



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	21st & 22nd February 2023
Registration Status:	Registered from 23rd May 2022 to 23rd May 2025
Inspection Team:	Lorraine Egan Eileen Woods
Date Report Issued:	04/05/2023

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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 first registration and was in year one of the cycle. The centre was registered without attached conditions from 23rd May 2022 to 23rd May 2025.

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 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	1.3
2: Effective Care and Support	2.2
6: Responsive Workforce	6.3

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 16th March 2023. 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 31st March 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed. At the time of this inspection, the centre was operating with six and a half full time staff members and was therefore not compliant with the requirements of Article 7, Staffing of the Child Care (Standards in Children's Residential Centres) Regulations, 1996. On the 6th April 2023, a proposal to attach a condition was issued to the provider. Subsequently the centre submitted evidence that they have now come into compliance with Article 7, Staffing of the Child Care Regulations, 1996 and are registered without attached conditions as the requirements have now been satisfied.

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 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

Staff supported and encouraged young people to share their views and take part in decisions that contributed to changes and improvements in their day-to-day life as well as their future plans. Young people had routinely met with their keyworkers and other team members in advance of their child in care reviews and afterwards at placement planning to set goals that were meaningful to them. Key working sessions were both scheduled and opportunity led and young people were helped to identify any practical needs that they required support with, such as practicing meal planning, cooking, shopping and other general life skills.

Consultation was taking place too at house meetings. These were held weekly and staff facilitated young people to discuss how they were getting on in the house and to share their experiences and make individual requests. Inspectors saw on centre files where these suggestions were responded to, such as movie nights with staff and peers and menu ideas for the week ahead. Generally, there was a strong reflection of young people's preferences at this forum as well as evidence of staff sharing information on various topics and themes like anti-bullying, acts of kindness and how to make a complaint. Inspectors recommend that young people are encouraged to voluntarily lead these meetings or take minutes so that they can be more actively involved in how they are run.

Each young person was assigned a keyworker when they moved into the centre. There had been some changes to this role for one young person, as a number of the team had left their post since the last inspection. However, alternative staff were reassigned quickly and there was evidence that individual work was regularly scheduled for both young people. Staff spent time supporting young people with maintaining family connections or building back bonds that were temporarily lost, keeping them safe online and on free time too as well as chatting about their emotional care such as their mental health, wellbeing and tools for selfcare. The daily

logs recorded young people's voices and at each team meeting their perspective was clearly expressed and was central to the discussions and plans being made between staff, social workers and support services.

Information about young people's rights to access their records and advocacy agencies were agenda items for some of their weekly meetings with staff. While the current young people have not read their own files, previous residents had been given access to a number of their documents maintained by the centre about them. The centre also had a young persons' booklet which was shared at the time of admission to the centre. There were sections containing details on what to expect from living in there as well as advocacy services such as EPIC and the Ombudsman Office for Children. However, the handbook requires some improvement so that its content is presented in a more child-friendly format. The centre manager told inspectors that a review and update had already been initiated by them.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.3
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

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

While child in care reviews were taking place in line with statutory requirements only one up to date care plan was on file at the time of this inspection for one of the two young people living in the centre. However, the placing social worker had provided the centre manager with detailed minutes of the meeting. There was good evidence that collaborative work was completed alongside families, social work departments, specialist services and schools to ensure the actions set in the care plans were implemented. Placement plans were on young people's files and reviews were completed at regular intervals. Inspectors found evidence of effective tracking of immediate goals and the manager and staff were sensitive and responsive to each young person's specific needs. These were actioned in a timely way and outcomes were measured. Adaptions to each young person's changing needs were made as they arose.

As referred to previously, young people participated in decisions about their care through placement planning with staff. One young person who was very well settled for some time, was successfully working towards their goals with the support of keyworkers, their family, social worker and specialised agencies. For the second young person, their progress declined as their incidents of missing from care increased. In addition, the amount of individual work completed with them was not as plentiful as their peer. During some of this period, a staffing retention issue was emerging in the centre where members of the team including keyworkers had left their full-time roles. However, the manager continued to prioritise care provision for young people, and co-ordinated rosters to best suit their needs. Inspectors did note that some improvements were required on the quality of key working recorded on centre files.

A number of supporting arrangements had already been in place for the second young person before their admission to the centre. But they had disengaged gradually from scheduled appointments and was staying away for prolonged periods. Despite this, the manager and staff endeavoured to establish routines and build relationships.

They made every effort to reschedule contact with therapeutic services and maintain educational placements where feasible. Staff were particularly dedicated to facilitating young people to reconnect with family members, who they may not have seen for some time. The contact that young people have currently is led by them and they now have more regular access with siblings also. As a result of this commitment, young people have a safer support network of people who they can trust when they move on from the centre.

Safety was a priority for the manager and staff. Swift attention was given to strengthen plans and reduce individual risks so as to protect young people while online and when out of the centre. The team had a good understanding that the responsibility for keeping a young person safe was wide reaching. The manager initiated strong links with local Garda and families so that vital information was shared quickly if young people were missing. Regular protocol and strategy meetings were undertaken and guidance was sought from clinical specialists to help find solutions to issues. These recommendations were implemented in interventions and the support plans showed consideration of these specialist evaluations. The manager reviewed and oversaw all programmes in place for young people. In addition, there was good oversight and monitoring completed by the regional manager where they were regularly visiting the centre.

While one young person was awaiting a second assessment of need that was required for a more comprehensive diagnosis, their placement had been extended. This was to ensure they received as many enhanced supports as necessary for aftercare and independent living. Social workers interviewed as well as family members, were very satisfied with the care provided and the efforts made by the manager and the staff. They described how they connected well with young people and said how everyone was working hard to provide as much as they could for the time that they were in the centre. Updates were provided on a regular basis specifically in relation to risks to safety. Social workers and one family member spoken to said they were all happy with the quality of the communication provided by the centre manager and the team.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2

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

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

From interviews, and a review of centre files, inspectors saw evidence that the staff team had a clear understanding of their roles and were aware of their responsibilities in their work with young people. However, staffing challenges persisted and six whole time equivalent social care workers and one relief staff had left their position since the previous inspection in March 2022. This meant that at the time of this inspection the centre was operating with six and a half full time staff members and was therefore not operating in keeping with the requirements of Article 7, Staffing of the Child Care (Standards in Children's Residential Centres) Regulations, 1996. In addition, a number of the current staff were compensating for this deficit and had been rostered for double and on occasion treble cover. The reorganisation of the centre's roster in this way is not effective in providing safe and effective care for young people. Staff from the organisation's other centres were supporting the schedule.

While inspectors are aware of the crisis in securing appropriately experienced and qualified personnel which is not unique to this centre, a stable, staff team is required so that young people can build trust based on strong consistent relationships. At the time this draft report was issued, the centre had increased its staffing by one full time agency worker. One member of the team was due to return from leave in March and an additional staff had been recruited and were onboarding.

Inspectors were informed that a rolling recruitment drive remains in place across the wider agency. In addition, the organisation had a retention and consultation policy in place and had implemented a strong plan to retain staff including financial rewards

and bonuses, improvements in pay and conditions and funding towards a health plan after six months of employment. Access was also provided to an employee assisted programme (EAP) as well as team building days and consultation meetings.

Exit interviews had been completed with former staff and feedback had been recorded. Some suggested higher pay and weekend premiums as an issue and many cited the lack of training in the model of care as a crucial gap in care practice in the centre. However, in general, they said they left their roles to go travelling or to take opportunities on offer out of social care. They were also very complimentary of the centre and management as well as describing the privilege it had been of working with the young people in their care.

Discussions on centre policies were taking place for staff members at various forums including team meetings and at supervision too. Staff knew the reporting lines within the centre and the wider organisation and were familiar with the regional manager who was onsite often. Regular team meetings provided a space for staff and the manager to consider how practice could be improved. Good discussions were taking place that were informative and reflective and showed a culture of openness and transparency around learning. Robust support for staff helped create an encouraging and child-centred environment. The manager was skilled at mentoring the team and eliciting commitment and dedication from staff which was beneficial in improving the quality of young people's lives. Staff said they were well supported by the manager and described how a team-based approach was nurtured in their work and specifically cited how the on-call system was very helpful to them in their practice.

The centre had a supervision policy in place. Regular supervision was completed with staff by the manager, deputy manager and social care leaders and they had received appropriate training for this role. Routine supervision was also provided to the centre manager by the regional manager. Overall, minutes were comprehensive and well recorded. They reflected good follow-through on agenda items such as staff performance, monthly reports, young people's progress, training required and learning. There was particular emphasis on; how staff were getting on in their work with young people, identifying any further assistance required for skill development as well as personal reflections. Impact of work was also an agenda item and supervisors ensured that staff were aware of procedures in place to support this. Opportunities for supplementary supervision was offered on areas such as placement planning and review of significant event notifications. There was evidence that good direction and guidance was shared at supervision for staff and positive feedback was a feature on the records.

Appraisals were completed on a yearly basis and a written record was maintained by the centre. The aim was to assess the staff member's performance in terms of their strengths as well as identifying areas that required more support or further training. There were three appraisals on file at the time of the inspection as no other staff member had met the timeline for their yearly performance meeting. While core and ancillary training was in general provided for staff, there was a substantial gap in the organisation's provision of their model of care STEM programme. This underpins the work with young people in the centre. A number of staff had expressed their dissatisfaction with this and had raised it as an issue at various forums including at supervision and at exit interviews. There was no escalation of this deficit or discussion noted on senior management minutes and this must be provided for all of the staff team as a matter of priority along with any outstanding core training that has not been completed to date. Improvements are also required on personnel files regarding verifications of references and qualifications to be in line with recruitment and safeguarding policies.

Compliance with Regulation	
Regulation met	None identified
Regulation met	Regulation 7

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 6.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the centre is operating with Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations and must also be in line with the staffing levels as set out in the Tusla ACIMS updated memo, April 2022.
- The registered provider must ensure that training is provided to management and staff on the organisation's model of care STEM programme as soon as possible.
- The registered provider must ensure that all personnel files meet the required standard for safe recruitment and are in line with the centre's safeguarding policies.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified		
2	None identified		
6	<p>The registered provider must ensure that the centre is operating with Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations and must also be in line with the staffing levels as set out in the Tusla ACIMS updated memo, April 2022.</p> <p>The registered provider must ensure that training is provided to management and staff on the organisation's model of care STEM programme as soon as possible.</p>	<p>In response to the identified staffing deficits, the centre manager in consultation with the organisation's senior management sourced an agency staff member to fill a line with immediate effect to ensure that there is a full staff team in place.</p> <p>In addition, a suitable full time staff member has been identified and will join the team when her file is ready.</p> <p>The registered provider is committed to ensuring that staff receive guidance and training to support them in their work. Modular STEM training has been organised by DCS and all member of the centre staff will be fully trained by</p>	<p>The registered provider will continue to ensure that a robust recruitment process is in place which will identify suitable staffing for the centre. Where vacancies are identified, this will be monitored through the weekly recruitment meetings occur to updates identify gaps and schedule interviews accordingly</p> <p>The registered provider has increased the availability of STEM Modular training sessions to ensure that all current staff members are completing the model of care training in a timely manner.</p> <p>The training needs of the centre will continue to be reviewed on a bi-monthly</p>

		25.07.23	<p>basis and discussed within the centre managers supervisions. Where there are needs identified, the Regional Manager will ensure that additional training will be provided.</p> <p>The recruitment department will ensure all relevant documentation is sourced during the onboarding phase which will meet the required standard for safe recruitment and are in line with the organisation's safeguarding policies.</p>
	<p>The registered provider must ensure that all personnel files meet the required standard for safe recruitment and are in line with the centre's safeguarding policies.</p>	<p>The Centre Manager will ensure that all personnel files meet the required standard for safe recruitment and are in line with the centre's safeguarding policies.</p>	