



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 049

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	06th and 07th of December 2022
Registration Status:	Registered from 05th of March 2022 to the 05th of March 2025
Inspection Team:	Catherine Hanly Cora Kelly
Date Report Issued:	10th February 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 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 March 2012. 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 05th March 2022 to the 05th of March 2025.

The centre was registered as multi occupancy short to medium term centre catering for up to four young people of mixed gender between the ages of sixteen and nineteen years of age on admission. Its specific purpose was to prepare young people for leaving care, independent living, and adulthood. The model of care was based on the systemic therapeutic engagement model (STEM) which was described as focusing on the development of relationships with young people including belonging, mastery, independence, and generosity. There were four young people living in the centre at the time of the inspection, one of whom was under 18.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.6
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, one allocated social worker 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 15th of December 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 regional manager within the agency returned the report with a CAPA on the 6th of January 2023. This was not deemed to be satisfactory, therefore inspectors requested a resubmission of the CAPA, highlighting where the initial response had not been adequate in responding to the actions identified. The second submission of the CAPA was also not satisfactory, a matter that was highlighted to the regional manager and the registered proprietor. The lead inspector spoke with the regional manager and gave specific detail regarding what information as required in order to provide a satisfactory response. On the 27th of January, inspectors received a detailed and satisfactory CAPA with supporting documentation.

The findings of this report and assessment of the third 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: 049 without attached conditions from the 05th of March 2022 to the 05th of March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational 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.

Inspectors found that there were some efforts by staff to record the voice of young people in placement plans, young people's meetings and in progress reports. However, these mostly read as an inclusion of statements of fact or opinion made by the young people and didn't adequately capture how the young person's view or preference had been sought and given due consideration. The young people's meeting was named as an opportunity for young people to contribute to weekly menus and grocery shopping, as well as planned activities for certain occasions. Inspectors noted that for a significant period, records showed young people had not been engaging in this meeting, either as a group or as individuals.

Inspectors found that attempts were made to reflect the voice of the young person by quoting them in their individual placement plan, daily records, and progress reports. Overall, the placement plans, and the individual work records contributing to their development, did not adequately demonstrate how the young person was actively involved in the identification of their own placement goals or the plan of intervention to achieve same. The staff team should consider adapting their consultation methods to elicit a more positive and proactive engagement with the age range of young people that they cater for in line with their statement of purpose.

There was a complaints policy in place that was consistent with relevant best practice guidelines. Young people were made aware of the complaints policy and their right to make a complaint on admission, through the young person's welcome booklet and on a general basis through their engagement with staff members. Information on external agencies was also provided and one of the young people had been supported in engaging the agency Empowering People In Care (EPIC) on a matter that concerned them. Inspectors found that the manager and staff team lacked a clear understanding of the complaints policy – for example although staff identified the centre manager as the complaints officer as per the policy, the acting centre manager and regional manager were less clear about who's responsibility it was to investigate

complaints. Inspectors found that practice in the centre had not always adhered to policy – complaints, both informal and formal, were not consistently accounted for in the manager’s monthly governance report as required by policy. Inspectors found that there was a lack of thorough understanding regarding complaints and there was no evidence that these were discussed at team meetings for the purpose of response, learning and review. Informal complaints were recorded on individual work records. These records reviewed by inspectors did not reflect the status of the complaint, for example, if it was not upheld, upheld, withdrawn, concluded, etc. There were two complaints registers – one each for formal and informal complaints. There had been no formal complaints recorded in the centre register since 2020. Inspectors found that for entries in the informal complaints register, there was not always a corresponding individual informal complaint record. And conversely, there were individual informal complaint records on care files that did not have a corresponding entry in the centre register. There was one matter, recorded as an informal complaint which was viewed by inspectors to be a formal complaint. There was no record on the care file to indicate the matter had been concluded and, according to the young person who spoke with inspectors, it had not been resolved satisfactorily from their perspective.

Inspectors noted that many of the deficits identified here across the area of consultation with young people – in particularly the young people meeting forum – as well as in recording, responding to, and learning from complaints, were found to exist in another similar service operated by the organisation inspected earlier in 2022. Commitments given by organisational management at that time for addressing these matters in May and June 2022, including the completion of a young person’s booklet informed by views of young people and a presentation to ensure clarity of process for complaints, had not been applied to and realised in this service at the time of this inspection.

Inspectors noted that room checks had been a point of contention with some young people. These were accounted for within centre policy and the young person’s welcome booklet as having a basis in health and safety and were to be carried out on an identified date at a specified time for all young people. Room searches were categorised by management as a separate practice and there was no supporting policy or guidance on this. These were named by management as requiring a supporting risk assessment to name the need for such a search. Inspectors found a lack of clarity and consistency in the delivery of these practices resulting in dissatisfaction by young people. Centre management must address this issue with meaningful consultation

with young people to develop practice and guiding policy which must then be clearly communicated to all young people.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	None identified

Actions required

- Centre management must ensure that practice in the centre regarding complaints is consistent with policy. Significant attention to the responses, recording, management, and oversight of complaints is required.
- Centre management must implement a practice guidance document on room searches that is clearly communicated to all young people and is consistently recorded when utilised.
- Centre management must address the issue of meaningful consultation with young people during their placement in this service. This practice must be clearly and regularly communicated to all young people.

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Inspectors found that the four young people resident in the centre at the time of the inspection were, in general, functioning independently of the staff team across several domains including education/training/employment, self-care, and meal preparation. Inspectors observed that practices in the centre were not entirely

congruent with its statement of purpose which named its overall purpose as being to prepare young people for leaving care, independent living, and adulthood. There was not one consistently applied and documented comprehensive assessment of need as outlined in the statement of purpose for each resident young person. In addition, reviewed placement plans or indeed progress reports did not adequately evidence the progression of young people along an identifiable continuum towards independence or another named point that was deemed to be within their capacity. One young person's stated goals in independent living skills were identical in their current placement plan to those at the start of their placement nine months prior.

Inspectors found that there was limited engagement by each of the young people in their respective placements as reflected in individual work records, young people meetings and daily logs that noted significant periods of time spent outside of the service. There was limited evidence of practical skills development, informed by individual assessments, being delivered by the staff team. Where individual work occurred, it was generally opportunity-led and conversation oriented. Whilst inspectors acknowledge this can often be a productive and effective way of working with older young people in particular, these pieces of work should be planned and linked to stated goals in placement plans.

Three of the four young people had aftercare plans on file. The content within these varied, some had not been updated in a timely manner and thus some aspects were outdated and referring to a previous placement. The centre had not been provided with a copy of the assessment of need completed by aftercare workers which was conducted to inform these plans. Placement reviews had been conducted in conjunction with the centre and the aftercare service and young people had variously attended these. One young person had resided at the centre for over two years. Immediately prior to this inspection, they had been offered, but declined a move on placement that had been deemed suitable and appropriate by their aftercare worker and centre management to their needs. The review by inspectors of this young person's most recent placement plan was not reflective of preparatory work for an imminent transition out of this centre. Inspectors also found that the young person's independent living skills needs did not correspond with the aftercare plan. Inspectors found that the interface between the aftercare service and the centre could be strengthened further to ensure all parties were working collaboratively and proactively towards an agreed end point in accordance with individual needs.

The involvement of parents and family members of young people was individually based and in accordance with young peoples expressed wishes.

Young people were encouraged to access their care files at the centre, and some had opted to retain original personal documents in their own apartment.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 2.6
Practices did not meet the required standard	None identified

Actions required

- Centre management must implement systems that support more robustly the integration of aftercare planning and preparation for leaving care.
- Centre management must put in place a robust framework of needs assessment and corresponding programme of intervention to equip young people with the skills necessary to transition as successfully as possible to adulthood.

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 organisation had a broad policy on education, which included providing necessary resources, maintaining contact with relevant persons in education and training services, and encouraging young people to achieve their potential in education or training. This policy was not adapted to take account of the specific statement of purpose and service offered in this centre and may benefit from an addendum that is so linked.

The four young people resident in the centre at the time of this inspection were variously engaged in third level education, employment and other apprenticeship training. Young people mostly engaged with these services independently of the centre staff, explained to inspectors as being linked to age and respect for individual preference for this. The staff team had established active links with educational services local to the area and were well positioned to support young people to establish educational links. Inspectors did not find comprehensive educational records on all files, including assessment reports and examination certificates and should ensure these are secured for all files.

Inspectors found education included within placement plans and progress reports both of which were regularly updated. Initial placement plans and independent living skills needs assessments, both of which were named by staff as starting points in terms of informing placements, did not detail a comprehensive assessment of need in education upon a young person's admission to the service. The service recognised itself as offering short to medium term placements for young people noting in its statement of purpose that most young people would require a specific level of therapeutic and educational interventions to support and enable them to achieve their full potential. One young person had been residing at the centre for over two years and there remained multiple aspects of education and independent living skills need that had not been successfully achieved. Inspectors noted that consecutive placement plans had unchanged goals in education.

A second young person had previously been assessed as having a named diagnosis, although inspectors were not made aware of this until they spoke with the allocated social worker. There was no reference to this in their placement plan or progress reports to indicate how it may have influenced the young person's educational or training progression. Centre management informed inspectors that this was excluded from their file out of respect for the young person who did not wish to have it so accounted for. However, there could and should be an appropriate connection made in the care file to this assessment and relevant consideration for educational/training progress.

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

Compliance with standards	
Practices met the required standard	None identified

Practices met the required standard in some respects only	Standard 4.3
Practices did not meet the required standard	None identified

Actions required

- Centre management must ensure that the educational and training needs for each young person in placement is clearly stated at the outset of their placement with comprehensive records maintained of progress towards identified goals.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	Centre management must ensure that practice in the centre regarding complaints is consistent with policy. Significant attention to the responses, recording, management, and oversight of complaints is required.	<p>The organisation has developed a new Complaints Policy and associated documentation 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 will be implemented in February 2023 with training provided to all staff members.</p> <p>Centre management and Senior Management Team will continue to monitor and review the complaints process.</p> <p>Centre management will ensure that outcomes from review of complaints are clearly documented in SERG reports on a monthly basis and will ensure that learning and improvements in practice are discussed at team meetings.</p>	<p>Review of complaints process and PowerPoint presentation will continue to be completed every 6 months with full staff team to ensure to ensure that all are well versed in the process and timeframes required for all complaints.</p> <p>The Regional Manager and Quality Assurance Manager will continue to oversee complaints within the centre and ensure that all avenues available to young people are clearly communicated to them.</p>

	<p>Centre management must implement a practice guidance document on room searches that is clearly communicated to all young people and is consistently recorded when utilised.</p>	<p>The Senior Management team will review the Restrictive Practice Policy to ensure clear purpose and accurate documenting of the practice of conducting room searches. A Standard Operating Procedure (SOP) will also be developed to clarify the procedure for room searches and to make the explicit distinction between room searches based on suspicion of drug use, criminal behaviour, other specified reasons, and the weekly health and safety check of a young person's property, for the purpose of ensuring a healthy and safe physical environment.</p> <p>The centre management team will then clearly communicate this procedure to all staff and young people.</p> <p>The centre management team and staff team will consistently record, as per procedure and placement planning processes, documentary evidence of when this is utilized.</p> <p>This will be reflected in the Residents</p>	<p>Centre management will continue to record all instances of room searches following the completion of a risk assessment in response to a specific risk. These will be recorded in the Centre Monthly Governance Report and in Team Meeting minutes.</p> <p>The Regional Manager will conduct a bi-monthly review of all instances to ensure that the appropriate recording has occurred, reporting her findings in her monthly oversight report.</p>
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	<p>Centre management must address the issue of meaningful consultation with young people during their placement in this service. This practice must be clearly and regularly communicated to all young people.</p>	<p>Agreement and the Young person Handbook and discussed with the Young Person upon admission.</p> <p>Policy review, development of SOP, staff training, handbook review, and communication to young people will be completed by 17th February 2023.</p> <p>A workshop will be completed with the centre team on 24.01.2023 focusing on Placement Planning and the importance of including and responding to the voice of young people.</p> <p>At this workshop, the team will be provided with a template to record monthly consultations with young people. The centre management team will facilitate all Placement Planning Meetings and Young Person's Meetings for the next three months, to role model meaningful engagement with the young people and recording of same.</p> <p>In addition, the centre management team will utilise the forums of Team Meetings</p>	<p>The Regional Manager will provide secondary oversight and support the centre management team and report on the team's progress through the monitoring reports.</p>
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		and supervision to support the team's development.	
2	Centre management must implement systems that support more robustly the integration of aftercare planning and preparation for leaving care.	<p>The Regional Manager will work with Tusla Aftercare departments to ensure that a consistent approach of Aftercare planning and review is in place in respect of each of our over 18 young people in our care. This will include ensuring that upon admission the centre management requests a copy of the aftercare plan, and this will be followed by 6 weekly reviews between the Aftercare Worker/Department and centre management.</p> <p>Placement Planning process will be informed by these 6 weekly reviews and identified interventions will be planned and documented on the monthly planning calendar and will be delivered by the centre team.</p> <p>Where the case that we do not receive the aftercare plan upon admission or encounter a delay in receiving same we will refer to our Escalation policy and</p>	<p>Weekly case management meetings will be led by the centre manager to ensure that goal planning is being reviewed and actioned.</p> <p>Bimonthly team and management meetings will review monthly objectives.</p> <p>Monthly progress reports will continue to be submitted and reviewed and benchmarked against aftercare plans and goals set.</p> <p>Escalation process will be followed by Centre Manager and Regional Manager as required.</p>

	<p>Centre management must put in place a robust framework of needs assessment and corresponding programme of intervention to equip young people with the skills necessary to transition as successfully as possible to adulthood.</p>	<p>procedure to ensure that any delays are being addressed in a timely manner.</p> <p>A workshop will be completed with the centre team on 24.01.2023 focusing on Placement Planning. This workshop will also focus on the identification of needs and goals identified through Care Plans and aftercare needs assessments and the interventions required to meet these goals. Identified interventions will be planned and delivered by the centre team.</p> <p>The purpose of the Progress Report will also be a focus and its role in tracking the journey of the young person through their placement, areas of improvement and further areas of growth.</p> <p>The Team Meeting and supervision will be utilised to review the placement progression of all young people.</p>	<p>The Regional Manager will review all placement plans and progress reports minimally on a bi-annual basis, reporting her findings in the centre's monitoring report.</p> <p>The organisations revised needs assessment tool is currently under development and will be implemented in March 2023. Full guidance and training will be provided to the staff team. A review of this implementation will be evaluated through a focused audit.</p>
4	<p>Centre management must ensure that the educational and training needs for each young person in placement is clearly stated at the outset of their</p>	<p>Following receipt of each young person's Care Plan or Aftercare Plan an initial comprehensive needs assessment with the young people and in conjunction with</p>	<p>Monthly progress reports will document the achievements of the previous months and the goals planned for the coming month.</p>

	<p>placement with comprehensive records maintained of progress towards identified goals.</p>	<p>relevant professionals is undertaken in the centre.</p> <p>Expectations around engagement with day-time programmes will be discussed, in full, with each young person on admission and will be clearly communicated in the Young Person's Booklet.</p> <p>Monthly Placement Plans, under the heading of education and training will clearly identify the goals and identified interventions to support the young person in securing and maintaining a day-time programme in line with their needs.</p>	
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