



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 128

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	12th,15th,16th July 2024
Registration Status:	Registered from the 25th August 2023 to 25th August 2026
Inspection Team:	Paschal McMahon Lorna Wogan
Date Report Issued:	22nd October 2024

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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 its first registration on the 25th August 2017. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from 25th August 2023 to 25th August 2026.

The centre was registered as a multi-occupancy service to accommodate four young people from age thirteen to seventeen on admission on a medium to long term basis. 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. There were three 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
1: Child Centred Care and Support	1.5
5: Leadership, Governance and Management	5.2
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 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 relevant social work departments on the 23rd September 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 2nd October 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: 128 without attached conditions from the 25th August 2023 to 25th August 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 9: Access Arrangements

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.

The inspectors were satisfied that the centre supported and promoted contact with parents, families, friends and community. Staff interviewed were aware of the important role families played in the young people's lives. This was evident in centre records and confirmed by a young person who spoke with the inspectors. They outlined how supportive the care team was to both them and their family. There was evidence that staff made efforts to promote and support sibling contact and family members had visited the centre occasionally. The care team promoted and supported increased family contact for two of the young people which resulted in positive outcomes. The team members also facilitated transport for the young people to maintain contact with their family and community of origin. The team respected each young person's wishes in relation to family contact and they sought clinical guidance where required to guide and support family relationships.

The placement plans identified a range of interventions to support and maintain family contact. Individual work was undertaken with young people around family relationships, identity and social connections within their home communities. Risk assessments and safety plans were developed where relevant. In circumstances where contact could not be facilitated this was explained to the young person. The allocated social workers who spoke with the inspectors stated the team facilitated, promoted and supported family contact in line with their care plans.

The placement plans on file evidenced how the care team promoted social connections within the local community. Records viewed by inspectors confirmed that each young person was encouraged to partake in activities in the community such as sports, gym facilities and other hobbies of their choice. One of the young people recently returned from a successful school trip abroad.

While the young people were supported and encouraged to develop and maintain interests and hobbies and engage in leisure activities, there were some concerns

relayed to the inspectors by external professionals in relation to the allocation of financial allowances and funding allocation for one of the young people. This matter was addressed at their care plan review and was resolved satisfactorily at the time of the inspection. The young person informed the inspectors they were satisfied the matter was resolved. The centres budget allocation was also raised by another young person during the course of the inspection and the inspectors brought this to the attention of the regional manager. The inspectors recommend that the budget allocations for recreation, and various other expenditures are reviewed by the senior management team and then outlined and explained to the young people.

Young people confirmed that birthdays and special occasions were celebrated in the centre. This was evident at the time of the inspection when one young person was celebrating their birthday with parties and gifts the young person had chosen. One of the social workers commended the efforts the team made to mark birthdays in a special and individualised way.

Each young person had access to a mobile phone and appropriate access to social media platforms and the internet. Individual work was undertaken with each of the young people in relation to the potential dangers and risks online and how to safely manage the internet and online activity.

Compliance with Regulations	
Regulation met	Regulation 9
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 standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme 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 5.2 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 previous centre manager left their post in June 2023 and the inspectors found there was no permanent centre manager in post for a period of thirteen months. There was evidence that a robust recruitment campaign for a centre manager was ongoing over this period with several applicants offered the post however they did not subsequently take up the position. Therefore, there was an absence of consistent leadership and governance structures during this period of time. Responsibility for the management of the centre was delegated to the regional managers who then had dual responsibility to manage the centre in addition to the operational oversight and external management of a number of other residential centres in the region. A social care leader within the centre was appointed to the deputy manager role to ensure a level of day-to-day leadership and management. The staff interviewed stated that the deputy was accessible to them and provided them with leadership in the interim period however the deputy stated that the role was demanding in the absence of a dedicated centre manager.

Notwithstanding the deficits identified above there was evidence that the current regional manager who assumed responsibility for the centre in February 2024 put structures in place to strengthen the internal management structure in the centre. A second deputy manager was allocated to the centre in April 2024 to share managerial tasks and provide additional support to the acting deputy manager in the absence of a full-time centre manager. At the time of the inspection a centre manager was appointed and was due to commence in post in the coming week. Following the inspection the regional manager and the allocated social workers confirmed to the inspectors that the newly appointed centre manager had commenced in post.

Inspectors found that audits were taking place to assess compliance with aspects of the National Standards for Children's Residential Centres, 2018 (HIQA). The centres compliance officer completed monthly governance and service reports. The regional manager completed monthly senior monitoring reports and audits. Inspectors also

viewed monthly management meetings taking place which evidenced oversight, governance and planning.

There was a service level agreement in place with The Child and Family Agency. The senior management in the organisation had regular meetings with the national placement team and provided them with regular reports on compliance with standards and regulations.

The centre policies and procedures presented for inspection were reviewed in February 2024. There was evidence that policies were reviewed at team meetings and in staff supervision. Centre audits conducted occasionally incorporated an assessment of staff knowledge of the centres policies and procedures.

The centre had a risk management framework in place and systems for the identification, assessment and management of risk. Risks assessments on file were developed in line with the risk framework. Risk assessments were subject to review and closed out as appropriate. Pre-admission risk assessments were undertaken prior to the young people's admission to identify and address areas of vulnerability and risk management plans were developed as required. There was evidence that high risks were escalated to senior management and recorded on the organisational risk register. The organisation had an on-call system in place to support the team at all times to manage incidents and risks in the centre.

At the time of the inspection the centres internal management structure consisted of two deputy managers and two social care leaders. Inspectors found that while the deputy managers had relevant experience the two social leaders were in acting positions due to insufficient relevant experience for the role. Both social care leaders were on a leadership progression programme and were supported by the deputy managers in supervision to further develop their competencies to undertake these leadership roles.

Inspectors viewed a delegation record developed by the regional manager which detailed tasks to be completed by each member of staff. The centre maintained a written record of managerial duties delegated to members of staff detailing their responsibilities and designated 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

Actions required

- None identified

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 clear lines of authority and accountability within the organisation and staff interviewed stated that the regional manager was accessible to them. The inspectors found that roles and responsibilities was discussed with the team members within the supervision process. While there were job descriptions on the staff personnel files that were reviewed by the inspectors, there was no evidence that the two deputy managers who had been appointed following the resignation of the previous centre manager had received any formal induction or received new job descriptions when they took up their roles. The inspectors found that due to the high turnover of staff and the addition of newly appointed team members there was on-going work required by management to support the team to develop competencies and confidence in their practice.

All those interviewed as part of the inspection process acknowledged that the absence of a full-time manager impacted in terms of having a consistent person to manage and guide the team. During this period the high staff turnover also impacted on the

team's efforts to provide consistent care. Young people that spoke with inspectors said they found it difficult to build relationships with the team due to the number of different staff working in the centre, many of whom had since left the service. One of the social workers interviewed by the inspectors stated that the young person they were allocated to had expressed their frustration at the staff changes which led to issues around the consistency of the care approach. The young person did however identify some of the current managers and team members with whom they had built a relationship of trust.

The inspectors reviewed the centre training records and found that team members did not receive their mandatory training in a timely manner. Inspectors found that there were no training records on file for one staff member who was employed as a part time social care worker in March 2024 and appointed to the role of acting social care leader in May 2024. A training audit which was undertaken in June 2024 also identified the following deficits:

- six staff did not have up-to-date behaviour management training
- seven staff required child protection training
- eight staff required fire safety training
- six staff required first aid training .

The inspectors also found that there were issues with staff attendance at scheduled training days. In addition, scheduled training dates were cancelled due to staffing issues. Some mandatory staff training was provided by an external associate company. Inspectors were informed that behaviour management training scheduled prior to the inspection was cancelled by this company due to an insufficient number of participants. The centres reliance to have sufficient numbers for training to occur with an external company is not an effective model to ensure that staff receive their training in a timely manner. While inspectors were provided with a training schedule going forward, the high number of staff without mandatory training raised concerns in relation to the centres ability to implement aspects of its programme of care. The inspectors found that some of the agreed behaviour management interventions could not be implemented due to an insufficient number of staff with the required behaviour management training. The registered provider must ensure that staff receive all mandatory training without delay.

The staff turnover over the past twelve months impacted on a team-based approach. Since the last inspection in May 2023 nine centre staff including the centre manager and deputy manager had resigned from their posts. While team meetings had taken place on a regular basis, the recording of minutes of team meetings viewed by

inspectors required improvement however this was an issue identified and addressed by the regional manager. A number of team building days were organised by the regional manager with a focus on team development. The regional manager had also made efforts to improve communication and the quality of the centres shift planning process with the introduction of a new handover policy in May 2024. This handover process included a shift evaluation element which was a learning process through which the team could reflect on and review their work practice, share information and highlight issues that impacted on the team. The inspectors found that the efforts to address team cohesion was working to good effect and there was evidence of team stabilisation.

The centre had a supervision policy which stated that individual supervision was to take place every six weeks for all full-time staff. Supervision was provided by the regional manager and the two deputy managers all of whom had received training to deliver staff supervision. Inspectors reviewed the centre supervision records and found that supervision was generally taking place in line with policy with the exception of a period at the start of the year when the centre was short staffed and the lack of a consistent internal management structure to support consistent supervision. Overall, supervision records viewed by inspectors were of a good standard. There was a proforma form in use and both the supervisor and supervisee contributed to the agenda. There was evidence that supervision had a focus on staff performance, workload management, key working and staff support. Supplementary supervision was undertaken with staff members to address particular concerns in relation to practice and to provide debriefing following incidents. Records were signed by both the supervisor and supervisee and were secured on file by the supervisors.

The inspectors found there were policies and procedures in place to support the team to manage the impact of working in the centre. The organisation had also introduced a health care programme which provided access to health 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 standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.3

Practices did not meet the required standard	Not all standards under this theme were assessed
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Actions required

- The registered provider must ensure that all staff receive a formal induction and written job descriptions when taking up new roles within the centre.
- The registered provider must ensure that staff receive all mandatory training without delay.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified		
5	None identified		
6	The registered provider must ensure that all staff receive a formal induction and written job descriptions when taking up new roles within the centre.	<p>The registered provider provides all employees with a written job description as part of their contract of employment which is signed and filed in their personnel files. The regional and centre manager will review all personnel files on 18.10.2024 to ensure that these were in place.</p> <p>All new employees as part of their orientation, receive their Induction programme, while current employees who change role or are promoted will receive a formal introduction to that role, along with a job description and appropriate training.</p>	<p>All personnel files will include staff members contract of employment and the associated job description. This will be completed by centre management and over seen by the regional manager, by the 18.10.24</p> <p>All new staff members entering the service, will receive a formal induction from the management team of the centre. An induction schedule will be signed and dated and filed within the staff member's personnel file.</p> <p>Where by a staff member has been internally promoted or has moved into a</p>

	<p>The registered provider must ensure that staff receive all mandatory training without delay.</p>	<p>The social care manager completed a full review of the training requirements within the centre and completed an action plan 30.08.24. All staff will have completed core training by 26.11.24</p>	<p>acting position for a period of time, centre management will ensure that the staff member is provided with a formal introduction into the role and appropriate training to be organised. Regional manager will provide oversight within this area.</p> <p>Bi-monthly training audits will be conducted by the social care manager where the appropriate action plan will be collated. Where training needs cannot be met within existing course schedule, the 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 organisation has recently contracted a training partner to support in the timely scheduling of mandatory and other required trainings.</p>
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