



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 180

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	01st, 02nd, 03rd June 2021
Registration Status:	Registered from the 04th November 2020 to the 04th November 2023
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	26th October 2021

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going 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 in November 2020. At the time of this inspection the centre was in their first registration and in year one of the cycle. The centre was registered without conditions from the 04th November 2020 to the 04th November 2023.

The centre's purpose and function was to accommodate three young people of both genders from age 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. At the time of inspection there were two young people resident in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4
6: Responsive Workforce	6.1, 6.4 (only)

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 centre manager, senior management and the relevant social work departments on the 12th of July 2021. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with an action plan (CAPA) on the 22nd of July 2021. The centre will require time to implement in full the CAPA submitted and included in this report. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 180 with the attached condition that there must be no further admissions of a young person under 18 to this centre until there is evidence of a consistent and stable staff team and that the number, qualifications, experience, and availability of members of the staff of the centre are adequate having regard to the number of children residing in the centre and the nature of their needs. This condition will be attached from the 10th of September 2021 and will be reviewed on or before the 10th of December 2021 pursuant to Part VIII Article 62(1) of the Child Care Act 1991.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

Inspectors reviewed the centre's policies and procedures and found that they needed to be updated and aligned with the National Standards for Children's Residential Centres, 2018 (HIQA). The centre policies and procedures presented for inspection had a review date of May 2021. At the time of inspection, the centre manager and the assistant director of services stated that the policies and procedures were in the process of being updated and reviewed and provided inspectors with a number of the updated policies. The registered provider must provide the inspectorate with a timeframe for the completion of the updated centre policies and procedures.

Staff in interview stated that their knowledge of policies and procedures was gained in induction, supervision, team meetings and management occasionally questioned them on their knowledge of policies and standards. From a review of the team meeting minutes and supervision records inspectors found limited evidence of discussions or review of centre policies and procedures. While there was some references to the national standards in staff questionnaires, inspectors found in interview that staff did not demonstrate a sufficient knowledge of the national standards and relevant legislation. The registered provider must ensure that the plan for the implementation and dissemination of the updated operational policies and procedures also includes training for staff on the relevant regulations, legislation, and standards.

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 centre manager demonstrated good leadership and staff in interview and their questionnaires stated that the manager was supportive and approachable. The manager was supported in their role by two social care leaders. However, in the seven month period since the centre opened there had been a number of personnel changes in the social care leader posts along with a high turnover of staff. During some periods there was only one social care leader in post to lead the shifts and to provide guidance and direction to the staff in their work with the young people. The manager was on leave for a three week period due to unforeseen circumstances which also impacted on leadership in the centre. During this period there was good evidence from staff interviews and centre records that external managers maintained a greater presence and support in the centre. At the time of inspection, the centre manager informed inspectors that due to personal circumstances they were moving on from their post and a new manager had been identified to take up the role.

There were clearly defined governance arrangements and structures in place with clear lines of authority and accountability. The manager and staff confirmed they had job descriptions and were aware of their roles and responsibilities. There was evidence in centre records of senior management oversight and of them visiting the centre on a regular basis. The staff interviewed confirmed they were supported in their work by both internal and external managers and that a culture of learning existed within the organisation which was evident in a range of centre records and audit reports viewed by inspectors.

The registered provider had a service level agreement in place with the Tusla's National Private Placement Team and attended bi-annual review meetings.

The centre manager was the person in charge and their oversight included the completion of fortnightly governance reports, observing care practice, ensuring the safety of young people and staff and oversight of all documentation.

As highlighted previously the centre policies and procedures were not in line the National Standards for Children's Residential Centre 2018 (HIQA) and required updating

The centre had a risk management policy and framework in place to support the identification, assessment and management of risk within the centre. Risks were recorded and rated using a risk matrix. There was evidence of individual risk assessments maintained on the individual care files and appropriate control measures were in place to mitigate these risks. Staff interviewed had a good understanding of the risk framework and there was evidence of risks being reviewed by managers and discussed at team meetings and at senior management meetings.

The centre maintained a risk register. Inspectors reviewed the risk register and noted that it did not include risks in relation to the high levels of staff turnover and sick leave despite the fact that these issues had been risk escalated and responded to by senior management. In addition, the direction given to staff on a young person's individual crisis support and practice plan not to undertake any physical interventions with the young person due to an insufficient number of staff having the required behaviour management training was also not recorded on the register. There was evidence that the centre risk register had been reviewed on one occasion on the 17/05/21. The registered provider must ensure that the risk register records all current and on-going centre risks and it is subject to regular review.

Inspectors observed that there were Covid-19 infection control measures in place for visitors attending the centre. In interview staff stated that they had adequate supplies of anti-bacterial products and access to appropriate personal protective equipment. Inspectors noted that Covid 19 was a standing agenda item at both team and management meetings.

Inspectors found the centre had procedures in place for designated people to contact in case of an emergency and operated an effective on call system.

At the time of inspection there was an appropriate internal management structure in place with a centre manager and two social care leaders. When the manager took leave a social care leader assumed responsibility for the centre assisted by a senior manager. As highlighted previously there was a high turnover of social care leaders which impacted negatively on the leadership in the centre and this is discussed further under standard 6.1. of this report.

The inspectors were provided with a written record of managerial duties delegated to members of staff detailing their responsibilities and designated tasks.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centre had a written statement of purpose that described the model of service provision. The statement outlined the aims and objectives of the service, the management and staff employed in the centre and identified key policies in place to ensure the wellbeing and safety of children placed in the centre. Social workers interviewed were satisfied that the current statement of purpose was reflected in the day-to-day operation of the centre. The statement stated that there will be a small dedicated staff team in place to care for the young people which had not been the case as there had been a high turnover of staff in the seven months since the centre opened with twenty five staff members listed on the staff rotas. This issue in relation to the centre's inability to maintain an appropriate number of full time permanent staff consistently employed in the centre to meet the needs of the young people and satisfy the centre's statement of purpose is addressed in more detail further on in the report under standard 6.1.

The centre's model of care was the Systemic Therapeutic Engagement Model (STEM) which provided a framework for positive interventions with young people to develop relationships focused on achieving strengths based outcomes through daily life interactions. Staff interviewed had a good knowledge of the STEM model and there was evidence in centre records that it was embedded in the centre's practice. The centre had a designated STEM leader who had a role in providing guidance to the staff team and ensuring the model of care was evident in practice. The inspectors noted that the STEM coordinator in interview was knowledgeable in articulating the model of care however they had not received any formal STEM training. Inspectors were provided with a training schedule at the time of inspection which included STEM training scheduled in June 2021 for the STEM coordinator along with the other staff that required the training.

The centre had written information about its operations and model of care in an accessible format in young people's and parent's booklets. The director of services and the senior management team were responsible for the review of the statement of purpose.

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.

There were internal systems in place to assess on an on-going basis the quality of care provision, to analyse staff practice and review outcomes for young people. The manager was required to complete fortnightly governance reports for senior management and also conducted themed self-audits. There were a number of external audit systems in place to assess and monitor the quality of care and to assess the centre's level of compliance with the National Standards for Children's Residential Centres, 2018 (HIQA). A sample of audits viewed by inspectors confirmed that actions identified in audit action plans had been responded to by centre management in a timely manner.

The organisation's senior management team held responsibility for providing managerial support to the centre and ensuring the implementation of its quality assurance systems. The centre manager reported to the regional manager and staff reported that the manager and other members of the senior management team visited the centre regularly. They had conducted audits of the service and had met with young people and staff. At the time of inspection the assistant director of services who was deputising in the regional manager's absence, was in regular contact with the centre to provide support, governance and oversight. Senior management assessed the safety and quality of care through a number of forums including supervision, a review of fortnightly governance reports, senior management meetings, visits to the centre, periodic attendance at team meetings and the organisation's Significant Event Review Group.

Inspectors were satisfied that information in relation to complaints, concerns and incidents was recorded and monitored. Records provided to inspectors showed good evidence that complaints were being monitored and analysed in a number of forums including team meetings, management meetings and external audits. There was one formal complaint on file which was appropriately managed and evidenced that the young person was made aware of EPIC, the Children's ombudsman and the Tusla "Tell Us" policy if they wished to appeal the outcome. All staff interviewed were aware of the complaints process.

The organisation was aware of the requirement for the registered provider to conduct an annual review of compliance in November 2021 of the centre's objectives to

promote improvements in work practices and to achieve better outcomes for young people and were working towards meeting this standard.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	Standard 5.4
Practices met the required standard in some respects only	Standard 5.1 Standard 5.2 Standard 5.3
Practices did not meet the required standard	None identified

Actions required

- The registered provider must provide the inspectorate with a timeframe for the completion of the updating of the centres policies and procedures.
- The registered provider must ensure that the plan for the implementation and dissemination of the updated operational policies and procedures includes training for staff on the relevant regulations, legislation, and standards.
- The registered provider must ensure that the centre risk register records all current and on-going centre risks and it is subject to regular review.
- The registered provider must ensure that the centres Systemic Therapeutic Engagement (STEM) coordinator receives the appropriate formal training.

Regulation 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.

There was evidence that the centre and senior management had systems in place to regularly undertake workforce planning. Planning and review of staffing requirements in the centre was undertaken at internal management meetings,

regional and senior management meetings. This was evidenced in records of meetings examined by the inspectors.

The staff team consisted of the centre manager, two social care leaders and seven social care workers. During the seven months since the centre opened the organisation had been unable to maintain a consistent staff team and there had been high levels of staff turnover and sick leave. At the time of inspection June 2021, three of the staff who worked in the centre when it was registered in November 2020 had resigned, and another three staff members were on long term sick leave. The manager was also leaving their post and another staff member was moving internally within the organisation. As highlighted previously there has been constant change in personnel in the centre's two social care leader roles. Five social care leaders had been appointed during a six month period due to three child care leaders leaving the service. In February 2021 the centre was five staff short due to a combination of staff resignations and sick leave. A review of the centre's rosters showed that the centre needed to rely on staff working additional shifts and staff from other centres to cover the staff roster due to staff shortages.

Records viewed by inspectors highlighted the fact that staff were struggling at times working in a difficult environment dealing with a high level of incidents, managing challenging behaviours with the lack of a consistent stable staff team. All of these issues impacted on the quality and consistency of care which was an issue constantly raised by staff who expressed concerns in relation to burnout and low morale. Team dynamics have also been problematic at times and staff had identified the need for greater staff cohesion and consistency.

The two social workers of the current residents interviewed in the course of the inspection also expressed concerns in relation to the high turnover of staff in the centre. However, they both stated that they were satisfied with the progress the young people had made in the centre and acknowledged the high level of commitment shown to them by the manager and the staff team.

While acknowledging that there were a number of personal circumstances outside the control of the organisation that led to a number of staff moving on and unforeseen sick leave, there has been a very high level of staff turnover in the centre in such a short timeframe. The centre has also had limited relief staff to cover gaps in the roster and at the time of inspection had only one relief staff member which was not sufficient to provide adequate cover. Inspectors note that management have been actively recruiting additional staff and had a full cohort of full time staff at the time of

inspection with an appropriate number with social care qualifications. Staff in interview reported that team morale had improved in the last few weeks with the recruitment of these additional staff. The registered provider must ensure that they focus their efforts on maintaining a consistent and stable staff team going forward. The registered provider must also ensure that the centre has a sufficient number of relief staff to cover all forms of leave.

Staff stated that there were a number of benefits in working in the organisation such as healthcare, educational funds, opportunities for promotion and a good emphasis on self-care. The organisation also conducted exit interviews which were analysed and learning identified.

The centre had a formalised procedure for on-call arrangements at evenings and weekends.

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

Inspectors found evidence that the organisation undertook a regular training analysis to determine the training needs in the centre and training was a standing agenda item at team meetings. However, inspectors found from a review of training records that there were a number of staff who did not have the required mandatory training. Inspectors were informed that there was a delay in the delivery of certain training as a result of Covid 19 and some training moved to online platforms. Inspectors were particularly concerned that the centre did not have a sufficient number of staff with the required behaviour management training at the time of inspection. While inspectors were provided with a training schedule to address these outstanding training needs, the registered provider needs to be more proactive in ensuring all mandatory training needs are met in a timely manner.

Staff in interviews and questionnaires stated that there were provided with on-going training and educational opportunities by the organisation and also cited recent training workshops provided externally by ACTS as beneficial in their work with one of the young people. Inspectors found that copies of all training certificates were kept on staff member's personnel files

There was a formal induction policy and procedure in place and the induction process was evidenced on the personnel files reviewed by the inspectors. A new centre

manager had been recruited and the assistant director of services provided details of a planned comprehensive induction process for the new manager.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	None (Not all standards were assessed)
Practices met the required standard in some respects only	Standard 6.4
Practices did not meet the required standard	Standard 6.1

Actions required

- The registered provider must ensure that every effort is made to maintain a consistent and stable staff team.
- The registered provider must ensure that the centre has an adequate number of relief staff to cover all forms of leave.
- The registered provider must be more proactive in ensuring all mandatory training needs are met.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The registered provider must provide the inspectorate with a timeframe for the completion of the updating of the centres policies and procedures.</p> <p>The registered provider must ensure that the plan for the implementation and dissemination of the updated operational policies and procedures includes training for staff on the relevant regulations, legislation, and standards.</p>	<p>Daffodil Care will ensure current review of Policy and Procedure manual will be circulated to centres by 15th August 2021. Any and all policies which required reviewed actions have been completed and shared with centres throughout the current two year cycle.</p> <p>Daffodil Care will provide the centre staff team with additional training via Social Care Training Ireland with regard to National Standards for Children's Residential Services 2018. This training will be completed on 21.09.21</p>	<p>Review of Policy and Procedures occur on a two-year cycle. To ensure a timely review occurs going forward, Daffodil Care will create a policy review panel consisting of senior and centre management. This panel will review policies & procedures throughout the 12 to 24month cycle to ensure all policies are updated within the required timeframe.</p> <p>An organisational review of communicating legislation, regulations & reviewed documentation along with specific updates and information available to all employees and in particular newly developed centres has created an avenue for an online information learning & training hub. This hub will be accessible for all employees to complete short training & information update sessions</p>

	<p>The registered provider must ensure that the centre risk register records all current and on-going centre risks and it is subject to regular review.</p> <p>The registered provider must ensure that the centres Systemic Therapeutic Engagement (STEM) coordinator receives the appropriate formal training.</p>	<p>Daffodil Care will ensure regular review of the risk register occurs by the current acting regional manager. Escalation of risk will be noted within the Fortnightly Service Governance Report and will continue to be discussed within regional and senior management meetings where a monthly review of current risks are discussed.</p> <p>The centre STEM leader is scheduled to complete the full STEM course from 9th-12th August 2021.</p>	<p>where specific needs exist. The online service whilst still in development phase should be available for all staff to access by October 2021.</p> <p>Daffodil Care will ensure regular review of the risk register occurs by the current acting regional manager, Escalation of risk will be noted within the Fortnightly Service Governance Report and will continue to be discussed within regional and senior management meetings where a monthly review of current risks are discussed.</p> <p>The centre STEM leader is scheduled to complete the full STEM course from 9th-12th August 2021.</p>
6	The registered provider must ensure that every effort is made to maintain a consistent and stable staff team.	The centre has a full staffing complement in place, on-going senior management support is available to the team with a	Daffodil Care will continue to make every effort to ensure a consistent stable team exist within our services. Numerous

		<p>focus on strengthening team cohesion and centre support with a team building session occurring on Tuesday 27th July 2021.</p>	<p>employee supports and benefits are available to staff members along with a dedicated centre and senior management team whom are regularly present and accessible for staff to discuss any issues or concerns they may have. Particular focus & review of employee's induction and mentoring experience during their first 12 months of employment is currently in process and further supports to ensure successful inductions will be identified where required.</p>
	<p>The registered provider must ensure that the centre has an adequate number of relief staff to cover all forms of leave.</p>	<p>Recruitment for additional residential social care workers for the centre remains on-going. Interviews are being held with potential candidates at regular intervals. Recruitment strategy for residential social care workers is noted as priority with the HR department for Daffodil Care to ensure a timely response and active campaign will yield the appropriate candidates for consideration.</p>	<p>Numerous recruitment strategies are currently under review and trial to ensure appropriate levels of staffing exist across all centre's roles. On-going review to our current recruitment strategies occurs on an on-going basis within our senior management meetings. The introduction of a marketing manager has assisted with creating focused adverts among a vast number of platforms to assist with attracting suitably qualified and</p>

	<p>The registered provider must be more proactive in ensuring all mandatory training needs are met.</p>	<p>The staff team are currently completing any outstanding core training as per the training audit supplied during the inspection, in particular practical trainings such as behaviour management training is scheduled to occur on 28th September 2021.</p>	<p>experienced staff for all vacancies that may arise. Where positions not filled present a risk to the centre, this is noted within the centre risk register and escalated to organisational risk register & senior management meeting for discussion to review recruitment and retention strategies in place.</p> <p>Daffodil Care provide a comprehensive training catalogue to all staff members, unfortunately Covid 19 has severely impacted the organisations' ability to ensure in person practical training could occur as per required timeframes. Wherever possible appropriate training is conducted via webinar to ensure staff members are meeting requirements across a number of our core training courses. All core in person trainings such as First Aid refresher & behaviour management training will return in July 2021 subject to government guidelines & appropriate safety management in respect of Covid- 19.</p>
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