



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: 2020

Inspection Report

Year:	2020
Name of Organisation:	Daffodil Care Service
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	25th & 26th August 2020
Registration Status:	Registered from the 20th November 2020 to the 20th November 2023
Inspection Team:	Joanne Cogley Paschal McMahon
Date Report Issued:	2nd December 2020

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	
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 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 monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 20th November 2017. At the time of this inspection the centre was in their first registration and in year three of the cycle. The centre was registered without attached conditions from 20th November 2017 to the 20th November 2020.

The centre's purpose and function was to accommodate four young people of either gender from age thirteen to seventeen years. 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 two young people in residence at the time of inspection.

1.2 Methodology

The inspectors examined the following theme and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6

Inspectors looked 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 via teleconference 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 regards to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 16th of September 2020 and to the relevant social work departments on the 16th of September 2020. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 29th of September 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: without attached conditions from the 20th November 2020 to the 20th November 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5 Practices and Operational Policies

Regulation 8 Accommodation

Regulation 13 Fire Precautions

Regulation 14 Safety Precautions

Regulation 17 Records

Theme 2: Effective Care and Support

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

Inspectors reviewed the centre's written policy on admissions which took into account the rights of the children, the National Standards for Children's Residential Centres, 2018 (HIQA), regulations, legislation and the centre's statement of purpose. Inspectors found evidence that prior to admission, the centre manager worked with the allocated social workers to ensure the centre was suitable to meet the needs of the young people. The centre was also provided with a range of documents to review including detailed social history reports and assessment reports. A formal pre-admission risk assessment was developed that identified the risks associated with the presentation of the young person being referred, the level of risk, and the preventative measures in place to minimise such risks. Collective impact risk assessments were completed to ensure the safety and welfare of all residents and these assessments were shared with all relevant social workers. Inspectors spoke to the social workers for both young people in placement and they confirmed they were satisfied with the pre-admission and admission process and found the centre to be cognisant of the needs of all young people within the centre when making a decision to admit a young person. One social worker noted they were informed of new admissions but were not consulted for opinion on same. The centre manager must ensure that all social workers are consulted and provided with copies of preadmission impact risk assessments prior to new admissions.

In interview centre management and staff stated that referrals are received from the national private placement team and reviewed by the director and regional manager and forwarded to the centre manager for consideration. Inspectors found that there was sufficient pre-admission information on file to allow for the centre to adequately determine if the placement was suitable for each young person prior to admission. Inspectors reviewed the centre's register and found all admissions to be in line with

the centre's statement of purpose, with the exception of one. In this instance the centre had received an approved derogation.

Where possible, and appropriate, young people visited the centre in advance of moving in to become familiar with the day-to-day living arrangements and to meet the staff team and other young people living in the centre. One young person confirmed to inspectors that they were afforded the opportunity to visit the centre in advance of moving in. Social workers for both young people confirmed that it was part of the centre's process to ensure a transition was completed prior to their young person being admitted to the centre. The centre had developed a young person's booklet that was provided on admission and detailed their rights and responsibilities.

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

At the time of inspection there were two young people residing in the centre. Only one young person had an up-to-date care plan on file. There was evidence on file of efforts made by the centre to obtain the care plans for the other young person. Outstanding care files should be forwarded to the centre manager as a matter of priority. Where care plans were not on file the keyworker ensured that they took minutes at the care plan review meetings and these were typed up and placed on file for staff members to be aware of decisions and goals to incorporate into placement planning. Inspectors saw evidence on file of young people being encouraged to attend their review meetings and where they chose not to, work was completed with them in advance to ensure their views were represented at the meeting and their voices heard.

Each young person had an up to date placement plan on file that was prepared by their key worker. Inspectors found these to be reflective of the care plans and the review minutes on file. Social workers interviewed confirmed that the placement plans supported the aims and objectives of the care plan. Inspectors found that goals were clearly defined along with identified supports required to meet the goals. There was also evidence of individual work records being completed with young people that focused on the goals they wished to achieve for the month ahead and this was then incorporated into the placement plan. Inspectors found evidence that families of young people would be consulted on placement planning where appropriate.

Inspectors found specialist supports lacking in one young person's case. There was a delay in social work funding and approval for the provision of specialist services. The regional manager confirmed this had been highlighted at care plan review meetings

and escalated to senior management for review. When inspectors spoke with the allocated social worker they acknowledged the delay in supports being put in place.

Inspectors reviewed care files and spoke with the management and staff in the centre and with social workers and found there to be effective communication between all parties.

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

The layout and design of the residential centre was suitable to provide safe and effective care for the young people in placement at the time of inspection. Each young person had their own bedroom with access to a bathroom and arrangements were in place for safe and secure storage of their personal belongings. The centre was found to be adequately lit, heated and ventilated. There were communal, recreational and adequate outdoor areas. Inspectors recommend that outdoor areas are monitored for weeding and lawn cutting as required. Young people had access to appropriate play equipment such as football nets and a basketball court. The bathroom facilities were adequate for the current residents. Inspectors noted the centre had gone through an upgrade since the last inspection. The centre had recently invested in a new kitchen and new furniture throughout the house and had also laid tarmac on the driveway. All equipment purchased appeared to be of an appropriate standard. Both social workers interviewed confirmed they were satisfied with the facilities and the presentation of the centre when they visited.

A review of maintenance records evidenced that managers regularly monitored the premises to ensure it was well maintained. There was evidence that maintenance issues were addressed in a timely manner. The premises were clean and well decorated. At the time of inspection there were a number of windows and patio doors that had been damaged by a young person. These were boarded up however inspectors were informed that glass panes had been ordered and would be fitted that week. When inspectors spoke with a young person they confirmed that broken items such as windows were always fixed as quickly as possible. It was evident through transition planning and young person's meetings that young people had an input into the decorating of the centre.

Inspectors found the centre had a number of procedures in place to manage risks related to the health and safety of staff, young people and visitors. There were general risk assessments in place for routine risks within the centre. The centre had a health and safety statement with an effective means for reporting hazards however

when interviewed staff members did not demonstrate an awareness of this. The centre manager must ensure that all staff members are aware of and familiar with the site specific statement. All staff were fully trained in an approved behaviour management technique for the safe management of young people presenting with challenging behaviour. Inspectors noted a lapse in training for staff relating to fire safety and first aid training however due to Covid-19 this training could not occur at the required time. The manager confirmed staff were booked on refresher training courses in September and November this year.

Specific Covid-19 training in the proper use of PPE equipment was provided to staff members. The organization had implemented a crisis management team to update and review risk assessments on a regular basis relating specifically to Covid-19. The organization had a process in place around the management of visitors to the centre during this time. Inspectors found this was not followed in this specific centre at the time of inspection. There were no hand sanitizers, masks or wipes upon entering the centre and inspectors were not alerted to any covid-19 procedures during their time in the centre. Behavioral issues of young people were cited as the rationale when this was raised by inspectors however the young person in question was on respite during this time. The centre manager must ensure appropriate communication with visitors around Covid-19 protocols and hygiene measures in place.

The fire drill records did not evidence that any fire drills in the past year had been undertaken at night and although there was a section to complete the “time of drill” these were not being recorded by staff on the sample reviewed. The centre manager must ensure one fire drill annually is undertaken in the dark and the drill record evidences the time of all fire drills.

Inspectors viewed a sample of personnel files and found that the staff files reviewed maintained a copy of their full driving licence. Car tax, insurance and NCT were found to be up to date on the centre vehicles.

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 reviewed care files for young people and found that staff in the centre maintained an individual care file for each child in the residential centre. All records reviewed by inspectors were found to be up to date containing information as specified in the regulations and were regularly audited by senior management. All

records were held within a locked office and young people confirmed to inspectors that they could have access to them upon request. The centre had a system in place for archiving care files and centre records.

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

There was evidence from staff interviews, social work interviews and from centre records of good interagency cooperation between the centre and social work departments to ensure effective planning and positive outcomes for each young person.

There was a comprehensive discharge policy in place which allowed for continuity of care upon discharge from the centre. There had been two discharges in the twelve months prior to this inspection with a third discharge pending. There had been one planned discharge and one unplanned discharge with the upcoming discharge also being unplanned. For the unplanned discharges the centre manager cited inability to manage behaviours as the rationale. One social worker confirmed they were working with the centre on the discharge process and found communication to remain effective during this time. Inspectors found evidence of placement protection meetings occurring prior to discharge where necessary. The centre manager stated that end of placement reports were completed and relevant information transferred where young people were discharged from care or were moving to another placement.

Inspectors found that feedback about their placement was sought from current residents and those that had left the centre. Young people were encouraged to express their views on their experience of care in the centre. This feedback was provided through exit interviews and young person house meetings.

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

The centre had an aftercare policy in place. Staff interviewed were familiar with the Tusla National Aftercare Policy, 2017 and had participated in centre training on aftercare planning and preparation. When young people reach age 16 years they were facilitated to complete a leaving care needs assessment form. This was a form completed within the centre and separate to the Tusla aftercare needs assessment.

At the time of inspection, a young person had recently completed a successful transition into aftercare and another young person in placement who had recently

turned 16 had been appointed an aftercare worker. Inspectors reviewed the care files for the most recent discharge and found Tusla aftercare plans on file together with evidence of effective collaboration between the aftercare worker and staff. There was evidence these plans had been updated by the aftercare worker as required and shared with the centre. These had then been incorporated into placement planning goals and key-working. There was evidence through individual work that each young person was consulted to gain their input on their future aftercare plans. There was evidence of on-going work around independent living skills such as budgeting, nutrition and building self confidence. Due to the ongoing public health emergency the centre also worked with the young person on securing an extension to their placement to allow them a transition into independent living with appropriate supports.

Centre management stated that the centre’s policy was that young people were provided with a pack upon leaving care that included important documents such as their birth certificate, medical records and education records in line with the National Standards for Children’s Residential Centres, 2018 (HIQA).

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 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 2.5 Standard 2.6
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that all social workers are consulted and provided with copies of preadmission impact risk assessments prior to new admissions.
- The centre manager must ensure that all staff members are aware of and familiar with the site specific health and safety statement.
- The centre manager must ensure appropriate communication with visitors around Covid-19 protocols and hygiene measures in place.
- The centre manager must ensure one fire drill annually is undertaken in the dark and the drill record evidences the time of all fire drills.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure that all social workers are consulted and provided with copies of preadmission impact risk assessments prior to new admissions.</p> <p>The centre manager must ensure that all staff members are aware of and familiar with the site-specific health and safety statement.</p> <p>The centre manager must ensure appropriate communication with visitors around Covid-19 protocols and</p>	<p>All Social Workers are provided with a copy of the impact risk assessment and the preadmission risk assessment prior to all admissions. This communication occurs in a timely fashion to ensure any and all concerns regarding the proposed admission are addressed.</p> <p>The Health and Safety Statement will be reviewed by the staff team at a forthcoming team meeting on 30th September 2020</p> <p>The Centre Manager has implemented a clear procedure for visitors to follow in respect of Covid-19 protocols irrespective of risk assessments indicating the removal</p>	<p>Senior management ensure that impact risk assessment and preadmission risk assessment are forwarded to the relevant Social Work departments in a timely fashion to facilitate review and consultation.</p> <p>The Health and Safety Audit regularly completed by the Quality Assurance department will be updated to include a qualitative component to include staff interviews.</p> <p>Senior management has introduced a clear procedure for all centres to follow in respect of visitors to the centre. Adherence will be evaluated through senior</p>

	<p>hygiene measures in place.</p> <p>The centre manager must ensure one fire drill annually is undertaken in the dark and the drill record evidences the time of all fire drills.</p>	<p>of hand sanitiser from the floor.</p> <p>The Centre Manager will ensure that one fire drill annually is completed in the dark and that the drill record evidences the time of all fire drills, inclusive of evacuation times. This will be addressed with the team at a forthcoming team meeting on 30th September</p>	<p>management visits</p> <p>Senior management have reviewed the Fire Safety Audit with the Quality Assurance department and have updated same to ensure that one fire drill is completed annually in the dark, the time of the fire drill is recorded, the evacuation time is recorded, and the centre risk register is updated accordingly.</p>
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