



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 039**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>CAPA Review</b>
<b>Date of inspection:</b>	<b>30<sup>th</sup> September 2024 &amp; 02<sup>nd</sup> October 2024</b>
<b>Registration Status:</b>	<b>Registered from 17<sup>th</sup> September 2023 to the 17<sup>th</sup> September 2026</b>
<b>Inspection Team:</b>	<b>Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>14<sup>th</sup> November 2024</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 1: Child-centred Care and Support (standard 1.2 only)	
3.2 Theme 2: Effective Care and Support (standard 2.3 only)	
3.3 Theme 3: Safe Care and Support (standard 3.1 only)	

# 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.



## 1.1 Centre Description

This inspection report sets out the findings of a corrective and actions (CAPA) review 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 in 2011. At the time of this inspection the centre was in its fifth registration and was in year one of the cycle. The centre was registered without attached conditions from 17<sup>th</sup> September 2023 to the 17<sup>th</sup> September 2026.

The centre was registered as a multi-occupancy service. It aimed to provide accommodation for 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 provides a framework for positive interventions. STEM draws on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention and daily life events. There were three young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 11<sup>th</sup> and 12<sup>th</sup> July 2023. Inspectors reviewed documentation sent by the provider via email and conducted a visit to the centre on the 30<sup>th</sup> September 2024 specifically to review compliance with standard 2.3. During the visit, the inspectors provided opportunities for each young person to meet with the inspector. Interviews were conducted via MS Teams on the 2<sup>nd</sup> October 2024 with the centre manager and two social care staff.

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

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 16<sup>th</sup> October 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have substantially implemented the required actions and therefore 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: 039 without attached conditions from the 17<sup>th</sup> September 2023 to the 17<sup>th</sup> September 2026 pursuant to Part VIII, and 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 9: Access Arrangements**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.2 Each child's dignity and privacy is respected and promoted.**

#### **Issue Requiring Action:**

- The centre manager must ensure any limits to privacy are documented in the young persons placement plan and care plan.
- The centre manager must ensure young people are aware of who their personal information is shared with and the reasons for the information being shared is clearly explained.

#### **Corrective Actions:**

- The centre manager will discuss at the team meeting on 31.08.23 the importance of including interventions and approaches into the young people's placement plans. The placement plans will be updated to include this information by 01.09.23.
- Each new admission to the centre receives a welcome handbook which outlines what information is recorded and with whom and how it is shared with appropriate parties. The young person's meeting on 22.08.23 was utilised to discuss the information created and shared.

#### **Review Findings:**

The inspectors found that placement plans had been reviewed and updated to include limits to young persons privacy. This included; young people understanding who had access to their files and information, being aware of room checks, pocket / bag searches and understanding any additional restrictive practices that may be in place. Along with being recorded in the young persons placement plans, these were also supported by risk assessments that were regularly reviewed between the centre manager and allocated social workers.

The inspector reviewed a sample of young person's meeting minutes and found that discussions had occurred in relation to who can access the young person's



information. Individual work records and team meeting minutes from the 30<sup>th</sup> August 2023, directly after the previous inspection, showed discussions occurred around limits to privacy and access to files. Inspectors reviewed the updated young persons welcome handbook which included a section on the right to access files.

The inspector was satisfied that the corrective actions have been implemented.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 9 Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 8: Accommodation**  
**Regulation 13: Fire Precautions**  
**Regulation 14: Safety Precautions**  
**Regulation 15: Insurance**  
**Regulation 17: Records**

## **Theme 2: Effective Care and Support**

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

### **Issue Requiring Action:**

- The regional manager and centre manager must satisfy themselves that young people's bedrooms create a sense of belonging, comfort, and security for the young people.
- The centre manager must ensure a deep clean is conducted of the house.
- The centre manager must ensure the garage is always locked when not in use.

- The registered provider must satisfy themselves that auditing systems are being utilised to the full potential, robust and accurately reflect practice and deficits within the centre.
- The regional manager and centre manager must ensure to review the current risk assessment in place relating to the removal of fire extinguishers.
- The regional manager and centre manager must demonstrate effective oversight of fire safety at regular intervals and ensure deficits are being addressed.
- The centre manager must ensure the time of fire drills are recorded.
- The regional manager and registered provider must ensure a review of maintenance is completed in line with this and previous inspection findings and action taken to address all deficits.
- The regional manager and centre manager must ensure all cars are appropriately taxed.
- The regional manager and centre manager must ensure risk assessments are implemented and reviewed regularly in relation to health and safety risks posed to staff members on shift.
- The regional manager and centre manager must ensure any deficits in training (First aid, Fire safety, behaviour management) are addressed in a timely manner.

### **Corrective Actions:**

- The centre and regional manager completed a walk-through of each young person's bedroom on 21.08.23 and have developed a list of maintenance requirements. The personalising of the bedrooms was discussed at the young person's meeting on 22.08.23 where the young people could contribute to making their bedrooms more homely and comfortable. List of items have been collated which will be purchased.
- The centre manager has developed a schedule for completing a deep clean of the centre and this is being implemented from 31.08.23.
- The centre manager will direct the team at the team meeting on 31.08.23 that the garage is to be locked when not in use.
- Regional manager and quality assurance department will complete themed audits which reflect practice and deficits in the centre. Issues arising will be escalated to the registered provider for action.
- Centre risk assessment has been reviewed and updated to outline concerns re. young person with weapons. This risk assessment is attached.

- A full review of fire safety within the centre and associated records will be completed by regional manager by 15.09.23 and oversight requirements will be raised with the fire safety office and centre management and will be raised at team meeting following this.
- Centre manager will ensure that fire drill times are recorded. This will be discussed in team meeting on 31.08.23. This will be added to fire safety representative duties and reviewed by management quarterly.
- The regional manager will conduct a review of maintenance requests within the health and safety file and liaise with the registered provider to schedule all outstanding works. This will be completed by 08.09.23
- All cars have been taxed as of 21.08.23. Centre management to conduct review of car maintenance checks on a daily basis to ensure appropriate oversight and that issues are being consistently documented as they arise.
- Risk assessment for health and safety risks posed to staff members, discussed by regional manager and centre manager on 21.08.23. A risk assessment was devised and implemented. Shift times are being reviewed and multi-disciplinary meetings inclusive of social work department and ACTS are focusing on sleep hygiene for young people.
- A full review of training requirements for the centre was completed 17.08.23 and sent to regional manager to ensure deficits were addressed. Any staff with training deficits have been scheduled for training.

### **Review Findings:**

The inspector visited the house on the 30<sup>th</sup> September to review compliance with the findings and actions from the previous inspection. The house was clean, well presented, warm and homely on the day of the visit. Two of the three young persons bedrooms were seen during this visit. These were the same two seen at the previous inspection and improvements in their presentation were noted. Both rooms were clean, adequately decorated and adequate storage available. One young person had been missing from the centre for a period of time and it was evident the staff team ensured they had a clean, safe, welcoming environment to return to. From a review of young persons meeting records, it was evident young people had been consulted on their wants for their bedrooms and items purchased where appropriate.

Upon arrival the inspector checked the garage door which was locked. The garage was inspected, and significant work had been completed since the last inspection. The garage space had been cleaned out and a new partition wall erected. This was still in

the process of being plastered and finished. There was a locked door in the partition wall in which all items that could be considered dangerous were kept behind. The space itself had been converted into extra space for the young people. A games table was in place and a sofa and some soft furnishings for a 'chill out' area.

The response to the CAPA noted that a maintenance review would be conducted by the regional manager by the 8<sup>th</sup> September 2023. Inspectors saw no evidence of a formal review occurring. The centre manager informed inspectors in interview that the previous regional manager met with maintenance at the house following the last inspection and went through tasks that needed to be completed. The centre manager informed inspectors that since January 2024 the region has its own allocated maintenance person which resulted in works being carried out in a timelier manner. The centre manager stated this had made a huge improvement in keeping the premises up to standard.

Significant work had been completed by external contractors since the last inspection. This included a new heating system with new radiators and boiler, a section of the roof replaced where leaks had been occurring and the internal of the house repainted. The inspector reviewed maintenance records and found on the whole, there had been an improvement in the response of maintenance times. Maintenance issues and in house health & safety audits also correlated with required works and timeframes. Maintenance had visited the centre 26 times in the last twelve months which was a significant increase on the same period in 2023. There were some delays noted in the maintenance register in resolving issues however this was due to the reliance on external plumbers to rectify issues.

The inspector reviewed fire safety records whilst in the centre and found all to be up to date. There was evidence of regular servicing and checks being carried out. The fire drill record now recorded the time the drill was carried out. Four drills had occurred to date in 2024 with one of these occurring under darkness. This was in line with the organisations fire safety policy. A new 'fire door checklist guide' was also in place to ensure staff were clear on how to carry out checks. A number of issues with fire doors were being identified and actioned in appropriate timeframes. No issues were noted with doors whilst visiting the centre.

The centre continued to keep all fire extinguishers locked in the office. There was a risk assessment in place and a letter from the fire engineer to support this decision. Inspectors noted the risk assessment was developed in June 2023 but only reviewed annually in August 2024 and recommend this is reviewed more frequently to ensure

it does not become a cultural norm. The centre specific safety statement also contradicted the risk assessment in place. It noted that extinguishers were located throughout the building and there was no reference to them being locked in the office. This safety statement was last updated in October 2023 which post dated the risk assessment of the 2<sup>nd</sup> June 2023.

The tax for all three centre cars was up to date during this visit.

Four staff members had started employment in the centre since the last inspection. Inspectors reviewed their personnel files and training certificates and found deficits remained in terms of staff training. Three of the staff had no first aid training or behaviour management training, two staff had no fire safety training or manual handling training and one staff member had no child protection training. The inspector did not see evidence that these staff had been booked on upcoming courses.

The CAPA action relating to concerns around health and safety risks posed to staff members was no longer relevant at the time of the review as the behaviours leading to this had ceased to be displayed by young people.

The inspector found overall significant progress had been made in the last year relating to the premises and safety and all corrective actions were ongoing.

Compliance with Regulation	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

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

**Issue Requiring Action:**

- The regional manager must ensure management and staff are familiar with the child safeguarding statement risks and control measures and can identify the designated liaison person.
- The registered provider, regional manager and centre manager must ensure that the quality and safety of care provided to the young people is regularly reviewed to inform improvements to practice and all learnings are shared with the staff team caring for the young people.
- The regional manager and centre manager must ensure all allegations of concern are reported and managed in line with children first guidance 2017.
- The regional manager must ensure recruitment processes are robust.
- The regional manager and centre manager must ensure to review young persons phone usage, that adequate risk assessments are in place and that the centre's own policies are being adhered to.

**Corrective Actions:**

- The centre's safeguarding statement will be reviewed at the team meeting on 31.08.23 and through supervision to ensure the team are familiar with its contents.
- The quality and safety of care to the young people will be discussed in supervisions, regional meetings, placement reviews and team meetings with the staff team. All learnings and changes to practice will be clearly outlined and documented in team meeting minutes.
- The centre manager and regional manager will ensure that all child protection and welfare concerns are recorded in line with centre policy and Children First 2017 and that they are categorised correctly. This will be raised at team meeting on 31.08.23. The child protection policy is currently being updated to explicitly define staff and Tusla responsibilities in relation to child protection notifications. All staff have received direction in relation to this policy. Policy will be updated by 16.09.23 and circulated.

- The regional manager will be completing a review of all personnel files by 15.09.23 and will ensure any gaps or missing information is sourced.
- A review of the young person's phone usage was completed by the centre and regional manager on 21.08.23. This review included a review of the risk assessment in place and amendments required. This will be explored with relevant Social work department and the associated risk management plan will be discussed at the team meeting on 14.09.23.

### **Review Findings:**

The inspector reviewed the personnel files for the four staff members who had taken up employment since the last inspection and found the process to have been robust. References, vetting and qualification verification were in order on all files. Two staff members were interviewed. Both had been promoted in the last year and confirmed they had completed an induction into their new roles. The inspector saw evidence of induction records on file for newer staff members however given the lack of training identified under standard 2.3 above, mandatory training needs to be included in the induction process.

A management meeting occurred on the 13<sup>th</sup> September 2023 in which it was highlighted the importance of refreshing child protection policies with the team and ensuring staff become more confident around this. A sample of team meeting minutes were also reviewed from September & October 2023 and August & September 2024. In September 2023, following the last inspection, child protection was reviewed with the staff team, it was also reviewed in August 2024 meeting, prior to the CAPA review. It was found that child protection or safeguarding did not form part of the standing agenda for team meetings and discussion with staff members.

The inspector found that the understanding of child protection protocol and Children First terminology continued to be an issue with those interviewed. The inspector was aware that a new child protection policy had been developed by the organisation in the weeks prior to this CAPA review however the regional manager confirmed it had not yet been rolled out to this centre. There continued to be confusion as to who the designated liaison person (DLP) was and their role with some citing the centre manager and some citing the director of services. There was also confusion around what constitutes a risk on the child safeguarding statement with health and safety risks being identified as opposed to safeguarding risks. The regional manager must ensure the updated policy is rolled out as soon as possible and that staff members understand it, along with everyone's role and responsibilities relating to child

protection. Staff members interviewed were able to speak to the reporting process adequately and provided examples of recent child protection and welfare reporting forms and how these were managed.

Two audits had been carried out since the last inspection, one in November 2023 and one in May 2024. Both identified areas for improvement in terms of practice and staff knowledge.

Young people's phone usage continued to be an ongoing issue within the centre. Risk assessments had been implemented and reviewed with each allocated social worker. Despite risks associated with phone usage social workers directed parental apps not be installed on the young people's phones for monitoring purposes. This remained in contradiction to the organisations *information and communication technology policy*.

The inspector found more work was required to ensure satisfactory implementation of these CAPA actions.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed