



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 037

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	CAPA Review
Date of inspection:	19th & 20th August 2024
Registration Status:	Registered from the 16th September 2022 to the 16th September 2025
Inspection Team:	Joanne Cogley
Date Report Issued:	30th October 2024

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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 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 on the 16th September 2010. At the time of this CAPA review the centre was in its fourth registration and was in year two of the cycle. The centre was registered with attached conditions from the 16th September 2022 to the 16th September 2025.

The centre was registered as a multi-occupancy centre that could accommodate four 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 was one young person 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 26th & 27th September 2023. The inspector completed a desktop review of documentation submitted by the centre manager and regional manager. Interviews were conducted with relevant people including the centre manager and two social care staff. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and how the CAPA recommendations have influenced changes in practice.

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 person, 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 23rd September 2024. The findings of the CAPA review were used to inform the registration decision.

The findings of this CAPA review determined the centre to have substantially implemented the required actions however it was determined that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7 Staffing. It was the decision of the Registration Committee to attach conditions to the centre's registration under Part VIII, Article 61, (6) (a) (i) of the Child Care Act 1991. These conditions were reviewed on the 18th October 2024 and submissions received were deemed satisfactory. As such it is the decision of the Child and Family Agency to register this centre, ID Number: without attached conditions from the 16th September 2022 to the 16th September 2025 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Issue Requiring Action:

- The regional manager and centre manager must ensure a full review of physical intervention occurs and learning shared with team members and professionals.
- The regional manager and centre manager must ensure there are clear guidelines as to the purpose of the third staff member and the funding body is informed when a third staff member is unavailable.
- The centre manager must ensure appropriate evidence of review of restrictive practice is demonstrated.

Corrective Actions:

- Regional manager and centre manager reviewed significant event notifications (SEN's) which involved physical restraints on 10.10.2023. Physical restraint review was completed onsite with the team on 12.10.2023 by Associate behaviour management trainer which included review and practicing of appropriate restraints. Learning and changes to approach were shared with multidisciplinary team at professionals meeting on 18.10.2023.
- The purpose of the third staff member will continue to be as a support person to the two overnight staff on shift and the young person. Typical duties include provision of additional breaks, required paperwork, and support with household duties. Centre manager and deputy manager will monitor duties assigned to third staff members during handover. The funding body will continue to be informed in cases where the centre experience challenges in deploying a third staff member to the floor.

- A review of restrictive practices will be completed by centre manager by 20.10.23. Restrictive practices will continue to be reviewed at team meetings and the recording of same will be expanded upon.

Review Findings:

The inspector found no supportive evidence to show the regional manager and centre manager reviewed significant event notifications on the 10th October 2023 as outlined in the CAPA response. The inspector was informed that this occurred during a centre visit with the regional manager but there was no written evidence to support same. Inspector reviewed management meeting minutes dated 24th October and this documented that a review of all restraints had occurred and a reduction in restraints was noted. It did not however review restraints in the context of the recommendation of the inspection report which highlighted that at times there was difficulty maintaining physical holds and staff members were hurt as a result.

A physical restraint review was conducted by the behaviour management trainer on the 12th October 2023 and this included a section “behaviours impacting on holding the young person safely”. The minutes evidenced changes that were required to be made in terms of adjustments to holds. This was reflected in the young persons individual crisis support plan updated on the 20th October 2024. Whilst a team meeting was held following the aforementioned management meeting on the 24th October 2023, the recorded minutes did not allow the inspector to make a judgement on the effectiveness of sharing the learning with the team. Inspectors interviewed two staff members as part of the CAPA review, neither were able to communicate any learnings or changes made to practice following the review by the behaviour management trainer.

It was noted that the young person had only been involved in one physical hold in 2024 which is significant progress for them. This physical hold was reviewed in detail in a team meeting in July 2024 and included a role play scenario for the team and using the support of a second staff member if required.

The inspector reviewed a range of documents including child in care review minutes, team meeting minutes and management meeting minutes. The purpose of the third staff member (day shift) had been clearly outlined in these documents and in discussion with the allocated social worker at the child in care review in April 2024. This outlined that the day shift would be a supportive role to the staff on shift allowing them to take adequate breaks, assist in keeping paperwork up to date and ensuring adequate infection control within the centre so the staff team working with

the young person could provide full time support to them without the distraction of maintaining infection control. Inspectors spoke with the social care manager and two social care workers and it was evident all were clear on the duties and responsibilities of the third staff.

The inspector reviewed a period of time on the roster from the 22nd June 2024 to the 23rd August 2024 and found out of the 63 day period, 23 days could not be staffed with the required day shift. An additional 9 days had been covered by agency staff. At the time of the CAPA review the centre had a social care manager and five social care workers available to work in the centre, with two further new recruits in the on boarding process, including a new deputy manager. This was below the requirements set out in the Alternative Care Inspection and Monitoring Service Regulatory Notice (revised) minimal staffing levels and qualifications for registration (August 2024). Fourteen staff had left since the previous inspection.

It was evident from a review of team meeting minutes that the difficulty in staffing the day shift was an ongoing concern and the staff team voiced their concerns in relation to this at a number of team meetings throughout April, May, June and July 2024 and also through interview with inspectors during the CAPA review process. It was noted the staffing difficulties were discussed with the allocated social worker in statutory reviews in January 2024 and April 2024. No formal written evidence could be provided to the inspector to show that the National Placement Team (NPT) who is the funding body, had been informed of the difficulty in obtaining staff for the centre and at the time of inspection the centre were processing a new referral despite not being in a position to adequately staff the centre.

Team meeting minutes and management meeting minutes dated 24/10/23 were reviewed and restrictive practices were documented in same as being reviewed. Team meeting minutes and management meeting minutes from July 2024 were also reviewed and it was noted that there was a significant improvement in the recording of restrictive practice reviews in the July 2024 meetings in comparison to October 2023. In July 2024 it was clear these were reviewed in the context of ongoing significant events and risks posed to and by the young person and included clear justification for the restrictive practices. A regional manager audit was also completed in July 2024 which identified deficits and areas for improvement in relation to restrictive practices.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	Regulation 7

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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Issue Requiring Action:

- The centre manager must ensure written guidelines are in place for staff to support them to manage specific health and safety concerns and the regional manager must ensure appropriate training is provided to the team.

Corrective Actions:

- Risk assessments have been reviewed and training specific to young person's needs was completed 17.10.23 and further has been organised for 21.11.23.

Review Findings:

A clear risk assessment was in place that outlined guidelines to manage the current health and safety concerns. This had been reviewed and updated on the 2nd August 2024. A comprehensive cleaning schedule also formed part of the daily handover plan with a daily cleaning routine in practice within the centre. Those interviewed were clear on the current guidelines for the management of the health and safety issue however cited difficulty adhering to guidelines when the day shift was not available to them. All staff members had been trained in infection control following the last inspection and this was renewed in August 2024 and staff were receiving

support from an occupational therapist in relation to specific work with the young person.

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

Compliance with standards	
Practices met the required standard	Standard 4.2
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

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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.

Issue Requiring Action:

- The regional manager must ensure that a clear plan to support the team in their knowledge, understanding and implementation of the complaint policy and procedure.
- The registered provider must ensure that the arrangements in place to assess the safety and quality of care provided against the National Standards are robust alongside effective mechanism for sharing learning across the organisation.

Corrective Actions:

- Complaint policy was reviewed with the team on 25.10.2023 by quality assurance manager. In advance of this, all team members were requested to complete the online resource 'Guide to Responding to Complaints' allowing for greater focus at the team meeting, including guidance for escalating complaints externally to the centre where local resolution do not resolve the complaint or where required as per policy. Complaints policy and procedure

will be covered as part of a staff member's induction journey. Implemented from 6th November 2023 regional manager will complete a complaint audit, inclusive of staff interview in November 2023 and again in March 2024.

- Regional manager will complete a complaints audit in November 2023 and continue with scheduled themed audits over the next 12 months. Quarterly inspection report review meetings with quality assurance team and director of services will inform sharing of learning across the organisation. Learning from inspections will continue to be discussed at senior management meetings and where changes to policies or processes are required, these will be scheduled, and communicated. The quality assurance team will review its current recording systems to ensure that there is evidence available to support these activities and to demonstrate scheduling, oversight and direction, and ensure that this revision is in place in January 2024. Our audits are thematic and capture multiple National Standards when completed. The senior management team will review the current audits in place with the goal of highlighting the particular National Standard being explored at that time. This will be completed in November and will be in effect January 1st 2024.

Review Findings:

The inspector reviewed the complaints policy which had been updated by the organisation in February 2024. The new complaints policy was clear and comprehensive in how a complaint should be received and resolved. Evidence of discussion of this policy could be seen in team meeting minutes from April, May and June 2024. The Inspector reviewed the last three recorded complaints made by the young person and found these had been managed in line with policy however despite the work completed in relation to complaints with the staff team, clear knowledge and understanding did not translate through interview. Staff continued to confuse the process for complaints and child protection, were unclear on who the designated liaison person was and their role, spoke about managing child protection concerns through the complaints process and could not clearly outline the threshold for notifiable and non-notifiable complaints.

The centres response to the CAPA highlighted that a complaint audit would be completed by the regional manager in November 2023 and March 2024. An audit was completed in November but none was completed in March, with the next audit being July 2024 when a new regional manager took up post.

The CAPA action contained three parts including having arrangements in place to audit the centre, ensure those audits were robust and that learning was shared in relation to the findings. The inspector noted arrangements were in place for assessing the quality and safety of care provided. This included: senior management audits, significant event review groups and monthly governance reports.

There had been a change in regional management since May 2024. The incoming regional manager had completed audits in restrictive practice, complaints, child protection and supervision. The previous regional manager had completed an audit on risk and behaviour management. Audits included a review of documentation whilst also interviewing one staff member on their knowledge of the area under review. In the absence of an onsite inspection and reviewing audits alongside inspection findings it is difficult to make a judgement on the robustness of the current system however it was noted some deficits identified such as staff confusion around the management of complaints and child protection had not been identified in the most recent audits.

Inspectors interviewed two staff members during the CAPA review. Neither were familiar with the current audit framework, who carries out audits and were not aware of any feedback provided from audits.

Compliance with Regulation	
Regulation not met	Regulation 5 Regulation 6
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 5.4
Practices did not meet the required standard	Not all standards under this theme were assessed