An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 139

Year: 2020

Inspection Report

Year:	**2020**
Name of Organisation:	**Daffodil Care Services Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced**
Date of inspection:	**27th & 28th October 2020**
Registration Status:	**Registered from the 03rd of August 2018 to 03rd of August 2021**
Inspection Team:	**Eileen Woods** **Cora Kelly**
Date Report Issued:	**14th January 2021**

Contents

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 03rd of August 2018. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 03rd of August 2018 to the 03rd of August 2021.

The centre was registered to provide short to medium term care for up to four young people, aged thirteen to seventeen, utilising a therapeutic support care model devised by the company as a framework for positive interventions with young people. The model combines approaches from a range of evidence based interventions into a framework to form a model known as STEM, systemic therapeutic engagement model. There were two 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
3: Safe Care and Support	3.1, 3.2, 3.3
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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 on the 4th of December 2020 and to the relevant social work departments on the 4th of December 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 17th of December 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: 139 without attached conditions from the 3rd of August 2018 to the 3rd of August 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16 Notification of significant events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The registered provider had developed and provided training for management and staff within the centre in a set of policies and procedures designed to reflect the requirements as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant national legislation. The policy relating to child protection had been updated in May 2020, with the main policy document having been fully reviewed in May 2019. The staff were provided with a copy of the updated child protection policy which outlined the policies related to child protection, for example, safe recruitment and vetting of staff, the code of practice, management of complaints, the rights of young people and anti-bullying. The centre had a child safeguarding statement that had been deemed compliant with the legislation by the Tusla child safeguarding statement compliance unit. The child safeguarding statement had been reviewed in January 2020 and inspectors found that all staff were familiar with its purpose and content. Staff informed inspectors that an up to date copy was displayed in the office. The staff had access to a suitable policy on protected disclosures.

Inspectors found that the policies governing child protection and safeguarding were discussed at team meetings, inductions and also in supervision on occasion. Inspectors identified sections within the policy on child protection that required review. The policy as presently phrased suggests duplication of reporting procedures between the Tusla portal system and the significant event reporting system. The director of services held the role of designated liaison person, DLP, and delegated this role to the centre manager for day to day management. Inspectors found that staff in interview and questionnaires were unclear about this delegation and recommend that the manager review this with the team. The policy as presently expressed was not descriptive and clear regarding this aspect and could also be strengthened. The inspectors recommend that the policy be reviewed taking account of the Tusla national policy development guidance - child safeguarding: a guide for policy, procedure and practice, 2018 (2nd edition).

The manager was maintaining a centralised copy of significant event records and of Tusla portal reports and should devise a set of guidelines for the management of this information in a safe and secure manner through to closure and filing on the relevant young person's file. Inspectors recommend that a way information can be easily tracked is through the creation of a child protection reporting register. The policy did not contain procedures for recording of information that does not meet the threshold for reporting and this must be added to the policy also.

The staff demonstrated overall good working knowledge of their role as laid out under the Children First Act 2015, their child protection policy and of the child safeguarding statement. There was evidence that they had instituted follow through on risk issues for young people. A new area of challenge was related to potential exploitation patterns and the team were adapting to a system of suitable tracking and reporting relating to this.

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The two young people living at the centre at the time of the inspection responded through their questionnaires, and through some short interactions at the house with an inspector, that they liked how the staff supported them. They had some individual things that they would prefer were different like coming home times but inspectors could see where they had been listened to and been able to raise things that were on their mind. The management showed awareness of the impact of trauma, loss and separation for the young people and guided responses on the team in a manner aimed at alleviating that. There were positive life events reported through the formal notification system and positive rewards were put in place to show appreciation and encouragement to young people.

The staff team had received training and refreshers in the centre's method of managing challenging behaviours but not all were fully trained to the third level within that. There were sufficient numbers of staff to maintain safety and restraints were not utilised at the centre. Four team members were recorded as not having completed training in the model of care. There were some issues relating to training being delayed during the pandemic response and these were being tracked and re-scheduled. There were key working plans in place and through case management meetings and staff meetings the key workers met regularly with centre management and the whole team to create child centred plans. The external management team contributed through oversight by the regional manager and significant event review

group feedback. The centre had a clinical governance policy and the approach at the centre was in line with this policy. The inspectors found that the policies on key working, risk management and consultation with young people also underpinned staff practices. There was a lead person with experience and skills in the multi systemic model of care, referred to as STEM, on the team and they created a monthly reflection for the team within the centre. The monthly focus was evident in staff meetings and in key working and was intended to promote staff reflection.

The records and files at the centre were well organised contained key information to guide daily practice. Where a young person's behaviour was escalating it was apparent from the records that the underlying factors were considered. There was evidence of contact with social workers, mental health professionals and other key specialists where a need was identified. There was a risk escalation pathway internally and during 2020 inspectors found that matters had been forwarded and responded to through this system. The company had strengthened their systems for the management of complex presentations and for risk escalation following an internal investigation related to a specific event earlier in 2020.

There were plans on the current young people's files that had been updated in line with presenting needs and these included behaviour management plans, individual crisis management plans, risk management plans or safety plans dependant on the issue. Meetings took place including with the Gardaí where such was required. There was evidence of accountability for staff to role model a respectful and therapeutic approach with young people. The records supported that efforts were made to complete work with young people to increase their personal insight and their ability to keep themselves safe.

The young people had been through a specific experience at the centre and the team and management advocated for additional therapeutic resources for the young people. The young people themselves had a choice about how and when they may wish to utilise this. The team kept this on the agenda and reviewed it with internal and external management.

There was evidence of auditing taking place by the regional manager in June 2020 regarding theme three of the National Standards for Children's Residential Centres 2018 (HIQA), actions were identified and responded to with dates of completion extending to named dates as appropriate. The manager and a social care leader completed centre monthly themed audits also.

The centre had an appropriate policy on restrictive practice in place and the team were aware of both its purpose and the procedures required. There was evidence that restrictive practices were reviewed at team, regional and senior management level. They were reviewed at the significant event review group, in regular reporting from the centre and at team meetings. If a sanction or an action was put in place such as a room search this was recorded, discussed and explained to the young person. The national response to Covid-19 was noted with regard to its impact on young people's movement and potential impacts on family access.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

The manager maintained fortnightly team meetings, handovers, debriefing and opportunities for reflection on practice to promote a team culture of awareness and openness. The young people were supported to attend weekly young people meetings, talk with their key workers or to management and external management should they wish to raise comments or concerns. The centre as a whole, young people and staff, along with the external management had been through a significant traumatic loss in 2020 and there was evidence of time and support provided through these initial stages after the event.

The social workers and the manager confirmed that there were arrangements in place to communicate with family. There were agreements in place for collaborative working between the parties where this was safe and possible. There were good records of communications with family and significant persons in the young people's lives as well as positive feedback from social workers regarding the centre taking their comments and feedback on board.

There was a suitable policy in place regarding the notification of significant events which outlined a timeframe and schedule of notifiable events along with to whom they should be sent. Inspectors found that significant events were promptly reported and overseen by the management. The policy identified a focus on positive approaches to achieving good outcomes with young people. The inspectors found that the policy did not reflect the full extent of the type of post incident supports that were in place in practice at the centre. The records on file contained follow up post incident with young people following challenging behaviours, missing child from care and complaints. Key workers met with the young people, the manager engaged in restorative work, risk assessments were completed and sanctions or rewards utilised were in line with the policy. There was a significant event review group which provided feedback from time to time. The regional manager and the manager

discussed issues arising on an ongoing basis and there was evidence of continuous learning taking place as new areas of challenge arose.
The records at the centre of significant events, on the managers and the young people's files, should be organised to store the child protection matters in a confidential section.

Compliance with Regulation	
Regulation met /not met	**Regulation 16**

Compliance with standards	
Practices met the required standard	**Standard 3.3** **Standard 3.2**
Practices met the required standard in some respects only	**Standard 3.1**
Practices did not meet the required standard	**None identified**

Actions required

- The director of services must organise for the further review of the child protection policy document to clarify some areas of wording and include additional areas as advised within national policy development guidance documents.
- The centre manager must organise for confidential storage of relevant child protection records related to the young people and devise a set of guidelines for the management of tracking folders through to conclusion and safe storage.

Regulations 6 Person in Charge
Regulation 7 Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The centre had a contracted staff complement of a manager, two social care leaders and six social care workers, this was named in the centres statement of purpose and function. There had been regular vacancies on the team of one or more throughout the period of late 2019 and 2020. There was evidence that the posts were covered by company relief staff and by the team members where they wished to complete some

additional days from time to time. There was sufficient staff for the two young people living at the centre, when there had been three young people additional day time staffing or night cover had been provided based on need. The reasons for the staffing vacancies were clearly recorded and there had not been extensive turnover on the team at any one time.

The external senior management meetings reviewed staffing at the monthly manager's meetings and separately through their senior management team. The manager and regional manager also tracked staffing requirements through the monthly governance reporting system. The staff team, in feedback for this inspection, stated that they had a diverse and dedicated team that prioritised the young people at the centre. There were some experienced staff on the team and there was a new social care leader recruited to join the team.

The staff and the manager informed inspectors that there was sufficient cover for all types of leave and when special leave was organised the company ensured that there were familiar staff available should that be required. Identified relief staff had been organised during the pandemic to limit infection control risks.

The staff had been provided with supports and recognition by the company for their work to date during the pandemic and for responding to specific events within the centre. The team also had an employee handbook, an employee assistance programme and debriefing and support was available from within the company from the manager and others.

There was a policy on the provision of on call support at evenings and weekends. There was evidence that this was well organised, informed and reviewed from time to time by the company. There was senior on call from the directors of the company should a critical incident occur.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

The human resources department maintained the staff personnel files and the manager stated that they had audited the files themselves. A record was maintained of the manager and the regional manager accessing the personnel files for review. The regional manager had conducted an audit of the personnel files in October 2020 and items identified through this were being or had been addressed by the time of

this inspection visit. Inspectors spoke with the HR manager and they explained that due to delays getting back verification of qualifications from the colleges during the pandemic that they accepted transcripts from new employees pending the arrival of the additional letters of verification from the colleges. The HR manager further explained that it was company policy that no new employees could start without proof of qualification and the letters once received from the colleges would be added to the personnel files also, this applied in two instances of the four reviewed. The sample of personnel files contained the necessary Garda vetting, references were on file and verifications completed.

Staff recruitment took place in accordance with the company policies and there were records maintained of this process. The team contained five social care qualified staff, including the manager and the remainder were qualified in a relevant equivalent degree. The manager had been in post since the opening of the centre in 2018 and had the required experience and qualifications for the post. They had accessed ongoing professional development training for their role within the company.

The staff had been provided with job descriptions and had a copy of their contract of employment, internal systems of auditing and the managers and HR roles ensured that items such as signing where followed up on to conclusion.

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 found a team in place that had been through considerable challenge alongside the young people at the centre, they understood their roles in caring for and supporting the young people through a relationship based and safe care approach. They all had a core working understanding of the model of intervention through STEM but some had more training completed and more experience with it. The experienced staff and a staff member dedicated as STEM lead within the team provided advice and support for the staff. There was a handbook, resources and tips to share, discussion at staff forums and support at each level throughout the company for the place of the model in the daily care of the young people.

The manager provided guidance to the staff and was present daily, they were supported by their social care leaders and one of the social care leaders was the identified person to act up in their absence. There was evidence of actions and open

discussion where issues arose. There were records of a proactive problem solving approach to accountability and conflict resolution with parties receiving support, advice or planning aimed to benefit practice and team development.

The team described themselves as united and cohesive inspectors found that the rights and needs of the young people were advocated by the staff. The manager communicated to the external management appropriately.

There was a policy in place on supervision and supervision practices within the centre had been audited in 2020. The audit was detailed and focused significantly on the administrative standard and recording of supervision. The records of supervision maintained at the centre and those maintained by the regional manager demonstrated a tracked system of supervision and support that was in line with the policy timeframes. There was regular supplementary supervision provided and recorded, these related to areas from support, debriefing to policy education.

The company were aware of and had systems in place to identify, mitigate and respond to risks to employees. There was an up to date centre safety statement, health and safety audits and contingency plans in response to Covid-19 in line with national public health emergency team and governmental guidelines. The team had a staff handbook and were provided with feedback on safe driving and any issues arising. There were records maintained of any accidents or injuries, staff can access a company health policy as an employee benefit once they pass a six-month probation review, this six months' requirement was waived for staff this year. Inspectors recommend that the company create a policy relating to death or critical injury to young people and outline within it the additional responses for all parties as part of this.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

There was ample evidence of weekly, fortnightly, monthly and quarterly systems of governance and oversight for the centre. The tracking of training was part of this process at a number of points so it was clear where the gaps in training were. The impact of the pandemic was evident in the gap in the levels of training completed and in first aid in particular. There was evidence of the company booking and acting to address gaps in anticipation of the government and national public health advice changing. This was kept under continuous review. Inspectors found that the

company auditing of their personnel files should improve the detail they record regarding the levels of training completed and not just the dates on which they were completed. There were some deficits in training for the management of challenging behaviour and these were being addressed with bookings for early 2021.

The company have a schedule of training options when normal training activities are available and are partnered with a social care training company. Some of their training had moved online and core training in Children First and infection control available online through the HSE and Tusla had been completed by staff.

There were polices on inductions and appraisals and records were available of all these processes being completed and initiated with staff. These were also audited internally and any timeframes addressed. The inspectors found that the staff were inducted through a clear and focused process, they had probations that were recorded and assessed their suitability for the role, these could and were extended where required. Appraisals took place once staff were made permanent and there were opportunities for professional development plans and advancement within the company.

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

Compliance with standards	
Practices met the required standard	**Standard 6.1** **Standard 6.2** **Standard 6.3**
Practices met the required standard in some respects only	**Standard 6.4**
Practices did not meet the required standard	**None identified.**

Actions required

- The centre manager and their external management must ensure that when tracking and auditing training that the level completed within the specific training module is noted. Booking of core training must be prioritised and completed at the earliest opportunity.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The director of services must organise for the further review of the child protection policy document to clarify some areas of wording and include additional areas as advised within national policy development guidance documents.	The director of services will organise for the child protection policy to be reviewed and revised in conjunction with the National guidance documents. To be completed by 31st January 2021.	The Senior Management team will share this revised policy to be discussed at team meetings. All Child Protection training will be reviewed to incorporate revised policy and National Guidelines. Annual audits will be carried out to ensure that all staff are familiar with the Child Protection Policy.
	The centre manager must organise for confidential storage of relevant child protection records related to the young people and devise a set of guidelines for the management of tracking folders through to conclusion and safe storage.	Senior management have reviewed its storage of child protection records, ensuring confidentiality, and which supports for monitoring, analysis, and identification of trends regarding child protection and welfare reports and satisfactory conclusion of all notifications. Centre Management also hold a separate secure file solely for all Child Protection Notifications including the CPN report, all communication held regarding CPN,	Annual audits will be carried out focusing on Child Protection Notifications and complaints.

		follow up actions and any further outcomes documented are all stored within this file.	
6	The centre manager and their external management must ensure that when tracking and auditing training that the level completed within the specific training module is noted. Booking of core training must be prioritised and completed at the earliest opportunity.	The centre manager has completed a full review of training needs for each team member and scheduled all outstanding training, seeking additional training course availability as required.	Training is provided using a blended approach of on-line and in-person delivery in line with Covid 19 restrictions. Staff training audit is completed by Centre Management on a quarterly basis who are due training are highlighted as priority. Oversight of training requirements is maintained by the Senior Management Team through the review of governance reports provided by Centre Management.