



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 006

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection
Date of inspection:	27th, 28th, 29th March 2023
Registration Status:	Registered from the 13th of March 2021 to the 13th of March 2024
Inspection Team:	Paschal McMahon Janice Ryan
Date Report Issued:	23rd May 2023

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1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to 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 March 2015. At the time of this inspection the centre was in their third registration and in year three of the cycle. The centre was registered without conditions from the 13th of March 2021 to the 13th of March 2024.

The centre was registered as a multi-occupancy service to accommodate three young people from age thirteen to seventeen 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 in residence. Both young people were placed in the centre under derogation as they were under thirteen years of age on admission which was outside of the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
4: Health, Wellbeing and Development	4.3
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers, and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and relevant social work departments on the 28th April 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 11th May 2023. 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: 006 without attached conditions from the 13th March 2021 to 13th March 2024 pursuant to Part VIII, 1991 Child Care Act

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors found from a review of centre records and interviews that the management and staff team were child centred in their care practices and promoted the rights of children. There was evidence on file that when the two young people were admitted they were provided with age-appropriate information on the centre. Individual work was completed with them in relation to their rights including the centre's complaints process, access to their records, and information on external children's advocacy services. The organisation also had a parents/ guardians information leaflet which included their right to complain about any aspect of the service or care provided and detailed external agencies that could be contacted if required. Young people were able to make their views and preferences known in relation to their care in a number of forums including young people's meetings, placement plans and monthly child in care review meetings. It was evident in individual work and complaint records that there was a culture of openness and transparency within the centre and that the young people felt comfortable to challenge staff practice and raise issues and concerns. The voice of the child was clearly recorded across centre's records.

The centre had a complaints policy in place which had been updated a month prior to the inspection. The updated policy changed the centre's previous categorisation of complaints from "formal" and "informal" complaints to notifiable and non-notifiable complaints. The policy stated that all complaints that were resolved internally by the staff and management within the centre were considered to be non-notifiable or lower-level complaints and inspectors found that this was the most commonly utilised approach. Notifiable complaints related to complaints that required further investigation and were communicated to relevant professionals externally using the centre's significant event notification system. The manager monitored all non-notifiable complaints and in circumstances where a non-notifiable complaint was raised by a young person on three occasions it was then re-classified as a notifiable

complaint and notified to the social worker and relevant parties through the significant event process. All notifiable complaints were also reported to the regional manager and the organisations director of services for further oversight and review. At the time of inspection, the regional manager informed inspectors that training in the updated complaints policy was planned for management and staff.

A record of complaints including the process for resolution and outcome was maintained on each young person's file. Inspectors found from reviewing the complaints on file that they had been responded to and managed appropriately with the exception of one concern which related to the behaviour of a staff member which was incorrectly categorised as an informal complaint. This complaint should have been dealt with under the centre's policy for safeguarding and child protection as it met the threshold for reporting under both the centre policy and Children First, 2017. This concern was initially noted by a staff member in an individual work record on the 30/11/22 and later recorded as an informal complaint by centre management on the 5/12/22. Inspectors were satisfied at the time that appropriate safeguarding measures were put in place and the staff member did not work in the centre following the incident on the 30/11/22. However, the centre failed to notify this incident as a child protection and welfare concern until twelve days after the event on the 12/12/22. This matter was subsequently investigated and concluded by the centre and the social work department.

All notifiable and non-notifiable complaints were recorded in a complaint register and communicated externally to social work departments via monthly progress reports. Internally complaints were recorded in the centre's governance report, which was monitored by the regional manager and other members of the senior management team. There was a number of forums where complaints were reviewed including team, management and senior management meetings and there was some evidence of learning identified for the staff team. However, there was no evidence that learning from the management of a complaint in relation to the behaviour of a staff member identified in a previous inspection report in May 2022 had been implemented. This was evidenced in the fact that a similar incident in relation to a complaint about a staff members behaviour that occurred in October / November 2022 outlined above was also incorrectly classified as a formal complaint and not reported as a child protection and welfare concern in line with centre policy and Children First 2017.

Compliance with regulations	
Regulation met	Regulation 16

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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the centre policies on complaints and safeguarding and child protection are reviewed with the management and staff team to ensure they are aware of the categorisation and thresholding of complaints.
- The registered provider must review the complaints register to ensure that all complaints have been categorised and reported appropriately in line with Children's First, 2017.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Inspectors found that the two young people in placement were being supported to achieve their potential in learning and development. The young people continued to attend their school placements they attended prior to admission, and they were making significant progress. There was ample evidence to show how staff encouraged the young people to develop their interests and talents and both young people were engaged in a wide range of extracurricular activities and after school clubs.

There was a focus on education in young people's placement plans and the young people's educational progress was reviewed at team meetings and at monthly statutory care plan reviews. The centre maintained a record of each young person's educational history and progress including previous school and assessment reports. There was evidence of regular communication with the young people's school

placements on the care files. While there were no educational supports currently in place for the young people there was an assessment report on file which recorded that one of the young people had a diagnosed condition. Inspectors were informed by the allocated social worker that the young person's educational progress was reviewed regularly, and they were liaising with the young person's school and external professionals to identify any additional supports the young person required. At the time of inspection, the centre was being supported by an occupational therapist and links had been established with additional therapeutic services in an effort to meet the young people's educational and therapeutic needs following a further settling in period.

Both of the young people were attending school daily and there were no issues in relation to attendance. Within the centre there were clear morning and homework routines in place. There were appropriate facilities and quiet spaces in the centre for the young people to complete their homework and appropriate educational resources available to them.

Compliance with regulations	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

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

There was evidence that workforce planning was built into the strategic planning for the organisation and the centre staffing requirements were subject to on-going review at both organisational and centre level. The staff team comprised of the centre manager, deputy manager, two social care leaders, six social care workers, two part time social care workers and two relief staff. During the last inspection in December 2022 the centre was experiencing staff shortages and had five vacant posts. Since then, the centre had recruited four additional staff members and were in the process of attempting to recruit an additional social care leader along with two relief staff to reach a full staff complement. A review of the centre roster evidenced that the centre was no longer dependent on staff having to work additional shifts, or on agency staff or staff from the organisations other centres having to provide cover to meet the centres rostering requirements.

While the staff team had a good age and gender balance and a number of experienced staff, there had been a very high turnover of staff in the year prior to the inspection and eleven of the team including the centre manager and one social care leader had been working in the centre for a year or less. The other two staff had worked in the centre for less than three years and the deputy manager had been in post for two years. In addition, inspectors found that not all staff had the required mandatory training completed. The regional manager informed inspectors that they maintained a strong presence in the centre and there was ongoing training to develop the staff team and inspectors were provided with a training schedule of planned training to address these training deficits. The inspectors recommend that training in behaviour management is prioritised based on the current young people's needs. Taking into consideration the high number of staff who have been recruited in the past year the registered provider must ensure that centre management are supported in developing the skill set of the staff team so a stable staff team can be maintained who can provide continuous care and support to the young people.

Inspectors reviewed the personnel files for a number of staff who were recruited since the last inspection and found some deficits. One staff member's file examined contained a reference from a previous work colleague which stated it was a character reference and not an employment reference and therefore did not comply with reference requirements in terms of assessing the employee's skills, ability and work performance. Another staff member who initially worked in the centre as an agency staff was subsequently employed by the organisation as a social care worker. While the centre had scanned copies of the recruitment agency's personnel file including vetting and references the centre must ensure they maintain their own personnel file and conduct their own reference checks in regards to this employee.

As previously highlighted staff retention has been poor in the centre and there has been a very high turnover of staff in the year prior to inspection. Retention measures in place included employee support and assistance, team days and access to a health scheme. The regional manager informed inspectors that additional measures have been implemented since the last inspection including increased salaries for some staff. There was also evidence that the organisation was conducting exit interviews and efforts were being made to gain feedback from current staff in the form of questionnaires.

The centre had an on-call policy and there were formalised procedures for on-call arrangements at evenings and weekends. On-call was provided by the centre managers and a social care leader and there was an agreed on-call schedule to ensure staff are aware of who to contact in an emergency.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that centre management is supported in developing the skill set of the staff team so a stable staff team can be maintained who can provide continuous care and support to the young people.
- The registered provider must ensure that training in behaviour management is prioritised based on the current young people's needs.
- The registered provider must ensure that the deficits identified in relation in staff personnel files are addressed.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
1	The registered provider must ensure that the centre policies on complaints and safeguarding and child protection are reviewed with the management and staff team to ensure they are aware of the categorisation and thresholding of complaints.	The regional manager completed a presentation and overview of the complaints, safeguarding and child protection policies on the 19/4/23 to ensure all staff and management are aware of the categorisation and thresholds in relation to complaints and CPWRF's.	The regional and centre manager will continue to support and mentor staff within this area via team meetings and individual supervisions, to ensure that continuous learning occurs within this area. In addition, the registered provider will provide additional information and guidance of the identification and responses to complaints through their online learning platform by 09/06/2023.
	The registered provider must review the complaints register to ensure that all complaints have been categorised and reported appropriately in line with Children's First, 2017.	The provider introduced a new complaints procedure in March 2023. The regional manager has completed a full review and audit of both Non-notifiable and Notifiable complaints on the 25/04/23, which included a review of daily logs, registers, and supporting documentation from both a quantitative and qualitative perspective	The senior management team will continue complete an audit on complaints within the centre on a six-monthly cycle. In addition, all complaints are recorded and discussed within several reports i.e., Centre Monthly Reports, SERG meetings and reports, Management meetings, Team meetings and Significant Event Reports, all

		ensuring the identification and categorisation of dissatisfaction.	of which the regional manager reviews and provides oversight to.
4	N/A		
6	<p>The registered provider must ensure that centre management is supported in developing the skill set of the staff team so a stable staff team can be maintained who can provide continuous care and support to the young people.</p> <p>The registered provider must ensure that training in behaviour management is prioritised based on the current young people's needs.</p>	<p>The centre management complete bi-monthly training audits, to which deficits are highlighted to the regional manager with an agreed action plan.</p> <p>The organisation scheduled behaviour management training on the 18/4/23 which staff attended. A further training specific to the centre and staff team needs has been scheduled for the 24/05/23, with two behaviour management instructors.</p>	<p>The training needs of the staff team are discussed on a monthly basis, within regional and centre meetings and management supervision, whereby training needs are identified, and training is sourced. Access to identified specialised training needs required to support the care of young people will continue to be supported by the registered provider.</p> <p>Behaviour Management Training has been scheduled for the remainder of the year, occurring on a regular basis. Training needs will continue to be reviewed on a monthly basis and where required; additional training will be scheduled.</p>

	<p>The registered provider must ensure that the deficits identified in relation in staff personnel files are addressed.</p>	<p>The regional manager along with the recruitment department have reviewed and responded to the deficits identified within the personnel files. All personnel files are fully completed 11/05/23.</p>	<p>The regional and centre manager will continue to review personnel files received from the recruitment department on an on-going basis. Where changes in requirements for personnel files are identified, the registered provider will communicate these to the recruitment department and the regional and centre manager.</p>
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