



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 132

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Daffodil Care Service
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	04th & 05th September 2023
Registration Status:	Registered from the 20th November 2023 to the 20th November 2026
Inspection Team:	Sinead Tierney Joanne Cogley
Date Report Issued:	13th November 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 2: Effective Care and Support (Standard 2.3 only)	
3.2 Theme 5: Leadership, Governance and management (Standard 5.4 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.3 only)	
4. Corrective and Preventative Actions	15

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 20th of November 2017. 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 20th November 2020 to the 20th November 2023.

The centre was registered as a multi-occupancy centre to provide medium to long term care for four young people aged thirteen to seventeen years on admission. 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 in residence at the time of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
5: Leadership, Governance and management	5.4
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 to the relevant social work departments on the 5th of October 2023. 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 19th of October. 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: 132 without attached conditions from the 20th November 2023 to the 20th November 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations 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 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The inspectors found that the layout and design of the centre was suitable for providing effective care, supported by policies and procedures. The house was well presented and homely on the arrival of inspectors with decorations on display for a young person who had recently celebrated their birthday. There was space for rest and relaxation with one large sitting room and a separate dining/ lounge area. Artwork and pictures were hung on the walls and there were ample board games and age-appropriate books available. Inspectors experienced a comfortable environment in which team members and young people played football together and interacted positively during meal preparations. The outside of the premises was generally well kept and included a gym area and pool table for the young people. The gym was well maintained, and all exercise equipment was in excellent condition.

Two of the three young people met with inspectors. Neither had any complaints about the physical layout of the house. The bedrooms of all young people were viewed by inspectors and found to be clean. The needs of one young person required the team to provide additional health and safety supports in managing their personal space. Inspectors observed these supports occurring in a timely and dignified manner. Two of the bedrooms were personalised and nicely decorated however one bedroom was bare of furniture and personal touches. Inspectors were informed this was due to the level of repeated property damage caused during times of emotional dysregulation. The maintenance team had built a small storage unit however the young person's bedroom should be kept under review to ensure that their space is adjusted in line with their emotional growth.

Social workers interviewed confirmed they found the centre clean and comfortable on their visits. A walk about of the centre by inspectors evidenced that some repairs were required. Whilst a record of the required maintenance was on file, it was found that the maintenance team did not always complete the required work in a timely manner.

In adhering to fire safety legislation, contracts and certificates were in place with an external fire company for the maintenance of fire equipment and the fire alarm system. However, the inspectors found that two fire doors did not fully close and what appeared to be scorched damage to a couch in the dining area. The fire doors nor couch were noted as current maintenance issues. The centre manager confirmed the doors were fixed post inspection and prior to the draft inspection report being issued. Fire doors had been an ongoing maintenance issue in the centre, with the maintenance team taking eight weeks to fix one door in the months previous to the inspection. The regional manager informed inspectors that the maintenance arrangements were undergoing restructuring and outsourcing, and a plan is required regarding this to ensure that the centre is well maintained going forward.

However, given that these issues and the general repairs required in the centre were not identified in any monthly health and safety audits or the maintenance register, the registered provider must ensure that health and safety audits are fit for purpose. There was evidence of frequent fire drills however the records did not note the time of the drill and thus if one had been completed under the cover of darkness. This had been a previous corrective action for the organisation following yet the learning had not translated to practice in this centre.

An up-to-date centre specific safety statement and risk assessments were in place that named persons with additional responsibility for health and safety. Several members of the team were trained as First Aid Responders with upcoming training dates in place for others. Other mandatory training such as fire safety and manual handling were completed by the majority of team. The centre manager must ensure that all team members have their mandatory training completed and kept up to date.

The manager provided evidence of adequate insurance and maintained a record of accidents. A team member reported an accident one month prior to the inspection due to uneven ground in the back garden. The team member and manager completed the necessary reports in line with the centre's procedures. However, the uneven ground that resembled a pothole had not been filled by the maintenance team at the time of inspection and as result remained a hazard. The centre's vehicles were

serviced, insured, and certified as roadworthy, and a review of personnel files evidenced that team members provided a copy of their full driver's licence.

Compliance with regulations	
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	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that a plan is provided regarding the ongoing effective maintenance of the centre by suitably qualified persons.
- The regional manager must ensure that monthly health and safety audits are fit for purpose and adequately identify all issues.
- The centre manager must ensure that fire doors are checked and maintained in working order at all times.
- The registered provider must ensure that the scorched couch is replaced.
- The centre manager must ensure full details of fire drills are recorded and a drill under the cover of darkness take place.
- The centre manager must ensure that mandatory training is completed by all team members as soon as is reasonably possible and certificate kept up to date.

Regulation 5: Care practices and operational policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

It was evident from updated policies and systems that the centre management team supported by senior management team had made efforts in building a culture of improvement. The complaints policy and template had been updated to reflect corrective actions from previous inspections and improvement were noted in the recording, notification and monitoring of significant events. The analysis of significant events had been particularly strengthened and provided a clear oversight on a monthly basis. It is recommended that relevant sections of Significant Event Review Group oversight report is shared with team members to support their learning and development. Team members consistently attempted or undertook life space interviews or individual sessions following significant events to support young people in their understanding of behaviours. Whilst a risk management framework was in place, several risk rated by management were particularly low given the safety concerns for young people. Again, this area was previously identified as part of inspections in the organisation, yet practice in this centre was not in line with learning identified.

Although as stated above, the complaints policy and template had been amended, inspectors were not satisfied from records or interviews with team members that the management of complaints was effective. Team members including management were unclear as to the threshold for notifiable complaints. Inspectors reviewed complaints that were classified as non-notifiable but should have been notified to the young person's social worker for attention and resolution. Although a new complaint template had been introduced, the vast majority of complaints on file had no author signature, no management signature, no date and lacked clear process. The absence of signatures on key documents such as placement plans, progress reports and developmental audits by staff and management was found throughout the recording system. In supporting continuity of care, the regional manager and centre manager must ensure that all records are signed in a timely manner and team members held accountable for same.

Arrangements were in place to assess elements of practice and care. An annual review of compliance for 2022 had been undertaken by the registered providers and provided a sound analysis of areas of good practice and areas of practice. However regular assessments of quality of care were not against the National Standards for Children's Residential Centres. The regional manager had undertaken reviews of areas such as car and key safety or based assessment of a standard of care on attendance at a team meeting. A manager from another centre had undertaken a desktop review of behaviour support plans prior to inspection with a response from the centre pending. The quality assurance department had not undertaken any thematic audits even though the annual compliance report outlines an auditing function for this team. Learning from inspections across the organisation were not translating to practice as expected. Therefore, the inspectors found that whilst this centre had made efforts in implementing required improvements, overall, the system of auditing was not robust and was not supporting a culture of learning across the organisation.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 6
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 5.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The regional manager must ensure that those responsible for risk management understand and apply appropriate risks ratings to areas of concern.
- The regional manager must ensure that a clear plan to support the knowledge of the team and accurate implementation of the complaint policy and procedure is developed.
- The centre manager must ensure that all documents are signed and dated in a timely manner and without undue delay.

- The registered provider must ensure that the arrangements in place to assess the safety and quality of care provided against the National Standards are robust alongside effective mechanisms for sharing learning across the organisation.

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.

Inspectors met with a number of team members both in interview and informally over the course of the inspection and found a positive mix of competencies and capabilities amongst them. The management team had been in place for several years and were experienced practitioners who spoke of focusing on role modelling and coaching. Staff and management understood their roles however some areas of responsibility such as those mentioned under standard 2.3 and 5.2 were not consistently fulfilled. An inspector attended a team meeting and whilst the agenda was relevant and the atmosphere pleasant, the discussions were rushed, and space was not created to ensure that all staff understood their responsibilities. For example, free time guidelines for one young person that were in place as a control measure due to concerns of child exploitation were changed in the days before inspection. At the team meeting, rather than discuss the changes, team members were directed to read the guidelines which were in the office with no space to gain clarity or ensure consistent approach to understanding the new guidelines. Inspectors recommend that managers utilise the team meetings to ensure understanding alongside the sharing of information and create space for meaningful discussion.

A review of supervision records evidenced that a positive culture had been established where supervision was valued and regular for all in line with the policy. Records of discussions were maintained to a good standard and focused on a variety of areas of support and development. Annual appraisals had been completed to a high standard with those staff eligible and a signed written record was maintained.

There were however some practice concerns identified by inspectors through a review of records that had not been addressed in supervision. Inspectors also found that whilst a grievance between members of the team had been responded to in a timely manner, the underlying causes were left unresolved.

Whilst the inspectors acknowledge that the role of a social care worker is varied and includes a lot of duties, there was a significant focus on tasks and cleaning responsibilities. Team members had raised in supervision and team meetings how the balance of caring and supervising young people, alongside recording duties and other tasks was hard to maintain. It was the inspectors' findings from interviews, observations and records that morale amongst the team was volatile and a clear plan is required to identify and address the factors that may be contributing to this.

A policy and systems were in place to support team members in managing the impact of the work. The registered provider had also configured a working group to focus on retention and support initiatives for the workforce.

Compliance with regulations	
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

Actions required:

- The registered provider and the regional manager must ensure that a plan is developed to identify and address the factors that may be contributing to low morale amongst the team.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that a plan is provided regarding the ongoing effective maintenance of the centre by suitably qualified persons.	A blended maintenance response is being finalised comprising of 2 full-time maintenance staff plus an external property management company who will provide a dedicated regional response to maintenance requirements. This will be implemented from December 2023.	The centre manager will highlight maintenance requirements and escalate works as required to regional manager. The regional manager will document any observations regarding maintenance in monthly governance report and liaise with centre manager.
	The regional manager must ensure that monthly health and safety audits are fit for purpose and adequately identify all issues.	Monthly health and safety audits will be reviewed by centre manager monthly, and a walk around completed by the manager before sign-off to ensure all health and safety issues have been adequately identified. Feedback and direction will be provided to staff responsible for completing audits.	The regional manager will complete a health and safety senior management themed audit in October 2023. The regional manager will complete walk-around of the centre and document any findings in monthly governance reports and communicate them to the centre manager.

	<p>The centre manager must ensure that fire doors are checked and maintained in working order at all times.</p> <p>The registered provider must ensure that the scorched couch is replaced.</p> <p>The centre manager must ensure full details of fire drills are recorded and a drill under the cover of darkness take place.</p>	<p>The two fire doors which required attention have been repaired and are in full working order as of 15.09.23. New checklist in place specifically for fire doors to ensure that they are reviewed correctly. This will be communicated with team in team meeting 19.10.23.</p> <p>The couch has been removed and a new couch ordered – due to be delivered on 20.10.2023. Feedback and direction will be provided to staff responsible for completing audits.</p> <p>Fire drill in darkness took place on 12.10.2023 at 21.00 and recorded as such in the fire register.</p>	<p>The centre manager will complete monthly walk around checks on the fire doors and action as required.</p> <p>The requirement to escalate damage to furniture will be discussed in the team meeting 19.10.23. Any damage to furniture to be escalated to senior management and expense submitted for replacement as required.</p> <p>Fire drills under cover of darkness are planned and in diary for future dates. The team will be reminded that all details including times to be recorded at the Team Meeting on 19.10.2023. A review of the fire drill form is being completed by the quality assurance manager to ensure more transparent information is recorded. This will be completed and circulated by 25.10.2023.</p>
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	The centre manager must ensure that mandatory training is completed by all team members as soon as is reasonably possible and certificate kept up to date.	A full review of training was completed by the centre manager on 28.09.23. All staff have been booked onto required training.	The centre manager will complete monthly review of training requirements and book staff onto training as it becomes available. Where training is unavailable, this will be communicated to the regional manager. The regional manager will review training audits and escalate requirement for courses that are not scheduled or full. Training requirements will continue to be discussed monthly in management meetings.
5	The regional manager must ensure that those responsible for risk management understand and apply appropriate risks ratings to areas of concern.	The risk matrix was discussed at the team meeting on 05.10.23 and 21.09.23. Risk will be discussed in supervisions with all staff members.	The centre manager will review all centre risk assessments and sign off, ensuring that risk rating is appropriate. The regional manager will review centre risk assessments and ensure appropriate rating is in place. Guidance on risk assessments and sample forms are provided to all new staff members as part of their induction programme. Where deficits in knowledge are identified by the management team, use of additional resources will be utilised to support learning.

	<p>The regional manager must ensure that a clear plan to support the knowledge of the team and accurate implementation of the complaint policy and procedure is developed.</p> <p>The centre manager must ensure that all documents are signed and dated in a timely manner and without undue delay.</p> <p>The registered provider must ensure that the arrangements in place to assess the safety and quality of care provided against the National Standards are robust alongside effective mechanisms for sharing learning across the organisation.</p>	<p>The quality assurance manager will attend the team meeting on 02.11.23 and review the complaint policy and procedure with the team and answer any questions.</p> <p>A review of all files was completed by the centre manager on 05.10.23 and all outstanding documents signed and dated.</p> <p>Safety and quality of care will be assessed in senior management audits completed quarterly by along with their monthly governance report. Feedback to the organisation, which require a change in policy, procedures or practice is discussed at senior management meetings,</p>	<p>A complaint audit will be completed by regional manager in November 2023, which will include staff interviews on the complaint policy and procedure. Feedback will be provided to the centre management team and action plan developed. Staff members will be reminded of the complaints learning resource available.</p> <p>A new system was implemented 14.09.23 where no documentation is filed without being signed by staff member and manager. This will be reviewed 19.10.23 at the team meeting and the regional manager will be in attendance to support adherence.</p> <p>The regional manager will ensure that quarterly audits are completed, in line with National standards and that findings are communicated with the centre. The senior management team will continue to review and discuss feedback and to ensure organisational learning is communicated.</p>
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		formulated, completed and communicated to all centres.	The quality assurance manager, compliance officer, and director of services meet quarterly to review all learning from inspection processes and implement plans to share this learning.
6	The registered provider and the regional manager must ensure that a plan is developed to identify and address the factors that may be contributing to low morale amongst the team.	A check in was completed by regional manager in supplementary supervisions on 21.09.23 with staff members and will be completed with further staff members on 19.10.23. Morale and self-care will be discussed in team meeting 19.10.23 and will be a focus of monthly supervision. Attendance of the Burnout Resilience Workshop scheduled for all employees on 10.10.23. Team building day is being planned at present. Group supervision planned for November 2023	Monthly review of the team will be completed by regional manager with centre manager in Supervision. The regional Manager will complete check-ins with team during team meetings, and while visiting the centre.