



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care Service
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	18th, 20th & 22nd July 2022
Registration Status:	Registered without conditions from 17th September 2020 to the 17th September 2023
Inspection Team:	Joanne Cogley Linda McGuinness
Date Report Issued:	12th October 2022

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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 Assurance 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 in 2011. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from 17th September 2020 to the 17th September 2023.

The centre was registered as a multi-occupancy service. It aimed to provide accommodation for three 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 two 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
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management and centre manager on the 18th August 2022 and to the relevant social work departments on the 18th August 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 centre manager returned the report with a CAPA on the 02nd September 2022. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed. The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration.

However, a previous inspection carried out by the Alternative Care Inspection and Monitoring Service Risk Response Team on the 31st May 2022, determined that the centre had not met the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7, Staffing and a condition was attached to the registration of the centre. During this inspection process the registered provider forwarded evidence that the centre had come into compliance and staffing issues in the centre were resolved. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 039 without attached conditions from the 17th September 2020 to the 17th September 2023 pursuant to Part VIII of the Child Care Act, 1991.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

The organisation had a policy in place to support the management of complaints within the centre. Inspectors reviewed this policy and found it required more robust guidance for staff members. The policy identified formal and informal complaints as part of its process however did not differentiate between the thresholds for either. Staff members interviewed struggled to provide examples of what would meet the threshold for a formal complaint with some noting allegations and child protection concerns. Inspectors reviewed the register of complaints and noted a number of complaints recorded in the informal complaints register should have been recorded and responded to as formal complaints. These included; young people complaining about communication with their social worker, restrictions in relation to their phone, free time / access arrangements, living within the centre/wanting to live in another area and a young person putting their hands on another young person. Inspectors reviewed formal complaints and found that when raised, they were reported through the significant event notification (SEN) system, however in one instance where a concern was raised in relation to a social worker, this was investigated by the centre manager, who was not deemed the appropriate person to investigate complaints against the social work department. Complaints in relation to social work provision should be escalated to the social work team leader or principal social worker for investigation or notified through 'Tell Us', the Tusla complaints and feedback system. Inspectors spoke with the allocated social worker, and they confirmed they met with the young person following the complaint however the complaint was managed between the centre manager and social worker who was the subject of the complaint.

It was policy that all informal complaints would be recorded and responded to via the centre's individual work records (IWRs). These records were also the official record for key working discussions with young people. These records did not provide adequate avenues to detail what investigation occurred, what changes were made (if any), what follow up was required, whether the young person was satisfied with the outcome and response and the young person's feedback on the process. The regional

manager along with other senior managers within the organisation must ensure the complaints policy and process is reviewed in its entirety to ensure it is robust, appropriate and effective in its recording, management, review and investigation of complaints raised by young people.

Inspectors reviewed a number of the aforementioned IWRs and whilst the recording of the resolution and young persons response was lacking, it was evident that young people were being listened to within the centre. There appeared to be a culture of openness within the centre with young people raising issues pertaining to them on a regular basis. Both young people declined to meet with inspectors at the time of inspection. They did complete an inspection questionnaire and both highlighted that they felt they could talk to and were listened to by the staff within the centre. There was a young persons and parents' booklet in place. Inspectors reviewed these and found that while they detailed who could be approached in relation to a complaint, they did not make the reader aware of the process in relation to complaints and should be reviewed to include same.

Inspectors recently completed inspections in other centres within this organisation and it was evident that verbal feedback from ACIMS in relation to complaints had been actioned within this centre. Inspectors reviewed the previous month (June 2022) placement plans and progress reports and found them to now include an overview of young person's informal complaints which ensured social workers were kept up to date on issues raised. However it was noted the reports did not detail resolutions to complaints and this should be included. A representative of EPIC (Empowering Young People in Care) was due to visit the centre to meet with young people post inspection. Both young people had allocated social workers and one young person had an allocated guardian ad litem. Inspectors spoke with one young person's social worker and one young person's team leader. Both stated they were informed of formal complaints however could not confirm they had been informed of all informal complaints.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	Not all standards were assessed

Actions required

- The regional manager along with other senior managers within the organisation must ensure the complaints policy and process is reviewed in its entirety to ensure it is robust, appropriate, and effective in its recording, management, review, and investigation of complaints raised by young people.
- The centre manager must ensure complaints relating to social work provision are notified and investigated by the line manager within the social work department or through 'Tell Us' the Tusla complaints and feedback system.
- The regional manager must ensure information booklets include information relating to the complaints process.

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.

Prior to this scheduled annual inspection, the ACIMS risk response inspectors completed a review of aspects of standard 3.1 in response to a concern around the management of a specific child protection and welfare concern (CPWRF). This review was completed on the 31st May 2022. As such this inspection report will make reference to the aforementioned report where appropriate and not comment on areas already reviewed such as policy and the specific concern noted.

As referenced in the previous inspection report (31st May 2022) inspectors were not satisfied that a specific incident of concern and risk were effectively identified, categorised, and managed within the organisation in line with legislation and best practice. Inspectors saw evidence of a second CPWRF concern that had occurred the week prior to this inspection. From a review of related documents inspectors noted this concern had also not been managed in line with legislation and best practice. The concern, whilst it had been appropriately escalated through the online reporting system, was recorded as a formal complaint and was being investigated by the centre manager prior to social worker investigation of the allegation. In the interest of transparency, safety and accountability the centre manager cannot investigate allegations. Inspectors deemed this formal complaint investigation inappropriate given the nature of allegation. Once a concern has been raised through the Tusla portal it is the responsibility of the social work department to investigate the allegation and provide an outcome on same. Inspectors highlighted this during inspection and received written confirmation from the regional manager that management had ceased their investigation of the formal complaint pending the outcome of the allegation. The regional manager must ensure all parties within the organisation are clear in their roles and fully adhere to guidance set out in Children's First: National Guidance for the Protection and Welfare of Children, 2017. Inspectors did find that staff members interviewed were knowledgeable about the process in relation to receiving and reporting a disclosure of concern, using the Tusla portal and were confident of their role as a mandated person. The issue appeared to arise due to the double recording of the child protection concern through the CPWRF system and through the centre's formal complaints system and this caused confusion for management in relation to the investigation of allegations.

Inspectors noted a number of difficulties in relation to social workers investigating and providing an outcome to the centre in relation to CPWRFs in a timely manner. However, there were evidence to show this had been escalated by the regional manager where required.

Inspectors reviewed a range of records within the centre including significant event notifications, individual work reports, complaints and daily logs and found there to be significant dynamic issues between the two young people living in the centre. Concerns had been noted in relation to bullying behaviours and this was identified during inspection interviews also. These concerns included physical assault and verbal abuse through electronic and face to face means and there were noticeable patterns of bullying behaviour from one resident to another through review of these documents. Inspectors reviewed safety management plans and joint professional

meeting minutes and found appropriate measures had been implemented in an attempt to manage the dynamics and keep young people safe at the time of inspection. This included separate activities, separate daily plans, escalation through the CPWRF system and increased staffing at trigger times. Inspectors reviewed email communications and found that the team leader for the young person being targeted advocated for the joint professional meetings to occur and it was following their involvement, a CPWRF was escalated. Inspectors did note the behaviours were ongoing for a significant period prior to a CPWRF being raised. Inspectors also noted this young person was choosing to remove themselves from communal areas within the centre and spend time in their room or outside of the centre as a means of avoiding the other young person. A number of significant event notifications and sanctions records were reviewed. There was limited evidence to show that targeted consequences were being implemented in response to the bullying behaviours. Whilst joint activities were not being permitted as a result of behaviours, there were no evidence of consequences being explored such as pressing charges for assault, removal of phones during night-time hours, discussions around acceptable behaviours and these should be given due consideration by the centre. The victim should be supported further with their rights should they wish to make a formal statement to the gardai in relation to the assaultive behaviours. Whilst the centre had arranged for the local community garda to meet with the young people, from a review of the meeting record both young people were treated the same and the issue discussed focused more on their dynamics as opposed to meeting with the perpetrator and focusing on their bullying behaviour and future consequences should this continue.

Whilst it was acknowledged that the centre appeared to have appropriate measures in place to safeguard the young person who was victim to this bullying behaviour, inspectors remained concerned about the potential detrimental impact of this behaviour for the young person on a long-term basis. Management must ensure that there is a focus on the harm the young person is experiencing over a sustained period and ensure they are responding to their rights and needs and not treating both young people equally in this situation. The regional manager informed inspectors that a placement protection meeting had been called with social work departments and that all options were being considered to resolve issues.

Inspectors reviewed a number of individual work records (key working documents) and found this to be to an exceptionally high standard within the centre. There were a significant amount of resources utilised and excellent applications of the 'Real U' programme with both young people. It was clear from these records that staff

understood their role in supporting the young people to develop their own knowledge and self-awareness in an age-appropriate manner and to speak out where they felt unsafe.

Staff members interviewed were aware of a protected disclosures policy and were confident they could approach members of management, senior management or outside sources should they have any practice concerns within the centre or organisation.

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

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards were assessed

Actions required

- The regional manager and centre manager must continue to review the impact of ongoing dynamics between the two young people and take every possible action to ensure young people placed in the centre do not come to harm.
- The regional manager must ensure all parties within the organisation are clear in their roles and fully adhere to guidance set out in Children's First National Guidance for reporting child protection concerns.

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.

The organisation had a number of policies in place to support young people's health including; physical health policy, drug and alcohol policy and a self-injury policy. Inspectors reviewed the care files for both young people in placement. One young person did not have an up-to-date care plan on file. A statutory review meeting had occurred, and the centre kept their own record of this meeting and had made requests for a care plan to be forwarded to them. The second young person had a care plan on file however this had been returned to the social work department by the centre due to outdated information being included on it and the centre had requested an up-to-date plan based on the most recent meeting. As such inspectors were unable to make a judgement as to whether the young people's health goals were in line with their care plans. Inspectors spoke with one young person's social worker and the other young person's team leader and overall, they were satisfied that young people's health needs were being met within the centre. One young person's team leader raised concerns in relation to an aspect of health and wellbeing. Inspectors found that efforts were being made to address these concerns through placement planning, individual work and activity & menu planning.

Inspectors found that extra supports were sought from a clinical neuropsychologist if concerns arose in respect of mental health. There was evidence of consultation with external professionals and extra funding was approved to provide supplementary clinical guidance to support the team in their work.

From a review of files, there was clear medical information present for both young people. The young people were registered with a general practitioner (GP). One of the young people had maintained their own GP with the move to the residential centre.

Inspectors reviewed the organisation's medication management policy and found this was comprehensive. There were no young people on medication at the time of inspection. All medications were securely stored in the staff office. There was identifying information on all medications. There was an allocated medication folder in place for each young person and this contained relevant information such as

Kardex, PRN and data sheets. From a review of medication administration records these had been appropriately recorded. There were no medication errors noted.

Compliance with regulations	
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 were assessed
Practices did not meet the required standard	Not all standards were assessed

Actions required

- No action required

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The regional manager along with other senior managers within the organisation must ensure the complaints policy and process is reviewed in its entirety to ensure it is robust, appropriate, and effective in its recording, management, review, and investigation of complaints raised by young people.	The Senior Management Team discussed the complaints system and policy (inclusive of a register) at the recent Senior Management Meeting on 11.08.22 and are committed to a review to enhance the Complaints system and to ensure that occurrences can be easily monitored, and escalated and that all identified works are completed, and available to review in one location. This review is on the agenda of the next meeting which is scheduled to take place on 15.09.22 Once this review is completed, the revisions will be communicated to all centre teams.	A presentation on the revised Complaints Policy and procedure will be completed with all centre teams. This will be supported by the completion of a Regional Management audit to ensure that compliance with expectations is in place
	The centre manager must ensure complaints relating to social work provision are notified and investigated by the line manager within the social	The Centre Manager will ensure that any complaints relating to social work provision is communicated to the line manager within the social work	The Regional Manager and Quality Assurance Manager will continue to oversee complaints within the centre and ensure that all avenues available to young

	<p>work department or through ‘Tell Us’ the Tusla complaints and feedback system.</p> <p>The regional manager must ensure information booklets include information relating to the complaints process.</p>	<p>departments. The Centre Manager will also continue to support all young people to utilise the “Tell Us” Portal to communicate their complaints in relation to social work provision. This will be brought up with the team at team meeting on 31.08.22 to ensure everyone is aware of the process. In addition, the right to complain and the avenues available to the young people will be discussed at the Young Person’s meeting on 29.08.22</p> <p>The parent’s leaflet, inclusive of information on complaints, has been updated. This updated leaflet has been sent to parents.</p>	<p>people are clearly communicated to them.</p> <p>As per organisational policy and procedure review mechanism, these documents are reviewed every two years and as such will be reviewed again in 2024</p>
3	<p>The regional manager and centre manager must continue to review the impact of ongoing dynamics between the two young people and take every possible action to ensure young people placed in the centre do not come to</p>	<p>The registered provider will ensure that Children First, National Guidance for the Protection and Welfare of Children, 2017 is followed at all times. The Centre has a safeguarding and child protection policy which will be reviewed in the centre team</p>	<p>The Regional Manager will review all Significant events and child protection notifications. The Regional manager will monitor and provide support to centre management to ensure Children First, National Guidance for the Protection and</p>

	<p>harm.</p> <p>The regional manager must ensure all parties within the organisation are clear in their roles and fully adhere to guidance set out in Children's First National Guidance for reporting child protection concerns.</p>	<p>meeting by the 31.08.22. Concerns and impact of ongoing dynamics has been escalated through regular placement protection meetings with all Social work departments and plans are in place to identify an alternative placement.</p> <p>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.</p> <p>This will be raised at team meeting on 31.08.22</p>	<p>Welfare of Children, 2017 is followed at all times. Any concerns will be escalated as required and risk management plans implemented.</p> <p>Centre Manager and Regional manager will continue to review all significant event notifications to ensure all issues concerning Child Protection are reported within a timely fashion.</p> <p>All staff receive training on Child Protection as part of Core Training. The Child Protection Training covers categories of abuse and concerns. Child Protection Training is refreshed every two years as per policy.</p>
4	No action required		