



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: 2022 (2)**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced inspection</b>
<b>Date of inspection:</b>	<b>22<sup>nd</sup> and 23<sup>rd</sup> June 2022</b>
<b>Registration Status:</b>	<b>Registered from the 16<sup>th</sup> September 2022 to the 16<sup>th</sup> September 2025</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>23<sup>rd</sup> September 2022</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>6</b>
<b>3. Inspection Findings</b>	<b>7</b>
3.1 Theme 3: Safe Care and Support (Standard 3.2 only)	
3.2 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.1 only)	
<b>4. Corrective and Preventative Actions</b>	<b>15</b>

## 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 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 16<sup>th</sup> September 2010. At the time of this inspection the centre was in its fourth registration and in year three of the cycle. The centre was registered without attached conditions from 16<sup>th</sup> September 2019 to the 16<sup>th</sup> September 2022.

The service was registered as a multi-occupancy centre that could accommodate four young people of both genders 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 following themes and standards:

Theme	Standard
3: Safe Care and Support	Standard 3.2 only
5: Leadership, Governance and Management	Standard 5.2 only
6: Responsive Workforce	Standard 6.1 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, examined how professional staff work with children and each other and discussed the effectiveness of the care provided. Where required 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 20<sup>th</sup> July 2022. 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 28<sup>th</sup> July 2022. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

During the inspection the centre was found not to be compliant with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing. However, subsequent to the inspection evidence was submitted to demonstrate that the centre had come into compliance and further staff had been recruited.

As such, 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. It is the decision of the Child and Family Agency to register this centre, ID Number: 037 without attached conditions the from 16<sup>th</sup> September 2022 to 16<sup>th</sup> September 2025 pursuant to Part VIII of the Child Care Act, 1991.

### 3. Inspection Findings

**Regulation 5: Care practices and operational policies**

**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.**

The organisation had policies in place that supported a positive approach to the management of behaviour that challenges, and these were underpinned by the organisation's model of care. Inspectors were informed that training in this model of care had recently been restructured and was more comprehensive. Staff members were provided with an introduction to the model of care on induction and then were scheduled to attend eight separate training modules. These modules were stand-alone and could be accessed in any order with one module being offered each month. There was also an agreement in place that the delivery of the model of care would be certified by a third level institute. However, inspectors found that while the structure of training in the model of care was quite good, there were delays in staff members accessing this training. In some instances, there were significant delays in staff completing their first training module. It is essential that new staff begin training in the model of care as quickly as possible. The regional manager must ensure that newly recruited staff access modules on the model of care when they begin employment in the centre and there is no delay in this.

Each centre had a leader in the model of care who supported staff to utilise these skills and ensure that care records contained associated language. Further, there was evidence that the implementation of the model of care was reviewed and discussed regularly at team meetings. There was also a monthly regional forum that discussed the model of care in the centre and feedback was provided to staff on this.

The staff in the centre were also trained in a recognised model of behaviour management and there were individual crisis support plans in place. While these support plans were detailed, they did not address the fact that a number of staff were not certified to carry out any form of physical intervention. While there was a low probability that physical intervention would be required in the centre, this must still be risk assessed and planned for by centre managers. Inspectors found that



individual absence management plans were in place for young people and work was set out in placement plans on supporting the behaviours of young people.

During interview with one young person they spoke very highly of the staff team and the care being provided. They stated that there were staff that they could speak to and had relationships with and that they felt listened to and valued. The social workers that were interviewed also spoke very highly of the staff team, their ability to build relationships and their commitment to the young people living in the centre. Inspectors found that there was not an over-reliance on sanctions or consequences to manage challenging behaviours. However, it was clear that some sanctions for young people were ineffective and not related to behaviours. The centre manager must review the application of sanctions to ensure that they are effective. Inspectors also found that the sanctions log did not contain accurate information and should be reviewed and updated where required.

There was evidence that external managers were reviewing significant event notifications in the centre and visited regularly to meet with staff and young people. The organisation also had a significant event review group to support learning and critical incident reviews could be convened where necessary.

Inspectors found that the centre only had six full time staff. This was not enough full-time staff to cover the roster and to support the effective management of challenging behaviours in the centre. Inspectors acknowledge that there is ongoing recruitment within the organisation, however, staffing levels must be addressed as a matter of urgency by the registered provider. This issue is discussed further under standard 6.1 in this report.

Inspectors found evidence that specialist external supports were sought and provided to young people and that staff also had access to specialist advice. It was clear that staff had a knowledge and understanding of the underlying causes of behaviour and situations that may lead to behaviour that challenges and could identify these where necessary. Further, there was written evidence that key working was being undertaken to support young people in developing their understanding of their behaviours and the rights of others.

However, inspectors noted that at times the group dynamic between the young people was strained and that a management strategy was in place that included separate plans for each of the young people. Inspectors recommend that a multidisciplinary meeting is held that includes the social workers for young people to

review this plan as keeping the young people separate is not sustainable long term. During interviews with staff members, they stated that they felt *'burnt out'* and that they did not have the necessary skills to care for one young person.

There were arrangements in place for a person external to the centre to audit and monitor the centre's approach to the management of behaviours that challenge. An audit had recently been conducted in the centre in this respect and an action plan had been created. There was evidence that the regional manager had reviewed the SEN log and the organisation also held a regular significant event review group.

Inspectors found that there was limited use of restrictive practices in the centre, but where these were used they were reviewed and monitored on an ongoing basis. Restrictive practices were a standing item on the staff team meeting agenda and were reviewed every two weeks.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The regional manager must ensure that newly recruited staff access modules on the model of care when they begin employment in the centre and there is no delay in this.
- The centre manager must update the ICSPs for young people to ensure they reflect deficits in training and certification in physical interventions.
- The centre manager must create a risk assessment that address the deficits in training in physical intervention for team members.

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

### **Regulation 6: Person in Charge**

## **Theme 5: Leadership, Governance and Management**

**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.**

This centre had a full-time manager who was suitably qualified and experienced. This person was accountable and responsible for the overall delivery of the service. They were supported in their management function by a deputy manager and three social care leaders. This internal management structure was appropriate to the size and purpose and function of the centre. Inspectors found there were clear lines of accountability within the centre and within the organisation.

Inspectors noted that there had been improvements in the governance structures within the region since the last inspection. Themed audits against the National Standards for Children's Residential Centres, 2018 (HIQA) were being conducted by external managers and the centre manager also produced regular reports on the operation of the centre and the care being provided there. The regional manager produced regular monitoring reports that accounted for their oversight of the centre and the work they conducted. Alongside this auditing and review there were regional meetings that the centre manager attended to discuss the care being provided. There was also evidence that senior managers had visited the centre and met with the staff and young people.

The organisation had appropriate service level agreements in place and referrals to the centre were received through Tusla's National Private Placement Team. Inspectors reviewed evidence that operational policies and procedures were regularly discussed at staff team meetings as were the model of care and the placement plans for young people.

There was a risk management framework in place in the organisation. There were also systems in place to identify, record and address risk within the centre. The centre had a risk register and an organisational risk register was also held by external managers. Inspectors reviewed the risk assessments in place and noted that some of these were not relevant and some did not appropriately score and address the risks in

the centre. A number of risk assessments that were in place were not necessary and some assessments missed what the actual risk was. These deficits had not been identified by external managers during their review of documents in the centre. The regional manager must review the risk assessments created in the centre to ensure that they appropriately capture and address risk.

Further, during interview, the staff and managers struggled to describe the risk matrix in place and how the associated scoring system worked. This system was described by staff as confusing. The regional manager must review the operation of the risk matrix and scoring system with staff and managers at a staff team meeting.

There were on-call systems in place to support staff should they require it at evenings and weekends and there were alternative management arrangements in place for when the centre manager was absent. Duties that were delegated by the centre manager were recorded and reviewed.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The regional manager must review the risk assessments created in the centre to ensure that they appropriately capture and address risk.
- The regional manager must review the operation of the risk matrix and scoring system with staff and managers at a staff team meeting.

## **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.**

This centre had a named person in charge who was suitably qualified and had experience working in children's residential centres. They were supported in their role by a deputy manager and three social care leaders. This centre was registered to provide care for up to four young people. The roster pattern in place was two overnights and a day shift. From an analysis of the daily logs and rosters for the six months prior to inspection, it was observed that at times there were not enough staff to fulfil the roster in place having regard to the number and needs of the children in the centre and its statement of purpose. In some instance no day shift was provided and there were only two staff available to work with the young people. Further, there were instances where staff worked back-to-back overnight shifts or stayed on to work a day shift after their overnight. This is not safe practice and should not occur, especially given the dynamics between the young people and the behaviours that were at times displayed. As noted above, some staff stated that they felt burnt out.

Inspectors were provided with a staff information sheet on the day before the inspection that listed 8 staff members that were available to work in the centre and cover the roster. However, on the day of the inspection, the centre roster was reviewed and inspectors found that there were only 6 WTE listed on this and available to the centre. This is not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing.

From a review of administrative files and from interviews, inspectors found that the centre was regularly undertaking workforce planning. The external managers stated that the company was recruiting in the region and that new staff were currently onboarding. As noted above, some staff stated during interview that they were not sure if they could meet the complex needs of one young person and this placement was under review.

During interviews, staff described a number of initiatives that were in place to promote staff retention and continuity. These included a forum so the voices of staff

could be heard across the organisation. However, as noted, a number of staff had recently left this centre and there were not enough staff to fulfil the roster. It is recommended that senior managers review the retention initiatives in place to ensure that staff are retained and there is continuity of care for young people. This may include a review of the staff forum and engagement on retention.

The centre had three dedicated relief staff to cover annual or other types of leave. These staff were familiar with the young people living in the centre and their needs. Inspectors also found that the organisation had formal procedures for on-call arrangements at evenings and weekends.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 7</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</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>Standard 6.1</b>

### **Actions required**

- The regional manager must ensure that the practice of staff working back-to-back shifts ceases immediately
- The registered proprietor must ensure that the number, qualifications, experience and availability of members of the staff of the centre is adequate, having regard to the number of children residing in the centre and the nature of their needs.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The regional manager must ensure that newly recruited staff access modules on the model of care when they begin employment in the centre and there is no delay in this.	<p>A training audit is completed bi-monthly by the Centre Manager. STEM training is recorded on this audit and identified for staff who begin their employment in the centre. Centre Manager will ensure that staff are booked onto STEM training as soon as they start with the organisation and advise the Regional Manager if there is any issue with training being required but not available to book.</p> <p>Senior management are preparing an Introduction to STEM training course to accompany the modular STEM training course in order to give newly appointed staff an opportunity to gain an understanding of the various elements of STEM. This will be implemented by September 30<sup>th</sup> 2022.</p>	<p>The registered provider is currently developing an Introduction to STEM course which will be made available to all newly recruited staff and will provide them with an understanding of the Model of Care and how it is implemented in daily practice.</p> <p>Regional Manager and Quality Assurance Manager will continue to review training audits and provide feedback to the centre management team. Regional Manager will ensure that all training required has been scheduled for staff and if training is required with no available course, Regional Manager will request a course to be scheduled.</p>

	<p>The centre manager must update the ICSPs for young people to ensure they reflect deficits in training and certification in physical interventions.</p> <p>The centre manager must create a risk assessment that address the deficits in training in physical intervention for team members.</p>	<p>Centre manager has updated the ICSP's on 19/07/2022 for young people in the centre to ensure that they reflected deficits in training and certification in physical interventions</p> <p>Centre Manager has created a centre risk assessment on 19.07.2022 date which addresses the deficits in training in physical intervention for the team. This will be included in the centre's Monthly Centre Report which is reviewed by the Quality Assurance Manager.</p>	<p>Regional Manager will ensure that ICSP's reflect deficits in training and certification in physical interventions when reviewing monthly documentation and completing themed audits.</p> <p>Centre risks will continue to be reviewed by Regional Manager and Quality Assurance Manager and as part of the Senior Management meetings and deficits in training will be monitored to ensure quality of care.</p>
5	<p>The regional manager must review the risk assessments created in the centre to ensure that they appropriately capture and address risk.</p> <p>The regional manager must review the operation of the risk matrix and scoring system with staff and managers at a</p>	<p>Regional Manager will complete a review of all centre risk assessments to ensure that they appropriately capture and address risk. Feedback on this review will be provided to the centre management team and will be completed by 30.08.22</p> <p>Risk matrix will be reviewed with centre managers and deputy managers at regional management meeting on</p>	<p>Regional Manager and Quality Assurance Manager will continue to review centre and young person risks as part of Centre Monthly Report. Centre and young person's risks will continue to be discussed as part of Senior Management meetings and escalated where appropriate.</p> <p>Risk matrix will be reviewed at the Senior Management meeting on 11.08.2022. Any changes arising will be communicated with</p>



	staff team meeting.	09.08.2022. Risk matrix will be reviewed with Fernhaven team at team meeting on 17.08.2022. Furthermore, senior management will review the operation and scoring of the risk matrix to determine it's effectiveness as a tool. This will be completed on 11.08.2022	all centre management teams directly and discussed at Regional Management meetings. Regional Manager will ensure appropriate use of the risk matrix and scoring systems when reviewing centre and young person's risk assessments.
6	<p>The regional manager must ensure that the practice of staff working back-to-back shifts ceases immediately</p> <p>The registered proprietor must ensure that the number, qualifications, experience and availability of members of the staff of the centre is adequate, having regard to the number of children residing in the centre and the nature of their needs.</p>	<p>Centre Managers have been informed that back-to-back shifts are not permitted. Where the requirement is essential and unavoidable, a comprehensive risk assessment will be implemented, and Regional Manager will need to approve before this occurs.</p> <p>Staffing within the centre has increased in recent weeks, with two new full time SCW's having onboarded since the inspection. Regional Manager continues to liaise with recruitment department weekly regarding suitable candidates and interviews are completed promptly.</p>	<p>Regional Manager will continue to review monthly rosters and provide feedback to centre management teams. Any concerns regarding inappropriate shift patterns will be highlighted by Regional Manager immediately.</p> <p>Staffing levels are a top priority for the registered proprietor with additional resources brought in to support and enhance the recruitment department. Regional Manager and recruitment department will continue to conduct weekly meetings and address the centres staffing requirements.</p>