



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 103

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Daffodils Care Services Ltd
Registered Capacity:	Six young people
Type of Inspection:	Unannounced
Date of inspection:	17th, 18th & 19th January 2024
Registration Status:	Registered from 3rd March 2024 to 3rd March 2027
Inspection Team:	Lisa Tobin Eileen Woods
Date Report Issued:	8th March 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 2: Effective Care and Support (2.3 only)	
3.2 Theme 3: Safe Care and Support (3.1 only)	
3.3 Theme 5: Leadership, Governance and Management (5.4 only)	
4. Corrective and Preventative Actions	16

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 3rd March 2015. 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 3rd March 2021 to 3rd March 2024.

The centre was registered to provide multiple occupancy for up to six young people aged from sixteen to nineteen years. There is a requirement to be under eighteen upon admission unless a derogation to the purpose and function is sought from the Tusla, alternative care inspection and monitoring service (ACIMS), registration panel. Placements were on a short to medium term basis in a semi-independent style setting. Young people had their own apartments, and the aim of the service was to prepare young people for leaving care, provide them with life skills and support their transition to independent living. The centre operated the STEM (Systemic Therapeutic Engagement Model) model of care. This is a combination of theories and proposed practices that draws on a number of complementary philosophies and approaches including circle of courage, response abilities pathways, therapeutic crisis intervention and daily life events. There were two young people under eighteen and three over eighteen 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	3.1
5: Leadership, Governance and Management	5.4

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 12th February 2024. 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 22nd February 2024. 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: 103 without attached conditions from the 3rd March 2021 to the 3rd March 2024 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 property was a large dormer style detached house in a suburban area with large gardens around the property. Young people's social workers and aftercare workers described the centre as homely and stated how the young people had what they needed in their individual apartments within the centre. Inspectors found a homely, clean environment with updates completed including painting work and a new front door. The centre was in good repair with all rooms painted to suit their purpose.

Each young person had their own apartment which consisted of a living, dining and kitchen area, a bedroom, and a bathroom. Inspectors found that the young people had the appropriate appliances needed to undertake their independent living placement such as a fridge, cooker, microwave, and air fryer. There were shared facilities for laundry. There was sufficient storage area in the apartment for the young people to store their belongings and each young person held a key for their apartment. Young people were offered the opportunity to decorate their apartments with the supports from the maintenance team and if they required or requested any other items, this was secured for the young people for example, one young person wanted a bigger fridge, and this was arranged. Two young people reported in their questionnaire that they were happy with their living spaces and wouldn't change anything.

The centre had a large kitchen, dining area and a sitting room with a television. These spaces were communal areas for all young people to use outside of their own individual apartments. There were two staff bedrooms upstairs along with the managers office and the staff office. Outside the centre, there were substantial

garden areas. There was a driveway up to the property which needed repair. Inspectors were informed that quotes had been sought to resurface the driveway. There was a request from a young person for lighting in the driveway. New sensor lighting had been installed recently as an added security measure in response to the request of a young person. The outside area was well maintained with a recreational area.

The centre was adequately lit, heated, and ventilated. Fire safety systems were in place with daily checks by the team and monthly audits completed by the health and safety officer. The fire equipment was serviced and maintained by suitable registered contractors. Young people and staff participated in fire drills in line with centre policy of 3-4 times per year which included nighttime drills. Staff were all trained in fire safety. Inspectors reviewed the centre risk register and found that centre risks were not reflecting the risks presented by a young person. Inspectors found that a review of the centre risk register was required as processes were unclear regarding open risks, rolling risks, actions identified and updates.

The centre had access to a new maintenance team who conducted any works required or decoration to the centre. Inspectors were informed that the new system was an improvement on the previous one and that any maintenance was responded to promptly due to the proximity of the maintenance team to the centre. This was evidenced by the maintenance log where inspectors saw that there was only minor delay between work being identified and being completed. There had been one accident recorded since the last inspection in March 2022 which was a slip with no injury caused. Inspectors found that the relevant documentation was completed along with follow up to rectify the cause of the accident. Any incidents involving young people were reported through the significant event notification system.

There were two house cars available to the team. Inspectors found that the vehicles were checked weekly by staff and that tax, NCT and insurance was up to date. The majority of staff bar two were drivers in the centre. The centre manager ensured there were drivers available on each shift when completing the roster.

There was a safety statement on file dated July 2023 with a review date of July 2024. The health and safety officer, health and safety representative and the director of service signed off on the safety statement and all staff had signed it showing they had read the document. Inspectors found that there was appropriate insurance in place for the centre.

The training needs analysis was sent to inspectors, and everyone had completed the fire safety training although there was one outstanding certificate required for this and two certificates required for the first aid responder training.

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

Actions required:

- No actions required.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors found the centre was operating in line with relevant legislation and complied with reporting procedures set out in Children First: National Guidance for the Protection and Welfare of Children, 2017 and in line with the requirements of the Children First Act, 2015. Staff had received training in Tusla's eLearning module: Introduction to Children First, 2017 and the organisation provided child protection and safeguarding training.

The centre had child protection and safeguarding policies in place dated December 2023. Inspectors noted there had been updates added that were identified actions in

other inspections within the organisation. During interviews with staff, the inspectors found staff had an understanding and awareness of their role as a mandated person and were knowledgeable of their responsibility of reporting any safeguarding or child protection concern through using the Tusla portal.

Inspectors found that bullying was not an issue at present in the centre and given the nature of the semi-independent apartments, the young people were not often in each other's company for bullying to be an issue, as the young people had their own daily plans. Bullying was identified on the child safeguarding statement as a potential risk which included the possibility of online abuse. Two young people reported in their questionnaires that they felt safe in the centre and that they had someone in the centre they could talk to if they felt unsafe.

There was a child safeguarding statement (CSS) in place which was updated in November 2023 to include child sexual exploitation (CSE) as one of the identified risks. The CSS was due for review in January 2024. The CSS identified the Designated Liaison Person (DLP) and the deputy for the organisation and for the centre itself. The centre manager was identified as the DLP in the centre and the deputy centre manager was the deputy DLP. Both had completed relevant training for the role. Staff were aware who the DLP and deputy was in the centre and for the organisation and their role in informing them should a concern arise. The staff team had completed online training for CSE and there was further in person training planned for the team in February.

The centre held a significant event register and highlighted any child protection welfare report forms (CPWRF) submitted on this register. Inspectors found the register to be clear and legible with all information recorded. There was one opened CPWRF which was being followed up with by the social work department and due to be closed. There was another CPWRF that was ongoing and was currently with An Garda Síochána which was generated prior to the admission of the young person. There was a relevant risk assessment in place regarding this.

The systems in place for managing and monitoring risk related behaviours and concerns were documented on file for the relevant young people but required further review. During interviews with staff, inspectors heard the same concerns and vulnerabilities listed however, risk assessments had been in place for some of these risks and subsequently closed, when they should have remained opened as they continued to be an identified risk. The centre manager stated they were closing these risks in accordance with their protocols and linking them with the young people's

individual crisis support placement plan (ICSPP). The centre manager must ensure that any ongoing live risks continue to remain open on the young persons file until that risk changes or ceases to exist. Inspectors found that strategy meetings, joint protocols with the gardai and professional meetings were all taking place regarding ongoing concerns, however inspectors did not find a specific safeguarding plan detailing how these risks were being managed on a continuous basis. Inspectors found that there was further development required regarding linking the young person's risk assessments and the centre risk register as gaps were identified by inspectors when reviewing both risk documents for example lone working and fire safety.

When incidents or allegations occurred, inspectors found that parents and/or guardians were informed promptly by the team where appropriate. Social workers and aftercare workers stated during interviews that they were regularly updated by the team about the young people and had significant event notifications and monthly reports sent to them by the centre. There was a policy and procedure in place on protected disclosures. When inspectors interviewed staff, they were not aware of the content of this policy despite this being on the team meeting agenda for discussion recently and being an action from the previous inspection. This must be reviewed with the staff team and followed up with management that staff have awareness of its content.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

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

Actions required:

- The centre manager must ensure that any ongoing live risks continue to remain open on the young person's file until that risk changes or ceases to exist.
- The centre manager must ensure that the centre risk register holds all relevant risks that are linked with young people's risk assessments.

- The centre manager and regional manager must ensure that the staff team are aware of the contents of the policy and procedures on protected disclosures.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The inspectors found there were numerous ways in which the centre and organisation ensured there was oversight of the quality of care of the young people and a focus on service development and planning for better outcomes for young people. The approach noted was a tiered response as all levels of management had responsibility in ensuring the quality of care was in line with required standards.

There were many supports evident which showed how care was provided to the young people. This was noted through the identification of the individual needs of the young people and were responded to with staff support and interdisciplinary supports. The centre used their placement plans, the young people's care plans, young people's meetings, and the significant event review group (SERG) as ways of identifying goals and needs which were discussed by the team at team meetings and responded to accordingly. Young people were part of developing their goals with their key workers and case managers. It was clear to inspectors that for some young people the need for ensuring their safety was paramount as that was a significant risk. For other young people, there were less safety risks evident therefore the focus was on advancing in their independence through their aftercare plans and preparation for leaving care.

There were arrangements in place by centre management, regional management, and quality assurance to assess the safety and quality of care provided in the centre against the National Standards for children's Residential centres (HIQA) 2018. Centre management completed monthly governance reports which focused on six sections which included a centre overview, centre risks, significant events, young person's risk, child protection and complaints. The regional manager and the quality assurance director completed centre monitoring reports. The focus of these audits was a combination of reviewing the centre documentation and reviewing certain

themes within the National Standards for children's Residential centres (HIQA) 2018. Alongside this was an actions section where deficits were identified, and specific responsibilities were assigned to certain people within the organisation. There was a follow-up piece attached to this which showed inspectors how actions were identified and how the relevant people completed them.

Inspectors reviewed the complaints register for the centre and there had been no formal complaints since the last inspection in March 2022. There were two informal complaints that were reviewed by inspectors and were responded to in line with the centre's policy and procedures.

There was an annual compliance report completed in October 2023. The report focused on the centre's compliance with the national standards and centre policies and identified areas for improvement. Inspectors found that there was a full stable qualified team in place which has helped the centre in achieving its actions in their audits as staffing had been an issue in previous inspections.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.4
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required:

- No actions required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	No actions required.		
3	<p>The centre manager must ensure that any ongoing live risks continue to remain open on the young person's file until that risk changes or ceases to exist.</p> <p>The centre manager must ensure that the centre risk register holds all relevant risks that are linked with young people's risk assessments.</p>	<p>Completed, 14th February 2024. Centre manager has opened / reopened all current risks for young people and these will remain open until the risk changes or ceases to exist. Centre manager will update/review on a regular basis and escalate as required to relevant professionals, line management and senior management team.</p> <p>Completed, 14th February 2024. Centre manager has inputted all known young people's risks that may affect the centre into the centre risk register and will ensure to review/ update this regularly directly linked to young peoples associated risk assessments.</p>	<p>Centre Management will ensure to leave all risk assessments open on file unless they cease or change. Centre Management and Regional Manager will ensure to complete monthly risk assessment reviews to prevent reoccurrence of active risks being closed prematurely.</p> <p>Centre Management will ensure that any risk from any young person that may affect the centre will be recorded in the centre risk register. Management team will complete monthly risk assessment reviews for young people and centre. This will be overseen by Regional Manager and Quality Assurance / Themed audits.</p>

	The centre manager and regional manager must ensure that the staff team are aware of the contents of the policy and procedures on protected disclosures.	Centre manager discussed the policy and procedure on protected disclosures at a team meeting on 21.02.2024. Additionally, this will be covered directly with staff during induction and supervision as required.	Policy reviews to remain as a standing item on fortnightly team meetings, where management and senior management will ensure to complete regular quizzes and check-ins to ensure staff are fully aware and understand content of policies inclusive of policy on protected disclosures. Centre Manager has complemented the centre's compliance report to ensure that protected disclosures are reviewed and understood by all staff. This will be achieved through team meeting review of policy, staff induction, and/or formal supervision.
5	No actions required.		