creating a calm home like environment that encouraged the young people and targeted their specific needs. As two of the young people were over 18 and the other two were at the time of inspection about to turn 18 the focus was on aftercare planning. All four young people had an aftercare plan on file at the time of the inspection. There had been on going issues with regards to the centre receiving up to date care plans for the young people who were under 18. There was clearly documented evidence and that the centre manager had on numerous occasions requested these care plans and had escalated this to the senior social work management.

The inspectors spoke with the aftercare workers and aftercare management, and they confirmed that they were satisfied with the progress that the young people were making in the centre. They were of the view that the staff and manager were good at dealing with the complex needs of the young people living there. The aftercare manager stated that based on their experience of the centre, they had specifically referred the young people who were more vulnerable and needed more support with their aftercare needs. The aftercare workers commented on the good communication between the manager and themselves and they received progress reports from key workers, so were fully informed and kept up to date regarding the placements.

The inspector spoke also to a guardian ad litem and they were satisfied with the care being provided to the young people they were assigned to and complemented the centre staff and management on their engagement with the young person. They stated that communication was good and that they were notified of all relevant information in a timely manner.

Each of the young people had a placement plan on file which was up to date with goals of the placement clearly identified. These goals were reflective of the care plans that were on file and the aftercare plans. The template of the placement plan document had a section for recording why goals were not met, inspectors found that that some attention was required in the recording here by staff as it was not always immediately clear why the goal was not met. The young people were aware of their placement plans and key workers discussed them. Most of this was done in an informal manner as the young people didn't particularly engage in formal meetings. Only one of the young people choose to speak to the inspectors, but a second chose to complete a questionnaire that was provided. They were both complimentary of the support that they received from the staff and referred to the atmosphere in the centre being one of calmness and homeliness.

The young people were encouraged to attend specialist services and given their age consent was sought for any communication with external professionals.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
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

Action Required

- None

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The inspectors found that there was evidence of strong leadership in the centre. In the review of centre files and interviews with staff, it was evident that the manager provided effective leadership and guidance to the staff team. The aftercare workers interviewed by inspectors also confirmed that they were satisfied with the leadership and management in the centre and were complementary about the work of the manager in the centre. There was evidence that there was a culture of learning in the review of records including team meetings, significant event reviews and management meetings.

There were clearly defined governance structures in place with clear lines of accountability and staff in interview were familiar with the lines of authority within the organisation and external managers were accessible to staff and young people. The centre manager was on site five days a week and had overall responsibility and accountability for the delivery of care and there was evidence of their oversight in centre records and audits. Team meetings, internal management meetings and senior management meetings were held on a regular basis and a record was maintained of all meetings. The centre manager reported to a regional manager and staff reported that they were supported in their roles by the regional manager. They provided oversight and guidance to the team at meetings and minutes of these meetings reviewed by inspectors reflected this.

The centre had a range of auditing systems in place using a number of audit tools. There was evidence that several audits were conducted in 2021 by the centre managers which focussed on areas such as health and safety and placement planning along with two themed audits assessing the centre's compliance with the National Standards for Children's Residential Centres, 2018 (HIQA).

The organisation had a service level agreement in place and held regular meetings with the national private placement team providing them with regular reports on compliance with standards and regulations.

The centre had a risk management framework in place and supporting structures for the identification, assessment and management of risk. Staff interviewed during the inspection understood the risk management system in place and there were individual risk assessments on file with appropriate risk management strategies in place. The centre maintained a centre risk register that recorded current risks and was up to date.

There was an appropriate internal management structure in place. This had been strengthened recently with the appointment of a deputy manager and one senior social care leader and a second social care leader.

There were suitable arrangements in place to provide cover when the centre manager was on leave with the appointment of a deputy manager. The centre manager had delegated tasks to the deputy manager and to other staff members and a written record was maintained of these tasks.

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

Compliance with standards	
Practices met the required standard	Standard 5.2
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

Action Required

- None

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.

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. However, the inspectors identified some deficits in the oversight of workforce planning and ensuring the staff complement remained as a minimum of eight social care staff. This was a significant finding in the inspection of 2020 and the completed and agreed action plan stated that this would be addressed and would not reoccur.

Inspectors found at the time of inspection in December 2021 there was an appropriate number of staff employed in the centre with regard to the number and needs of the children and the centre's statement of purpose. However, for periods of time during 2021 the staffing complement fell below the required, manager and eight social care staff. The Alternative Care Inspection and Monitoring Service were made aware of this, and that recruitment of staff was being undertaken during the summer period.

The staff complement at the time of inspection consisted of a social care manager, a deputy manager three social care leaders and six social care workers. There were also two identified relief staff to cover periods of leave. A review of daily logs identified for inspectors that during the period of time when the staffing levels were below the minimum eight social care staff, there were times when staff did double shifts to cover. During the month of November, the inspectors identified six occasions when three of the staff did a double shift. The manager and staff were questioned about this and were clear that this only occurred as a last resort and following a risk assessment, the staff were clear that they were under no obligation to do a double shift. The staff and manager stated that they did this as they wanted to minimise the number of people working with the young people, and given they were a settled group they felt it was in the young people's best interest. While this may be the case one of the issues

the inspectors had was that the senior management while aware that double shifts had occurred were not aware how often and had no verifiable method of tracking this other than payroll to alert them when this was happening on an ongoing basis. Staff working double shifts is not deemed to be an accepted practice by the inspectorate and must not be a feature of rostering in the centre going forward.

Staff retention was an item on the management agenda and a focus of the organisation. The centre manager provided fortnightly governance documents to the regional manager staffing and workforce development were part of this report. Since the last inspection in November 2020 four staff had left the centre, one for an internal promotion and the other three to work in other areas or community-based services. Systems in place to promote staff retention were an incremental pay scheme, access to a pension scheme, health fund, wellness programme and career development plans.

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

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

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	None identified

Actions required

- The senior management must have systems in place to better track the staff rostering patterns in the centre.
- The centre must cease the practice of staff doing double shifts unless in an emergency situation.
- The registered provider must ensure that the staffing levels in the centre remain in compliance with the requirements of the regulations as set out by the ACIMS Staffing Numbers and Qualifications Memo February 2020

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The senior management must have systems in place to better track the staff rostering patterns in the centre.	Centre Management have access to online roster which is completed weekly. Oversight of roster by senior management has been increased to weekly along with the introduction of a senior management site report to ensure effective reporting on roster patterns. Implemented on 31/01/22	A robust system of roster review has been developed whereby the roster is reviewed by both the centre manager and regional manager on a weekly basis. Issues arising from this review are recorded within the newly introduced senior management centre site report.
	The centre must cease the practice of staff doing double shifts unless in an emergency situation.	The centre has ceased the practice of staff doing double shifts unless in an emergency. This practice is risk assessed and approved by senior management prior to rostering. Implemented 09/12/21	The practice of rostering a staff member for a double overnight shift will continue to require a risk assessment which will be reviewed and approved by senior management only when the practice is deemed to be an emergency.

	<p>The registered provider must ensure that the staffing levels in the centre remain in compliance with the requirements of the regulations as set out by the ACIMS Staffing Numbers and Qualifications Memo February 2020</p>	<p>The registered provider will ensure that the minimum staffing levels in the centre remain in compliance with the requirements of the regulations as set out by the ACIMS Staffing Numbers and Qualifications Memo February 2020.</p> <p>The registered provider has introduced a dedicated recruitment department with exclusive focus on staff recruitment and retention. This department works closely with the Marketing Manager to develop targeted recruitment campaigns to ensure the required staffing levels remain in place.</p>	<p>The registered provider has introduced a dedicated recruitment department to support the maintenance of a stable staffing complement in line with the Feb 2020 memo. Working closely with the senior management team and the Marketing manager, this department is exclusively focussed on recruitment and retention in these challenging times.</p>
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