



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Daffodil Care
Registered Capacity:	Three Young People
Type of Inspection:	CAPA Review
Date of inspection:	8th and 9th October 2024
Registration Status:	Registered from the 04th November 2023 to the 04th November 2026
Inspection Team:	Linda Mc Guinness
Date Report Issued:	22nd November 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. At the time of this inspection the centre was in their first registration and in year three of the cycle. The centre was registered without conditions from the 04th November 2023 to the 04th November 2026.

The centre was registered to provide multi occupancy to three young people 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 several complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention, and daily life events. At the time of this CAPA review there were three young people living in the centre.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 25th and 26th July 2023.

The inspector conducted interviews with the centre manager and regional manager and reviewed updated centre policies and documentation sent by the provider.

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

The findings of this CAPA review have determined the centre to have fully 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: 180 without attached conditions from 04th November 2023 to the 04th November 2026. pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Issue Requiring Action:

- The director of service must ensure that a potential risk of child sexual exploitation is incorporated into the centre's Child Safeguarding Statement.
- The director of service must ensure that safeguarding policy is revised and updated to ensure it is in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. Internal investigations must not take place while open child protection and welfare concerns are being investigated by Tusla, the Child and Family Agency.
- The director of service must ensure that no young person stays at any time in an unregistered separate part of the premises.

Corrective Actions:

- The centre's Child Safeguarding Statement will be reviewed to incorporate potential risk of child sexual exploitation by 16.09.23. This will reflect the guidance in Tusla's Child Sexual Exploitation Procedure. Training in child sexual exploitation will also be provided to the staff team. This will be completed by 16/09/23.
- The Safeguarding policy is currently being reviewed by the Director of Services and Quality Assurance Manager to ensure that clear and robust guidance is provided in line with Children First regarding internal investigations. This will be completed by 16/09/23. Furthermore, all centre management teams have been informed that child protection welfare referrals must be investigated by the Tusla Social Work Department in the first instance. This direction was provided in 2022.
- This was an isolated incident, which was supported by the young person's Social Work department as one element of a safety plan. However, this will not occur in the future.

Review Findings:

The inspector found that the centres' child safeguarding statement was updated this by September 2023 as committed to in the CAPA response. It now includes the potential for child sexual exploitation and there was evidence that this update was communicated to the staff team and reviewed periodically. The statement was also reviewed bi-annually. The centre manager described mitigating measures in place to minimise any associated risks. These included staff training, safety planning, individual work, referrals for specialist support, strategy meetings and reporting in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and Tusla's Child Sexual Exploitation Procedure. The managers and social care leaders in the organisation completed a training session relating to 'recognising and responding to CSE' in September 2024 and had brought information back to the teams for reflection and discussion. However, the inspector noted that staff had not completed the required Tusla E-learning course 'Child sexual exploitation procedure, including CSE as it pertains to child trafficking, 2021). This must be incorporated into expected training for all staff who commence in the organisation and maintained on the training database.

The inspector found that, in respect of child protection investigations, the organisations' child safeguarding policy was updated and now in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. Clarity was provided by way of a memorandum to ensure that all staff in the organisation were aware that an internal investigation could not commence if Tusla were investigating an open child protection and welfare referral. There was evidence that child protection was discussed regularly at team meetings, managers meetings. Notwithstanding this, the inspector found that one staff member who commenced work in August 2024 had not yet completed Tusla's mandatory Introduction to Children First programme by the time of this CAPA review in October 2024 and was booked for 30/10/24. The centre manager must ensure that all staff complete this training without delay upon commencement of employment. This was acknowledged as an oversight and systems implemented to ensure this did not reoccur. None of the staff team had completed Tusla's eLearning module in respect of their roles as mandated persons. The inspector recommends that this is completed as a matter of priority and is incorporated in to the updated safeguarding policy. To facilitate best practice and ensure robust knowledge, both training modules should be completed upon commencement of employment.

The CAPA action relating to young people not staying in an unregistered part of the premises was fully actioned. There was evidence that this was discussed at the regional meeting as committed to in the CAPA response, and managers and staff were fully aware this was not an acceptable practice. This part of the premises was repurposed and being used as a games room at the time of this CAPA review.

Overall, the inspector is satisfied that the actions under standard 3.1 are completed and that training deficits highlighted, when addressed, will enhance and support safeguarding and child protection.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 3.1
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 10: Health Care

Theme 4: Health, Wellbeing and Development

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

Issues Requiring Action:

- The centre manager must continue to advocate for one young person's access to specialist support and consider making a complaint to Tusla if this is not forthcoming.
- The centre manager must ensure that there are copies of signed PRN permissions by the GP on each young person's file.
- The centre manager must make efforts to source training for staff in respect of supporting planning for one young person.

- The centre manager must ensure there is more evidence of proactive education/programmes with young people about smoking and vaping cessation.

Corrective Actions:

- An additional child in care review has been requested to take place for this young person on the 17/08/23, whereby specialist support will be discussed and integrated into forward planning for this young person.
- Centre manager emailed specialist support identified and on the 11/08/23, it was agreed that young person would be reintegrated into their programme.
- All young people will have a signed copy of approved PRNs on file by the 01/09/23.
- Specific training has been sourced to support planning for one young person. Centre manager is currently organising and booking a suitable date. Training will be booked by 01/09/23 and complete by 01/10/23.
- Smoking and vaping cessation programmes have now been implemented into the young people's placement plans from 14/08/23.

Review Findings:

The inspector found at the time of this CAPA review that there was effective and co-ordinated multi-disciplinary planning in place for one young person. Concerns that they did not have access to specialist support were resolved in a timely manner through care planning and strategy meetings following the July 2023 inspection process. They had access to a wide range of specialist supports and professional advice was available to the team to support their care. The centre manager and team also sourced and attended community-based training to support planning. The centre manager reported that specialists also provided useful guidance and resources to the team to use in their day-to-day practice.

The inspectors found that the training committed to in the CAPA review took place and was planned for newly onboarded care staff. While improvements in training to support this young person in aspects of their care were evident, inspectors found that the system of training needs analysis did not always correlate to individual and presenting needs of young people. The CAPA response indicated that a *'training audit and analysis is completed on a bi-monthly basis and training needs of the centre are scheduled to ensure all staff are provided with the training needed to support*

and care for the young people’.The inspector found that this mostly related to mandatory training. Mandatory training was facilitated and tracked however, there was a lack of evidence of supplementary training for the staff team, such as courses/programmes in drug and alcohol awareness, youth mental health, self-harm and suicide prevention for example. The team used HSE materials and resources in their individual work with young people however, placement planning would benefit from the team being upskilled though more pro-active training needs analysis linked to needs of young people.

Inspectors found that while the action relating to young people having approved access to PRN (Pro re Nata) medication was now met, it was not implemented in a timely manner. At the time of this CAPA review, the two young people in placement had approval forms on file so they could access over the counter medication if required however, this was not implemented until November 2023 after the July 2023 inspection. Organisational management must ensure actions arising from inspection are addressed promptly and in line with the timeframe submitted on the CAPA. At the time of this review the centre manager had highlighted some issues with one of these forms as it was not signed, and the medical direction was not clear. They intended to address this issue with the G.P. and social work department. There was now a system in place to have PRN approval completed upon admission to the centre and it was being progressed for another young person who moved in during the CAPA review.

Inspectors found that more targeted work was taking place in respect of young people smoking and vaping. This was built into physical health and smoking policies. Training for some team members in harm reduction or motivational interviewing might be helpful and could be considered as part of an improved training needs analysis. There was evidence of planned and opportunity led work to discourage young people and help them reduce their use or preferably stop. This was evident in placement plans, individual work and keyworking, case manager and team meetings.

While the inspector recommends that there is a greater focus on training needs analysis and that CAPA actions are implemented in a timely manner, the finding is that the CAPA actions were implemented.

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

Issue Requiring Action:

- The director of service must ensure that there are appropriate numbers of staff employed with regard to the statement of purpose and number and needs of young people to be in compliance with the childcare (standards in residential centres)1996, part III Article 7 Staffing and the ACIMS regulatory notice Minimal Staffing Level & Qualifications CRC Settings June 2023.
- The director of service must ensure that there is a panel of suitably qualified relief staff to provide cover for annual and unplanned leave.

Corrective Actions:

- Staffing within the centre has increased in recent weeks, as one full-time staff member has successfully been onboarded, and induction is scheduled for 21/08/23.
- The Regional Manager continues to liaise with the recruitment department weekly regarding suitable candidates and interviews are completed promptly. The centre is currently staffed with; 1 SCM, 1 DSCM, 4 SCL, 3 SCW, 2 RSCW (one SCW currently onboarding and one SCW due to return from a career break 01/10/23.)

Review Findings:

The inspector found that there have been improvements in respect of staffing. Although not yet fully in line with contractual agreements and the needs of the service, efforts at recruitment and retention were showing evidence of positive results. The agreed staffing complement fulfil the statement of purpose for this centre was one social care manager, one deputy manager, three social care leaders and seven social care workers. The centre manager in interview, confirmed that the centre has not been at this required level since they commenced in post in February 2023, but recruitment was progressing positively. They informed the inspector there was ongoing recruitment to fill a post which was recently offered but turned down by a prospective employee. At the time of this CAPA review there was a social care manager, deputy manager, three social care leaders and six social care workers. The inspector found however, that one staff member was not available for full time hours as indicated on the inspection information form. The regional manager

acknowledged this and committed to filling the deficit with another 0.5 wholetime equivalent post.

The centre had undergone significant changes in 2024 with ten fulltime members of staff (including the manager and deputy) leaving or moving for promotion. Seven new staff have commenced since February 2023. The centre manager informed the inspector that risks associated with reduced staffing were discussed at senior management meetings. The inspector verified that following this, there was evidence that a risk assessment was completed to assess and manage the impact of staff leaving on one young person in particular who had strong relationships with people leaving the centre. The centre manager and regional manager confirmed in interview that there were no complaints from young people or their advocates about reduced staffing. Both stated that times of staff deficits were managed by using regular relief staff to minimise impact on young people.

There were two dedicated relief staff available at the time of this CAPA review and one had previously worked fulltime in the centre.

Exit interviews took place with staff who left the employment of the organisation. The inspector was provided with copies of these for six staff who have left in recent times. These, in the main, provided positive feedback about working for the organisation and the supports provided, although some highlighted pay scales, premium pay and high staff turnover as requiring improvement. There was evidence that Sunday premiums and the base rate of pay was increased recently following a market review. There was evidence that the staffing requirements of the alternative care inspection and monitoring service and general recruitment and retention measures were discussed at a recent managers meeting.

Overall, the inspector found these CAPA actions to be implemented.