



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 103

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	26th & 27th January 2021
Registration Status:	3rd March 2021 to 3rd March 2024
Inspection Team:	Lorraine Egan Cora Kelly
Date Report Issued:	25th March 2021

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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 on the 3rd March 2015. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from the 3rd March 2018 to 3rd March 2021.

The centre was registered to accommodate six young people of both genders from age sixteen to nineteen years on admission on a short to medium term basis in a semi-independent residential centre. The purpose of the centre was to prepare young people for independent living, leaving care and adulthood. The centre operated the STEM (Systemic Therapeutic Engagement Model) model of care. STEM draws on a number of complementary philosophies and approaches including circle of courage, response abilities pathways, therapeutic crisis intervention and daily life events. There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6
7: Use of Resources	7.1

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, 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 Covid-19 pandemic, communication with the centre manager and risk assessments took place and it was determined that this inspection be conducted remotely.

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 23rd February 2021. A condition was attached on the same date which stated that there could be no more admissions until staffing levels were increased to a minimum of 8 full-time whole-time staff, suitable qualified and experienced working in the centre.

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 8th March 2021 along with evidence and confirmation that the staffing levels had increased. The condition was subsequently removed on the 22nd March and the centre is now registered without attached conditions. Following consultation with the centre manager regarding the returned CAPA on the 23rd March, 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: 103 without attached conditions from the 3rd March 2021 to the 3rd March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

The centre had an admission's policy and procedures in place which was found to be in line with the National Standards for Children's Residential Centres, 2018 (HIQA). It reflected children's rights, regulations and legislation and was also aligned with the centre's statement of purpose. Inspectors found from a review of centre records, that there was strong evidence of robust engagement by the centre manager and senior management with both young people's allocated social workers prior to admission. This was observed in the placement plan proposals, pre-placement plan assessments, pre-admission risk assessments, needs assessments and psychological assessments. One social worker told inspectors that they had frequent meetings with the centre along with professionals from other disciplines to ensure that the placement was appropriate for meeting the specific needs of the young person.

Both young people admissions were planned and procedures followed were reflective of the centre's policy. Each young person's proposed admission was assessed against the centre's purpose and model of care. There was evidence of involvement and recognition of young people's opinions and wishes prior to admission and there was a consistent and specific focus by the centre on consultation with parents where and when appropriate.

Comprehensive pre-admission risk assessments were conducted which identified the young people's presenting behaviours and vulnerabilities. The associated levels of risk were then assessed using a matrix system along with an implementation plan for their management. This included safety plans, strategies and emergency action plans. A multidisciplinary approach to the management of risk for the young people was evident in the interventions outlined. The assessment also determined the impact

these behaviours may have on the needs and rights of other young people that were living in the centre.

A transition plan was in place for each young person who was moving in to live in the centre and inspectors found evidence of good preparation prior to the move. This plan formed part of the centre's admission's process and provided each young person with the opportunity to get to know the staff team and become familiar with some of the routines of daily living in advance of the move. This included, meal planning, shopping, fire safety, rules and boundaries of the centre and independent living skills and arrangements. Inspectors found that despite the fact that these admissions took place during the Covid-19 pandemic, every effort was made to conduct both transitions in a comprehensive way so that the young people could become accustomed to the centre and be informed of what it could offer them to meet their specific care needs.

The staff team completed individual sessions and outreach work prior to and during the young people's transition. This individual work also involved linking in with immediate family members when possible. An admission checklist was also in place and was completed by centre staff on the day of the young person's move-in. This contained relevant information regarding the complaints process, assess to support agencies, the young person's right to be involved in decision-making related to their care planning and links with allied professionals such as aftercare workers.

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

Child in care review meetings had taken place for both young people in line with regulations, however, the centre had only one up-to-date care plan on file which had been forwarded to the centre manager by the allocated social worker at the time of the inspection. A care plan for the second young person had not yet been submitted by the social work department despite the child in care review meeting having occurred nearly three months previously. Young people were encouraged to attend their child in care reviews and parents were also invited. Where young people and parents did not attend, their views were sought and reflected in the plans.

Up-to-date placement plans had been developed for both young people that reflected their identified goals as outlined in their care plan and child in care review meetings. There was robust evidence to show that consistent individual work sessions were

conducted with each young person so that they could participate in their care planning process and have input to goals that were achievable for them. The young person's voice was strongly reflected across daily logs and young people's meetings which were regularly held. The centre had a strong focus on collaboration with young people's families also and linked with their parents where appropriate so that they could contribute to the care being provided and future planning for their aftercare.

The actions that were set out in the placement plans strongly reflected the young people's individual needs and preferences. Intervention strategies were aligned with each goal and reviewed within specific timeframes. This consisted of work plans for independent living, safety plans, individual crisis management plans and absent management plans.

There was evidence that external specialist support services had been identified where necessary to ensure young people's distinct care and therapeutic needs were being responded to appropriately. This was observed in areas such as health, wellbeing, medical, education and psychological care. However, while young people's goals were being discussed and reviewed at various forums, in general, improvements are required in the recording of the discussions taking place on placement planning both at team meetings and at supervision. Inspectors recommend that this is addressed by the centre manager. The centre's model of care was integrated into the placement plans. They were developed by the keyworkers assigned to the young people and were case managed by a senior member of the staff team.

There was good evidence on the documents submitted to inspectors of a positive working relationship with both young people's allocated social workers. At interview both stated that the centre manager and staff team were in regular communication with them and they were kept updated through monthly reports and plans, routine phone contact and multidisciplinary meetings.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

As this inspection was conducted offsite, a sample of photographs were submitted by the centre manager that showed the layout and design of the centre. Inspectors were also informed through staff and social work interviews and also through questionnaires about the cleanliness, decoration and condition of the premises. The centre contained six self-contained apartments along with communal living areas for cooking, dining and recreation. The facilities catered for young people to meet with

family and friends privately. Each young person had their own apartment which consisted of a bedroom, bathroom, kitchen and living space with secure storage areas for personal belongings. All apartments were fully furnished and young people had responsibility for maintaining the cleanliness of their apartments with support from the staff team. The outdoor area around the premises was large and the centre was close to a regular public transport system and near to the city centre. From the images submitted, there was evidence to show that the house was styled and decorated in a homely manner and it was in good structural condition. The regional manager told inspectors that refurbishment works had been undertaken in the past number of months. Young people had been given opportunities to participate in decorating their own apartments and hang pictures and display other personal effects.

The centre had written confirmation that all statutory requirements regarding fire safety and building control was complied with. There was an up-to-date health and safety statement in place along with documentation to indicate that it had been read and signed by the staff team and the health and safety officer. Daily, weekly and monthly fire safety records were being completed and were reflected in the centre's health and safety audits. Records evidenced weekly fire alarm testing, routine inspection of fire escape routes and a checklist of the fire equipment in the centre. There were consistent fire drills recorded. Fire safety training had been provided and where it needed to be refreshed for some members of the staff team, it had been scheduled within policy timeframes.

Procedures were in place for the management of health and safety risks. Risk assessment of hazards in the centre were undertaken yearly and control measures were in place for those areas identified as risks. A maintenance record was kept and inspectors saw evidence that repairs were reported promptly and resolved in a timely way. Inspectors did not see evidence of a policy or procedures in place in relation to the reporting of accidents in the centre. Centre management must ensure that an accident log is maintained for recording injuries or accidents and that reasonable measures are taken to prevent accidents and reduce the risk of injury in the centre.

From the review of records regarding the centre's vehicles they were found to have been roadworthy, regularly serviced, taxed, insured, and being driven by staff who are legally licensed to drive.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Inspectors saw evidence from the care records that were submitted as part of the inspection that they were found to be well maintained for each young person. From a review of young people's files there was evidence to show that these were up-to-date and contained information that were compliant to specifications within the regulations. Files were stored confidentially and held in accordance with legislation and best practice requirements. The sample of records reviewed by inspectors were signed, dated and there was consistent oversight by internal and external management.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

There was very strong evidence from the inspector's file review that communication between the centre and allied professionals was consistently taking place. This was found to be a primary focus for the centre in meeting young people's individual goals and needs while living there and in planning towards their aftercare. There was evidence of regular multidisciplinary collaboration with social work departments, aftercare workers, the Gardai and representatives from other support services. Placement planning and interventions reflected good co-ordination and partnerships with young people's families and were in line with care plans. Practical preparation for independent living and discharge for each young person was ongoing by the staff team such as meal planning, financial management, support with applications for skills-based training and employment along with securing accommodation.

The centre had a discharge policy in place outlining the procedures for planned and emergency discharges. For the two young people currently living in the centre, the staff team were liaising with their aftercare workers in preparation for both transitions from the centre and to ensure access to the supports needed by them to be able to live independently. Young people's families were kept regularly informed of plans regarding discharge and aftercare. One to one sessions and key working were taking place with young people in this regard. Inspectors saw evidence of a step-down assistance programme that had been in place for one young person who had moved on from the centre. This was implemented over a three-week period and

contained clear goals to facilitate their transition to a specialised service upon their discharge.

Young people were provided with opportunities to give written feedback about their placement through exit interviews for the purposes of informing improvements in the quality of the centre. The feedback from the samples submitted to inspectors for review contained positive comments about their time spent living there.

All relevant information relating to each young person was transferred following their discharge from the centre and it was in line with regulatory requirements. Inspectors did not see evidence of young peoples' or their parent's feedback on their experiences of integrated care being regularly evaluated for service improvement purposes. Centre management must ensure that children's and parents contributions are considered when evaluating the effectiveness of their experience of integrated care.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

There was evidence noted by inspectors that each young person's voice was being heard regarding decisions being made about their transition from the centre. The centre manager and the staff team were providing robust assistance to each young person in preparation for their move to independent living. Consultation and links with support services were identified as part of placement planning and both meetings and visits were being facilitated with the aftercare workers who were assigned to each young person. Young people and parents were involved in the planning process on a consistent basis by the staff team so that all aftercare options available could be considered. This also included seeking funding for one young person to remain in the centre until suitable accommodation was secured.

Aftercare assessments had been conducted for each young person by their appointed aftercare workers. However, one aftercare plan was not yet completed and the second one required revision as the stated goals were not in line with their preparation for independent living and discharge from their current placement given the specific individual needs they had. The allocated social worker stated that specialised supports were been sought for this young person. This included a psychological assessment which they hoped would assist them to receive the necessary resources and services required by them for assisted living when they made the transition to aftercare. Young people were made aware that they had a right to

access and review their own records and decide who they wanted their information shared with.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.1 Standard 2.2 Standard 2.4 Standard 2.6
Practices met the required standard in some respects only	Standard 2.3 Standard 2.5
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that an accident log is maintained for recording injuries or accidents and that reasonable measures are taken to prevent accidents and reduce the risk of injury in the centre.
- Centre management must ensure that children's and parents contributions are considered when evaluating the effectiveness of their experience of integrated care.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 – Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

Inspectors found that the centre did not have appropriate numbers of staff employed in relation to the number and needs of the young people living in the centre and did not comply with their statement of purpose. At the time of the inspection the staff complement consisted of a social care manager, two social care leaders and five social care workers. Consequently, there was a deficit of one full time social care worker on the team. From a review of the centre audits and the centre manager's governance reports, the shortfall in staffing numbers was identified as low risk in the centre's risk assessment and management of risks. Senior and centre management failed to identify non-compliance with the regulations in both reports. At interview, the centre manager and regional manager stated that there were adequate numbers of staff in place for the two young people currently living in the centre. Although, inspectors were informed that a recruitment drive was scheduled to take place in the month following the inspection and that there were sufficient resources available to the service for this to proceed. External management must ensure that there are appropriate numbers of staff employed consistently in the centre to deliver child-centred, safe and effective care and support.

Inspectors reviewed funding and budget records for the centre and found that there were sufficient resources available to meet the daily living needs for each young person and for the running costs of the centre. This included monies that were allocated for regular grocery shopping, clothes and food allowances, access to public transport tickets, the provision of activities and hobbies as needed and for visits and access with family members. Recourses provided to young people in this regard were appropriate to their needs, child-centred and in line with care plan goals. Budgets were found to be planned and managed in a transparent way by the centre with evidence of oversight by external management.

Compliance with Regulation

Regulation met	Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 7.1
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- External management must ensure that there are appropriate numbers of full time permanent staff employed consistently in the centre to meet the needs of the children and satisfy the centre's statement of purpose.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>Centre management must ensure that an accident log is maintained for recording injuries or accidents and that reasonable measures are taken to prevent accidents and reduce the risk of injury in the centre.</p> <p>Centre management must ensure that children’s and parents contributions are considered when evaluating the effectiveness of their experience of integrated care.</p>	<p>A staff injury and accident log was maintained by the centre and will be expanded to clearly include young people and visitors. The quality assurance department are developing an online tracking spreadsheet “Accident and Injury log” Which will also record and track any accidents in the centre in respect of young people, staff, and visitors.</p> <p>This will be finalised and implemented on or before the 16/4/21</p> <p>A section will be included to the young person’s exit interview along with the end of placement report in order to seek both young people’s views and opinions and also parent’s contributions. This will be included into the template and processed for when a young person is moving on from the service to assist in the evaluation</p>	<p>The online tracking spreadsheet “Accident and Injury log” which will record all accidents for young people staff and visitors will be updated by the regional manager and reviewed monthly by the senior management team as part of the monthly senior management meeting.</p> <p>This will be added to the senior management agenda for review on 25.03.2021 with a view to the form being revised and an updated version to be implement in April 2021.</p>

		of the effectiveness of their experience of integrated care. This will be completed by April 2021.	
7	External management must ensure that there are appropriate numbers of full time permanent staff consistently employed in the centre to meet the needs of the children and satisfy the centre's statement of purpose.	<p>External management acknowledge the staffing deficits. Efforts had been made to address the shortfall through 6 interviews completed by the centre manager and regional manager on 18/12/2020 which unfortunately were unsuccessful in identifying appropriate candidates.</p> <p>Further interviews were scheduled for the 26/01/2021 which were rescheduled to the 3/02/2021 due to the Inspection process. These interviews yielded two successful applications who have been offered and accepted full time social care worker posts in the centre. Induction commenced 8/3/21. These appointments bring the centre in full compliance and exceed regulatory requirements to ensure the centre maintains full staffing complement while one of the existing team are on maternity leave from June 2021. These personnel files will be provided to Registration and Inspection service as part</p>	<p>A revised senior management meeting template has been implemented for use from the 25.03.2021 which includes specific review of staffing levels in each centre. This is in addition to the existing HR process including recruitment request forms and weekly vacancy report forms. Centre audits specifically reviewing staffing levels, qualifications and contents of personnel files have been included in the 2021 auditing schedule by the quality assurance and compliance department. These are due March and July 2021</p>

		of the CAPA response and in response to the condition of the centre's registration under Part VIII, Article 61, (6) (a) (I) of the Child Care Act 1991.	
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