



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 128**

**Year: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Daffodil Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>23<sup>rd</sup>, 24<sup>th</sup> and 25<sup>th</sup> May 2022</b>
<b>Registration Status:</b>	<b>Registered from the 25<sup>th</sup> August 2020 to 25<sup>th</sup> August 2023</b>
<b>Inspection Team:</b>	<b>Linda Mc Guinness Paschal Mc Mahon</b>
<b>Date Report Issued:</b>	<b>4<sup>th</sup> July 2022</b>

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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 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 25<sup>th</sup> August 2017. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 25<sup>th</sup> August 2020 to 25<sup>th</sup> August 2023.

The centre was registered as a multi-occupancy service to 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 provided 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 four 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
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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, centre manager and to the relevant social work departments on the 7<sup>th</sup> June 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 the 20<sup>th</sup> June 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. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 128 without attached conditions from the 25<sup>th</sup> August 2020 to 25<sup>th</sup> August 2023 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

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

**Regulation 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

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

The centre was suitable for providing safe and effective care. It was a detached two storey house with converted attic space located in a rural area approximately ten minutes' drive from the closest large town. It was appropriately lit, heated, and ventilated. Each young person had their own bedroom, one with an ensuite and the others had access to communal bathrooms. These were sufficient and allowed for privacy for young people. Young people had a say in how their spaces were decorated and in feedback to inspectors stated that they were happy with their rooms. Social workers, and a Guardian ad Litem for one of the young people who spoke to inspectors, were complimentary about the house and how it was homely and well maintained.

Inspectors noted however that two issues that young people brought to the attention of staff and management (extra shelving and the removal of an emergency light) were not attended to promptly and there was evidence that they had to ask numerous times which caused frustration.

One of the young people had their artwork on display throughout the house. There were large communal areas including the kitchen, two sitting rooms and a sunroom. Furniture and equipment was domestic and of good quality. A sofa bed was being replaced at the time of inspection as the fire retardant protection was compromised. Board games, books, and facilities to use gaming devices were available. There was ample area outside area of the house for outdoor activities and a shed was converted to a gym space that young people used regularly. The outdoor area was safe and secure, there was a football goal and barbeque and evidence that both house and garden were well maintained. One issue relating to a lack of suitable outdoor lighting



was highlighted as an issue and risk assessed, but this took several months to complete.

Inspectors found that a number of other issues required more prompt responses, actions, and resolution. Young people had requested that an air fryer and a blender were purchased to support their healthy eating requirements and preferences. It took almost three months for these items to be provided which is an unacceptable delay for small household items. The centre manager and regional manager informed inspectors that items costing over €20 required a requisition to the company's finance department. Inspectors recommending reviewing this to ensure that day to day requests can be responded to quickly.

Inspectors observed a clearly identifiable fire assembly point. There was evidence that fire drills were held quarterly or when new young people or staff came to the house. Young people generally followed the procedure promptly and staff were clear that there was a process and appropriate follow up if they did not engage. There was a dedicated fire safety representative on the staff team and daily, weekly, and monthly internal checks were appropriately recorded as part of their fire safety protocols. Inspectors found that fire safety equipment was checked and serviced in accordance with requirements.

All staff had completed fire safety training however the onsite, in-person component was suspended due to Covid 19 restrictions. This must be prioritised as a matter of priority.

There were centre specific and generic safety statements in place as required, to manage risks to health and safety in the centre. Management and staff had signed to acknowledge they were familiar with these. There was a health and safety representative on the staff team and management also had oversight of this area. There were regular health and safety audits which formed part of the service governance reports. All hazards were identified, and risk rated with appropriate control measures in place.

Inspectors spoke with staff, reviewed minutes of young people, team and management meetings and reviewed maintenance records. While some requests for maintenance and repair were actioned in a short timeframe, others were not made promptly or followed up in a timely manner and this requires further oversight and monitoring.

All vehicles were regularly serviced, taxed, insured, and driven by staff members who were legally licensed to drive. Where faults occurred in vehicles immediate action was taken and one of the three centre cars was being repaired at the time of inspection

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

<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 2.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider must ensure that reasonable requests by young people are responded to in a timely manner and that resources are promptly provided to purchase items deemed suitable.
- The registered provider must ensure that all maintenance requests are recorded appropriately, requested in a timely manner and responded to promptly.
- The registered provider must review the protocol that requires all requests over €20 be the subject of a finance request. There must be a system in place that facilitates prompt responses.
- The registered provider must ensure that onsite, in person fire safety training resumes as a matter of priority.

## **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.**

Inspectors found that behaviour management in the centre was supported by a strong model of care. There was a positive approach to behaviour management that was supported by policies such as, managing challenging behaviour, significant event notifications, physical intervention and anti-bullying policies, as well as a restrictive practice policy amongst others.

The centre utilised a recognised model of behaviour management and while all staff were trained, some were outside the required timeframe for refresher training. This was due in part to Covid 19 restrictions and the regional manager confirmed that all staff requiring refresher training were booked onto a course within the next month.

During inspection interviews staff described the approach to behaviour management in detail including the use of positive supports, de-escalation, implementing Individual Crisis Support and Practice Plans (ICSPP), debriefing and shift evaluations. Three young people had a developmental audit completed at the outset of placement to inform planning and assist staff to recognise and understand any behaviours of concern. The audit for the fourth young person was being prepared at the time of inspection.

Inspectors found that there was not a reliance on sanctions to manage behaviour and that the team instead sought to use relationships and positive rewards. This however was not consistently applied or recorded for all young people in that most rewards were for two young people in the service. This was highlighted during an audit of the service and the regional manager provided feedback to the internal management team who were addressing this issue.

Inspectors found however, that while staff were child focused and highlighted positive progress with young people, there was a lack of congruence between this and the approach to managing daily routines in the centre such as going to school on time, doing laundry, cleaning up and going to bed on time. There was still a reliance on a behaviour modification approach whereby sheets were ticked, and young people

received part of their pocket for complying and it was deducted if they did not. For example, they received €1 for going to bed on time. Inspectors found that this was not an effective way of working with young people to develop new skills or adhere to daily routines. Furthermore, one of the young people was 16 and two were 17 years of age and this is not considered to be age appropriate or in line with best practice for aftercare planning.

Inspectors note however, that a similar finding in relation to the use of behaviour modification charts in a recent inspection of another centre in the region was not considered for service improvement in this centre.

Young people had also requested that their bedtimes be extended from 10:30pm to 11:00pm during the summer months. While the response to them was that there could be some flexibility, their request was denied, and bedtime was to remain at 10:30. This also meant a curfew of 9:00pm both of which seem excessively early for young people approaching 18 years of age. Inspectors did not find that the voices of young people were heard or appropriately recorded in this matter. The rationale provided was to do with daily routines and was also attributed to paperwork that staff had to complete at night-time. This decision was rooted in the needs of the centre/staff and not young peoples. This decision must be reviewed with the rights and needs of young people to the forefront and staffing resources should be organised to facilitate more age-appropriate routines and boundaries.

Inspectors found that staff demonstrated knowledge and skills to support young people and all social workers were satisfied that they were making progress. Individual work and key working took place and where there was resistance to this staff were creative in how to work with young people to get the best outcomes. At the time of inspection there was minimal challenging behaviour in the centre and very few significant events. Inspectors could see from a review of records that a previous issue of bullying was dealt with promptly and in line with policy.

Each young person had an individual absence management plans (IAMP) on file for that was reviewed monthly in line with *Children Missing From Care: a Joint Protocol Between An Garda Síochána and the Health Services Executive, Children and Family Services, 2012*. There were appropriate risk assessments relating to absences where necessary. Some young people were connected to specialist services and guidance and advice from these professionals was built into placement planning.

There was evidence that as part of their general oversight of the centre the regional manager audited the approach to managing behaviour. These audits were aligned to national standards and had highlighted some of the findings in this inspection. Notwithstanding this, inspectors recommend that the approach to behaviour management is reviewed and is revised to ensure that it is appropriate to each young person's age and stage of development.

During inspection it was noted that all four young people's bedrooms were on the two upper floors of the house and that the two overnight staff slept on the ground floor. There were sensors to alert staff if young people came on to the landing. While there was no immediate risk evident at the time of inspection, this arrangement was also in place when there were incidents of violence, aggression and bullying in the centre in late 2021. There was no associated risk assessment to identify risks and determine if this practice was safe or if additional control measures were required. It should be noted that young people previously managed to leave their rooms without triggering the alarm and an additional one was required. Any risk assessment should be dynamic and subject to regular review based on presenting needs of the group. It must consider if landing sensors are adequate or if more robust measures such as door alarms are required.

Significant events if they occurred, were reviewed at team meetings, supervision, management meetings and at the regional significant event review group meeting (SERG). From these meetings there was evidence of feedback to the team about areas of good practice and specific areas for improvement if needed.

Inspectors found that there was a lack of clarity at all levels about the use of restrictive practices and there were deficits relating to implementation of the policy in respect of monitoring, recording, and reviewing of any instances of these practice being used. At the time of inspection there were a number of restrictive practices in place including, sensor alarms on landings and restrictions to razors, aerosols, and kitchen knives. There was no formal record of restrictive practices, and the practice was to review these at senior management level in regional meetings. Upon review of the minutes of these meetings inspectors found that despite restrictions being in place, the section to review these was recorded as "N/A" for this centre. It was only in recent weeks that the sensor alarms were risk assessed and highlighted as restrictive practice by the regional manager. Access to razors, kitchen knives and aerosols were not risk assessed and recorded as restrictive and this must be reviewed taking into account the age and risk profile of young people.

Management must ensure that the restrictive practice policy is fully understood at management and staff level and that it is fully implemented in practice. All restrictive practices must be recorded, monitored, and reviewed.

<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 registered provider must ensure that approaches to behaviour management and skills development are appropriate to each young person's age and stage of development, and in line with best practice for aftercare planning.
- The registered provider must ensure that decisions relating to curfews and bedtimes are reviewed with the rights and needs of young people to the forefront. If necessary, staffing resources should be re-organised to facilitate more age-appropriate routines and boundaries.
- The registered provider must ensure that an appropriate dynamic, regularly reviewed risk assessment regarding the location of sleeping arrangements for staff and young people is in place. It must identify any risks and determine if arrangements are safe or if additional control measures are required.
- The registered provider must ensure that the restrictive practice policy is fully understood at management and staff level and that it is fully implemented in practice. All restrictive practices must be risk assessed, recorded, monitored, and regularly reviewed.

**Regulation 10: Health Care****Regulation 12: Provision of Food and Cooking Facilities****Theme 4: Health, Wellbeing and Development****Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

There was a strong ethos on ensuring that young people were engaged in education or training. At the time of inspection all four young people had an allocated school placement. There was evidence of good communication with schools to make every effort to support them to maintain school placements and complete state exams. Social workers who spoke with inspectors for young people commended the centre on the work being done to maintain the young people in education. Staff encouraged weekly planners, strong morning and night-time routines, facilitated transport to and from school, attended parent teacher meetings and assisted with homework. Appropriate resources were also supplied.

One young person was struggling with school attendance and the reasons for this were understood. The regional manager concurred with inspectors that more could be done in the centre to ensure further learning and development opportunities through a structured daily routine in place on days they did not attend school. The team were working with the social work department to help the young person to consider alternative options in line with their interests after they completed junior certificate examinations.

Inspectors reviewed young people's care files and found that evidence of school reports, communication with school personnel, and a record of educational progress. There was also a strong emphasis on encouraging young people's interests and talents.

Two young people who were approaching school leaving age within 18 months were being encouraged to think about their preferences and discuss their interests as part of the development of an aftercare plan.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 10 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that reasonable requests by young people are responded to in a timely manner and that resources are promptly provided to purchase items deemed suitable.	All young people's requests are responded to in a timely manner, weekly expense requests are submitted by centre management and approved by senior management, to ensure that all reasonable requests are responded to in a timely manner. The centre has access to an emergency fund, should they require urgent items.	Centre management is responsible for submitting expense requests on a weekly basis, all reasonable requests are approved, and monies transferred on a weekly basis. Where the centre, requires access to funds on an urgent basis, centre management have access to an emergency fund, allocated to the centre.
	The registered provider must ensure that all maintenance requests are recorded appropriately, requested in a timely manner and responded to promptly.	The centre does not have any outstanding maintenance requests. The centre manager and regional manager will ensure that all future maintenance requests are appropriately recorded and shared with the maintenance department, to ensure a prompt response.	The organisation has systems for alerting, responding to, and closing out on health and safety issues/ maintenance. This includes real time communication with all relevant parties to ensure that issues requiring urgent attention are appropriately flagged and addressed.
	The registered provider must review the protocol that requires all requests over 20 euro be the subject of a finance	The centre has access to an emergency fund, which can be utilised to purchase items when/as per required.	The organisation is currently reviewing its petty cash allocation, with a view to increase to support centres with the

	<p>request. There must be a system in place that facilitates prompt responses.</p> <p>The registered provider must ensure that onsite, in person fire safety training resumes as a matter of priority.</p>	<p>The centre management can request further funds for immediate transfer, where the need arises.</p> <p>The organisation have scheduled on-site fire training to occur on the 29.07.22</p>	<p>economic inflation. The centre has access to an emergency fund at all times.</p> <p>Centre management complete a bi-monthly training audit which includes the identification of training needs. Where courses are not available, they are requested through the regional manager, who liaises with the training company to meet the centre's needs.</p>
<b>3</b>	<p>The registered provider must ensure that approaches to behaviour management and skills development are appropriate to each young person's age and stage of development, and in line with best practice for aftercare planning.</p> <p>The registered provider must ensure that decisions relating to curfews and bedtimes are reviewed with the rights and needs of young people to the</p>	<p>The centre and regional manager have reviewed current practices surrounding behavioural management, to ensure they are age appropriate and promote preparation for independent living.</p> <p>The centre manager and regional manager have reviewed the centres routines, young people's curfews, and bedtimes, to ensure that the needs and rights of the young</p>	<p>The young people's ISCPP and placement plan are reviewed by centre and regional management minimally on a monthly basis, with a targeted focus on ensuring the behaviour management interventions are appropriate to the young person's age and promote preparation for independent living.</p> <p>Young people's curfews and bedtimes have been reviewed and discussed in consultation with the young people and the young people's allocated social workers to</p>

	<p>forefront. If necessary, staffing resources should be re-organised to facilitate more age-appropriate routines and boundaries.</p> <p>The registered provider must ensure that an appropriate dynamic, regularly reviewed risk assessment regarding the location of sleeping arrangements for staff and young people is in place. It must identify any risks and determine if arrangements are safe or if additional control measures are required.</p> <p>The registered provider must ensure that the restrictive practice policy is fully understood at management and staff level and that it is fully implemented in practice. All restrictive practices must be risk assessed, recorded, monitored, and regularly reviewed</p>	<p>people are central to the centre day to day operation.</p> <p>Centre risk assessment is currently in place, in relation to the sleeping arrangements of young people and staff. This includes protective and safety measures within the centre, relating to this risk.</p> <p>The restrictive practice policy was discussed within the management meeting on the 10.06.22.</p> <p>This was also reviewed in a team meeting on the 20.06.22 to ensure the staff team have a complete understanding of the policy and how it is used within practice. A pop quiz about this policy took place additionally as part of the review.</p>	<p>ensure curfews and bedtimes are age appropriate.</p> <p>Centre risk assessment will be review on a fortnightly basis, to ensure that it remains a live document and that changes are made to the document as required, dependent upon the needs, behaviour and identified risks surrounding young people.</p> <p>The restrictive practice policy has been reviewed within the team meeting on the 20.06.22 and will be focused upon within staff's formal supervision.</p> <p>The process of policy discussions at team meetings will be reviewed to ensure that policies are read in advance and centre management will ensure full understanding through the delivery of pop quizzes and supervision.</p>
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4	None identified		
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