



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 027

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	08th & 09th March 2022
Registration Status:	Registered from 23rd May 2022 to 23rd May 2025
Inspection Team:	Lorraine Egan Sharon McLoughlin
Date Report Issued:	27th April 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 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 in May 2013. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 23rd May 2019 to 23rd May 2022.

The centre was registered to provide short to medium term care to four young people aged between thirteen and seventeen years of age. The model of care was the systemic therapeutic engagement model (STEM) which provided a framework for positive interventions with young people. The model was based on a number of complementary philosophies and was described as a strengths-based approach focusing relationships and resilience. There were four key areas of focus to assist young people make progress through their placements: belonging, mastery, independence and generosity. 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
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 6th April 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 20th April 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: 027 without attached conditions from the 23rd May 2022 to 23rd May 2025 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.

Inspectors found the centre to be homely, relaxed and welcoming and the house was well designed for comfortable living for the young people and for meeting their individual needs such as having adequate private space to spend time with family and friends or time alone. All areas were clean and brightly decorated. Each young person had their own bedroom with enough space for storing their personal belongings. There were two shared bathrooms and a sitting room on the ground floor for communal use. Since the previous inspection in January 2021, a number of upgrades to the property had been completed as required. Some of these included replacement of floorboards, repair to leak marks on the ceilings and some furnishings had been replaced. While overall the physical premises was of a good structural standard, upstairs, all of the doors required painting. Outside landscaping should be completed on the back garden areas including the planting of shrubs and flowers along with general improvement of borders. There was a variety of safe outdoor spaces in the front garden where football and other activities took place. At the side of the centre was a dedicated area to play pool and foosball which was used regularly by some of the young people. Adjacent to the kitchen was an additional room repurposed as a quiet space for chilling-out, watching TV or for young people to do homework.

The premises was adequately lit, ventilated and heated and there was evidence that centre maintenance and upkeep was an item for discussion on the team and management meeting's agenda. The centre manager and staff told inspectors that while young people were encouraged and facilitated to hang personal pictures and memorabilia in the general areas of the house, they chose not to do so. However, they described how they had been involved in picking colours of their choice for

redcoration of the centre's rooms. From a review of a sample of young people's meeting minutes, there was evidence that the suggestions they contributed were listened to regarding the upgrade of the centre as well as their preferences reflected in the changes to bedroom furniture and personal spaces. The registered provider must ensure that all upstairs doors are painted to blend in with the surrounding decoration and that landscaping at the back of the premises is completed without delay.

Inspectors reviewed the centre's maintenance register and noted that in general repairs were responded to without undue delay. Regular oversight was taking place in the centre by the regional manager, and this was observed on centre records. In May 2021, internal audits had been completed on elements of Standard 2.3 including maintenance of the property, however it was not fully aligned with the National Standards for Children's Residential Centres HIQA 2018, and this must be addressed. Further, it was not clear if this specific audit had been submitted to senior management including the quality assurance manager for their monitoring input. The registered proprietor must ensure that internal and external audits conducted in the centre are fully aligned with the National Standards for Children's Residential Centres, 2018 (HIQA). Audits must reflect senior management and quality assurance input to the process.

The centre had a fire safety policy in place and a fire safety officer had been appointed with their duties identified. Daily checks of fire fighting equipment were recorded with sign-off by the centre manager. A monthly check on fire equipment was conducted by the staff safety representative and signed by them. Records of fire drills were maintained and were completed when new staff commenced work and where there was a new admission to the centre. A recent certificate of compliance for firefighting equipment was on record along with a current certificate of maintenance for the alarm systems. Fire evacuation training was provided to staff and young people and young people's meeting minutes evidenced sessions completed with them on fire safety awareness. There was fire training outstanding for one staff member, and this must be completed as soon as possible. Monthly audits conducted by the health and safety officer identified that not all sections of the fire register were completed but the regional manager confirmed that this has been fully updated since this was identified.

The centre had a health and safety statement in place, and it was site specific however, it was not signed by all staff or the director of services. The statement was dated 26.3.20 but did not specify a review date. Contained within it was the centre manager's duties as well as responsibilities assigned to the health and safety officer

and each staff member. Risk assessments were developed, and environmental audits were carried out monthly. A recent audit had identified that a staff member trained in first aid was not rostered for each shift as required. A risk assessment was in place for this, and the centre manager told inspectors that this requirement had now been fulfilled as all of the team have been trained in basic first aid. However, from the training audit reviewed, first aid response (FAR) training was outstanding for the majority of the staff team. The centre manager told inspectors that this training had now been scheduled. The registered proprietor must ensure that the health and safety statement is signed by all appropriate people and contains a review date. All staff members must be fully trained in fire safety and FAR as per the agencies health and safety statement and policies and procedures.

There were procedures in place for reporting and documenting any accident or injury to children and staff. A workplace injury by a staff member that had been identified in the previous inspection as not having been reported to the Health and Safety Authority at the time, had been submitted retrospectively by senior management.

From a review of records regarding the centre's three vehicles they were found to have been roadworthy, regularly serviced, taxed, insured, and being driven by staff who were legally licensed and authorised to drive. Daily and weekly car checks were taking place and certificates of insurance were on file. There were hygiene and infection management measures in operation for Covid-19 along with cleaning schedules and protocols to manage the on-going pandemic.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that all upstairs doors in the centre are painted to blend in with the surrounding decoration and that landscaping at the back of the premises is completed without delay.
- The registered proprietor must ensure that internal and external audits conducted in the centre are fully aligned with the National Standards for Children's Residential Centres, 2018 (HIQA). Audits must reflect senior management and quality assurance input to the process.
- The registered proprietor must ensure that the health and safety statement is signed by all appropriate people and contains a review date. All staff members must be fully trained in fire safety and FAR as per the agencies health and safety statement and policies and procedures.

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 behaviour management approach used by the staff team was child-focused and was underpinned by a number of the centre's interlinking policies and procedures including their model of care. This provided a supportive framework for positive interventions between staff and young people. While inspectors were onsite, they observed warm and relaxed interactions between staff and young people and at interview, staff showed a good understanding of the underlying causes of behaviours that challenge.

There was evidence across young people's files that positive behaviour was acknowledged, praised and reinforced. The staff team concentrated less on the use of sanctions to address negative or problematic behaviours and more on collaborative methods involving young people in addressing challenging incidents. Examples of this was evidenced where difficulties arose within the school setting and improvements in one young person's behaviour was observed as a consequence of consistent responses from staff in managing the issues, strong engagement from the school to support the plan in place and positive input from the young person on building up skills to change their behaviour. Rewards were frequently provided to young people for their positive interactions such as additional activities of choice

included in weekly plans, takeaways, extra time on personal devices and increased pocket money. Where sanctions were in use, they were assessed for their effectiveness in addressing the specific behaviours and regularly reviewed.

Effective interventions were also outlined within young people's individual crisis support plans and risk assessments. These were regularly monitored, and the individual strategies incorporated any guidance and direction from specialist services along with recommendations and learning from psychological reports. The plans reflected specific practices to be implemented with each young person that took account of their interests, feelings and emotional development and concentrated on techniques that motivated them to change any behaviours of concern and reduce risk. Providing emotional support and clear boundaries to young people was central to the approaches used by the staff team. The centre had individual absence management plans (AMPs) on file which detailed the centre's response and actions to be taken should young people be reported missing from care. Progress reports were developed monthly and were thorough. They tracked positive progression as well as lack of improvements in specific behaviours for young people. There was evidence in the reports of consultation with young people and their voices being heard and recorded.

Young people were supported to understand and take responsibility for their own behaviours of concern through regular key working sessions and life space interviews (LSIs). Individual pieces of work were mostly planned in advance and included sessions on appropriate peer relationships, restorative practice, internet safety, cyber bullying and how to resolve conflict. However, this work centred around conversations and dialogue with young people and inspectors recommend that individualised materials and resources are considered for use when planning and conducting one to one programmes. Inspectors observed on centre records that positive collaboration was taking place with parents, social work departments and other professionals regarding behaviour management. In addition, centre management were aware of the high supervision needs of the young people where additional risks between peers emerged and this was implemented promptly and managed appropriately by the staff team.

Inspectors were informed that young people were made aware of their expected behaviours on admission to the centre and in some instances, this was noted on placement plans and behaviour management plans as part of individualised goal setting. From a review of the training audit, there was a requirement for the majority of the staff team to be provided with training and refreshers in a recognised model of behaviour management and this deficit must be addressed immediately. At team

meetings robust discussions were taking place relating to the review of significant events, incidents, and behaviours of concern in the centre. In addition, there was regular feedback and updates provided to the team by the centre manager from the significant event review group (SERG) and the findings from audits on the centre's approach to managing behaviour that challenged was also relayed and discussed. While there was an external quality assurance person in post to monitor internal audits and they contributed conclusions from these at senior management meetings, there was an absence of detail of these discussions reflected on the minutes. Senior and centre management must ensure that behaviour management training is fully up to date and certified for all staff.

The centre had a policy on restrictive procedures, and there were restrictive practices in place to ensure safety. However, staff at interview could not describe all of the individual practices that were currently in use in the centre, for example alarms were in place on young people's bedroom doors and these had not been identified and reviewed as a restrictive practice. Despite this, there was good evidence to show that the ones that had been identified were reviewed regularly at team meetings and at SERG and were incorporated into individual risk assessments and monitored promptly. Young people and social workers were consulted with regarding restrictive practices and their input was considered when making changes to the interventions in place. Senior and centre management must ensure that all restrictive practices in use in the centre are recorded on young people's files, are in line with individual risk assessments and reviewed regularly.

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 under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Senior and centre management must ensure that behaviour management training is fully up to date and certified for all staff.
- Senior and centre management must ensure that all restrictive practices in use in the centre are recorded on young people's files, are in line with individual risk assessments and reviewed regularly.

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.

The centre prioritised young people's educational development and provided supports and resources to ensure that they had access to opportunities that optimised their potential, individual interests and learning abilities. Two young people were attending school and one young person was in placement in a third level training programme at the time of the inspection. There were daily, weekly, and monthly plans in place that assisted their learning and development routines such as healthy eating, good sleeping patterns and additional activities and sports chosen by young people themselves. Educational goals had been clearly identified on care plans and remained recurring themes on monthly placement plans that were reviewed and monitored by keyworkers and case managers. Goals had been individualised and tailored to each young person's specific need, unique interest, and strengths. The staff team at interview, had good knowledge of each young person's own preferences and these were reflected in the afterschool and the weekend activities they were engaged in such as basketball, football, cooking, baking, and alternative outdoor interests. For one young person who was soon to leave care, options regarding suitable apprenticeships were being explored with them, their parents, aftercare worker and centre staff.

Good links were established with young people's schools and colleges and inspectors observed evidence across centre files where consultation was regular with individual teachers and liaisons, programme co-ordinators, parents and allocated social workers. Where issues or difficulties arose relating to non-completion of assignments or certain behaviours in school, strategies were implemented conjointly to address the concerns promptly and improvements had taken place in this regard. Key

working completed by the staff team with young people, highlighted the importance of education and the benefits of them remaining in their placements as well as exploring further resources that they may need. The young people were consistently central to the approaches and interventions implemented and educational progression was regularly tracked and monitored by the staff team. This was seen on updates with schools and professional and team meeting minutes. Where one young person was finding it challenging to become settled in school, the staff team were making efforts to find an alternative placement along with engaging with the school to put supports in place so that they could remain there while other options were explored for them including individual tuition. Positive reinforcement was routinely used to encourage young people in their educational placements and successes and achievements were acknowledged by staff and rewarded also.

Inspectors observed a thorough record of young people's educational assessments and history on their files. These included developmental audits, school reports, educational and psychological assessments, and specific diagnosis. Some specialist services had been provided for young people based on findings of the assessments such as speech and language therapy. While a number of speech and language sessions had been completed, further appointments were identified as been required for one young person and inspectors recommend that this is followed up with their allocated social worker. The centre manager and staff demonstrated good insight into the findings from reports and diagnosis and this advice was individualised in the techniques and interactions used in care planning with each young person so that their goals could be more achievable. Within the centre there was adequate space for young people to study and there were appropriate educational resources available to support them.

Compliance with regulations	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
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

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	<p>The registered provider must ensure that all upstairs doors in the centre are painted to blend in with the surrounding decoration and that landscaping at the back of the premises is completed without delay.</p> <p>The registered proprietor must ensure that internal and external audits conducted in the centre are fully aligned with the National Standards for Children's Residential Centres HIQA 2018. Audits must reflect senior management and quality assurance input to the process.</p>	<p>The maintenance request is submitted, and painting of the upstairs doors is to be completed by 19.5.2022.</p> <p>Summer plans for the landscaping of the back of the premises are to commence in May. Weeding, planting of flower beds and recreational items for young people to be sourced to improve the presentation and promote better use of this space.</p> <p>The Quality Assurance Manager has reviewed the auditing schedule for 2022 and amended it to ensure that centre audits capture all requirements of the National Standards for Children's Residential Centres in line with centre policy.</p>	<p>Centre Management is to highlight issues via maintenance requests, and record on Health & Safety audits when areas require attention. The regional manager is to ensure to complete a walk-through of the centre, inclusive of the external premises during visits and report any areas for attention via the centre monitoring report (presentation/general décor) and will escalate maintenance needs accordingly.</p> <p>The Quality Assurance Manager has devised an auditing schedule for 2022 with the inclusion of a number of oversight and governance reports / reviews, self-auditing tools, staff & young person interviews which capture all of the requirements of the National Standards for Children's Residential Services.</p>

	The registered proprietor must ensure that the health and safety statement is signed by all appropriate people and contains a review date. All staff members must be fully trained in fire safety and FAR as per the agencies health and safety statement and policies and procedures.	The health & safety statement will be signed and inclusive of an annual review date by the 29.4.22. All staff members will be fully trained in FAR by the 11.5.2022. Fire Safety training was completed on 8.3.22.	Identified review dates and signatures will be clearly visible on all health & safety statements and reviewed on an annual basis. Centre training audits are completed every two months by the centre manager and forwarded to the regional manager and the director of services for scheduling.
3	<p>Senior and centre management must ensure that behaviour management training is fully up to date and certified for all staff.</p> <p>Senior and centre management must ensure that all restrictive practices in use in the centre are recorded on young people's files, are in line with individual risk assessments and reviewed regularly.</p>	<p>Training will take place on the 24th, 25th, 26 and 27th of May 2022 to ensure all staff members are certified in behaviour management training.</p> <p>A review of all restrictive practices took place within the centre on the 23.3.22. All restrictive practices are risk assessed and clearly recorded within each young person's file.</p> <p>All restrictive practice will be reviewed fortnightly at each team meeting and young people's files updated accordingly.</p>	<p>Centre training audits are completed every two months by centre manager and forwarded to the regional manager and the director of services for scheduling.</p> <p>All restrictive practices will be reviewed at the monthly SERG meetings, and any feedback will be clearly communicated to the centre staff team. Centre manager and regional manager will maintain oversight of all restrictive practices within the centre where they will be clearly risk assessed and documented on each young person's file.</p>
4	None identified.		