



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 112

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	08th & 09th of March 2023
Registration Status:	Registered from the 17th of May 2022 to the 17th May 2025
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	29th May 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 on the 17th of May 2016. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from the 17th of May 2022 to the 17th of May 2025.

The centre was registered as a multi occupancy centre to provide care for up to four young people on a short to medium term basis, aged between thirteen to seventeen. The centre operated under a model devised by the company called STEM, a multi system therapeutic model aimed at maximising engagement with young people. The model incorporated a number of complementary approaches including therapeutic crisis intervention, response abilities pathways, circle of courage.

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
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.4
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

At the time of this inspection the centre was registered from the 17th of May 2022 to the 17th of May 2025. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the registered provider, senior management, centre manager on the 6th of April 2023 and to the relevant social work departments on the 6th and 14th of April 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 21st of April 2023. This was not deemed to be satisfactory and the inspection service required further detail and evidence of two issues addressed. A second CAPA was received on the 5th of May 2023 and this also required one further clarification. This was resolved on the 17th of May 2023 and the CAPA deemed satisfactorily 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: 112 without attached conditions from the 17th of May 2022 to the 17th of May 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

There were two young people living at the centre at the time of this unannounced inspection, one was awaiting a copy of an up to date statutory care plan and the second young person was awaiting their first care plan meeting. For one young person who was awaiting a copy of their January 2023 care plan their file showed that their August 2022 care plan was only received by the centre in December 2022. The outgoing social worker and their social work team leader explained that their area had an independent chair and that this coupled with many personnel challenges in 2022 and 2023 had resulted in delays. It was also a period of significant changes in decisions related to the wider family situation. The social work team were not aware if the centre maintained their own minutes but were clear that actions verbally agreed at the meetings were acted on thereafter by the team, for example education support, access and activities. Inspectors found that management had taken minutes of the agreed actions from the child in care reviews and a copy of this was on file.

The second young person was newly admitted to the centre and awaiting a date for a first child in care review for this placement. This young person had stated their difficult experience of multiple placements and moves due to being in special emergency arrangements provided by Tusla in the absence of a stable placement. There had been an admission meeting for the new young person which evidenced forward planning and the identifying of initial placement planning goals. It was not the centre's practice to translate this into a placement plan document in advance of the first child in care review and inspectors recommend that they consider this. This young person's voice and views were gathered at this meeting and well reflected in the initial documents seen. There was evidence that the young person's views were taken on board and that the centre was focused on establishing positive daily routines and education through a staged process.

Inspectors found that the centre manager pursued absent care plans for the files. When care plans were not forthcoming the centre manager escalated this to the

regional manager who acted to contact the social work team leader and principal social worker.

There was a placement plan on file for one young person which had been reviewed monthly, there were monthly consultations with the young person also about the planning. The young person appeared to be open and receptive to this and had ideas and hopes for themselves that were well represented on the plans. The plans were comprehensive with insight into the young person and their needs displayed. The full completion of the combined system of documents was not evident to inspectors with the key working calendar not completed and the direct work done with the young person not tracked. The key workers and the staff team must ensure that they use the format and structure to connect the key working done, the young person's goals and in order to support how they can pivot to focusing on different areas as the need arises. There were records maintained of the key working and of individual work completed, with a variety of approaches evident within the records.

The social worker and social work team leader identified the centre as good and consistent in communication and that the centre manager was their most frequent point of contact. They described a high standard of information being shared and that the centre was reliable and structured in their approach. There were records on file of family contact completed by the team and these records told the story of family visits to the centre including overnights, trips to family access and of support for vulnerable family members where they required it. One of the young people living at the centre remained at a distance from the wider family but for now this is in accordance with their personal wishes and can be revisited. The team have evidenced support of young people moving back to their home areas and into aftercare in 2023. Communication with family took place through a variety of means and mediums such as meetings, video calls and phone calls as well as visits. Family were informed regarding any changes and incidents that occurred.

There were records of a range of clinical professionals involved with all professional parties agreeing that this required more focus and streamlining in order for specific supports to be implemented. This was becoming possible through the completion of assessments and thereafter funding applications through the social work department for specific treatment options, for example occupational therapy. Inspectors found that the team had researched local free options and these had been offered to the young person, who exercised their choice in refusing. A young person had been referred by their school to a local youth project and this was a significant positive for them. Inspectors found that as the company did not have clinical or specialist

consultations available for the team that this left a gap in the centres access to expert advice on enhanced and complementary interventions they could do at centre level for sensory work, mood and coping skills for example. This is something one young person has raised that they would like more support with in order to build a brighter future through education.

Compliance with Regulation	
Regulation met	Regulation 5 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 2.2
Practices did not meet the required standard	None identified

Actions required

- The centre staff team must ensure that they record and track all key working and related sessions in line with the placement plan.
- The registered provider must ensure that the centre has access to appropriate and timely clinical and therapeutic advice in support of the identified and stated needs of the young people.

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.

There was evidence of the company's ongoing commitment to the development and enhancement of policies and procedures. There was a system for their roll out tracked through senior management team meetings, to the regional manager meetings and into team meetings. There was evidence of the regional manager assessing the

quality of roll out at the centre through the team meetings, training and supervision sessions. The centre manager completed monthly governance reports and overall the centre reporting structures were found to be functioning to a good standard based on firm oversight from the centre manager and the regional manager. There had to be and continued to be a significant level of leadership and guidance provided by the centre manager through team changes since the 2022 inspection and into ongoing efforts to formulate a stable team for 2023.

There was analysis of outcomes completed for young people who had left the centre since the last inspection. Two went into aftercare and two moved closer to their home area, all were planned, although of those one was not in accordance with the planning and needs. The inspectors did not have access to the views of that young person. The question of reflection and learning from these discharges did not appear to have been formally shared with staff as it was not well known by the team at the time of the inspection. There was also no active system of gathering general feedback from families and social workers as well as young people in order to inform future improvement and this is recommended.

Inspectors found other arrangements in place also for the assessment of safety and quality of care at the regional manager and centre manager level with internal audits, oversight, visits and supervision of the centre manager by the regional manager. Inspectors saw less evidence of external audit provided by the company to sit alongside and inform the work of the centre manager and the regional manager.

There was analysis of complaints, concerns and incidents evident at meetings and as supervision categories, there was a significant event review process with feedback to the team. Overall, there was a strong organisational focus on improvements and adherence to the National Standards, to policy, to recruitment and to training. Previous CAPAs were also tracked. An annual review of compliance was completed for the centre, this covered all eight themes from the National Standards for Childrens Residential Centres, 2018 (HIQA). The document reviewed current compliance and how and within what time frame improvements could be made. The centre manager and the regional manager track this report with the quality assurance manager for the company.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.4
Practices did not meet the required standard	None identified

Actions required:

- The centre management and staff must engage in learning and reflection from previous placements through the analysis of outcomes in place.
- The registered provider must engage in a system of gaining feedback from families, professionals and young people to help inform ongoing company development.

Regulation 6: Person in Charge
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.

The centre manager and her deputy had been providing a high level of guidance and support to the team, this was evident in supervision, supplementary supervision and the professional guidance provided. The staff team remained under development regarding new personnel settling into their roles, but inspectors found that through interview and in paperwork they were clear about their role in the direct care of the young people as their priority. The inductions and probation periods worked through policies and staff roles and responsibilities, and the probation periods and assessments of suitability were adhered to strictly. Adherence to the code of behaviour was followed up. Feedback on recruitment and retention flowed back from the centre through the regional manager and into the weekly organisational recruitment meeting.

Inspectors completed a personnel file review as part of the inspection process and found that the organisation did not have a suitably robust procedure for independent verification of qualifications directly with the colleges, they were relying on the presentation of transcripts by applicants and employees. A number of smaller items

for attention were listed for the management to update on the files which overall evidenced a commitment to safe recruitment practices.

Alongside inductions and probations there were professional development plans which set agreed expectations and supplementary supervision sessions in place which evidenced team and individual development. Ongoing promotion of learning and development happened through attendances at team meetings which were tracked in support of consistency, accountability and development. There were also daily handovers and shift evaluations completed and the latter formed an important part of team meeting discussions. There was robust evidence of a culture of learning being supported and realised through these and other mechanisms such as good attendance at the model of care training modules and other training courses and through regular supplementary continuous professional development sessions one to one with senior staff.

Although there was significant evidence of the directing, teaching and empowering of staff by the management there was also evidence that the staff team took responsibility to exercise professional judgement in alerting the management to any emerging practice concerns, these were then promptly acted upon. This was done through formal HR procedures, through accountability coupled with learning and through debriefing.

There were health and safety structures for staff safety and any injuries sustained at work by staff were recorded. Critical debriefing and support was offered to staff involved according to the records reviewed on file. Those staff interviewed stated that they had observed support being provided and were aware of what was available to them from the centre management and were aware of the wider company policies like sick leave and health insurance. There was a staff handbook in place which outlined benefits and stated the waiting periods for certain benefits. A monitoring system for driving was in place to support safe driving and any speed non compliances were followed up by a meeting with the staff involved. Staff supports included an online staff hub and various company incentives such as centre and individual benefits.

Supervision was regular, recorded and structured in accordance with the policy in place. The sessions were held in a quiet space, were recorded and signed by both parties. Supervisee training had been either completed or was planned for newer staff. The centre manager, the deputy manager and two social care leaders shared the provision of supervision with the social care leaders focusing on relief and students in

the main. The centre manager had oversight of all supervision and took action to ensure it was completed in line with policy and to respond and provide guidance with anything coming up in supervision. There was a structure and forms in place for performance appraisals and professional development plans, PDP's stemmed from these. This structure was for those staff successfully past the probation stage and completed records of PDP's were on supervision files. Inspectors found that some PDP documents lacked dates and details, the centre manager had also identified this was an aspect requiring improvement and was acting on same.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
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 6.3
Practices did not meet the required standard	None Identified

Actions required

- The registered provider must ensure that a system of independent verification of qualifications is initiated.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre staff team must ensure that they record and track all key working and related sessions in line with the placement plan.	A review of the placement planning process, and expectations around the recording and reporting of key working was completed at the Team Meeting on 12.04.2023	<p>Keyworking calendars are now being used as live documents and are being kept with daily handover paperwork to ensure constant review and update. Keyworkers have been requested to have a review of planned goals and scheduled IWR's prepared in advance of all scheduled Monthly Placement Plan meetings. All Monthly Progress Reports to include dates of IWR completion rather than an overview.</p> <p>All aspects of the Placement Planning process will be overseen by the centre Management Team to ensure that there is clear and comprehensive recording and evaluation of interventions identified. In addition, a review of Placement Planning is scheduled to be completed by the Regional Manager in July 2023.</p>

	The registered provider must ensure that the centre has access to appropriate and timely clinical and therapeutic advice in support of the identified and stated needs of the young people.	Occupational Therapy referral forms have been submitted for current resident to the CDNT team and we are awaiting a response. These referrals have been supported by relevant parties. A Social Work Department has confirmed private funding will be approved by TUSLA if the waiting time to avail of this service is too long while a GAL has informed the Centre Manager that this was discussed at recent court hearing and a timely outcome has been directed by a Judge overseeing the case.	The registered provider remains committed to ensuring that, where required, appropriate clinical and therapeutic interventions are provided to the young people in consultation and partnership with Tusla.
5	The centre management and staff must engage in learning and reflection from previous placements through the analysis of outcomes in place.	Analysis of outcome forms were completed for both young people who recently left the centre. While these were reviewed through supervisions a review with the staff team will take place at team meeting on 26.04.23. End of Placement reports, which includes information gained from an Exit Interview with the young people, has been completed and will be discussed at the Team Meeting on 26.04.2023. This discussion will	Following the discharge of a young person, the completion of the End of Placement Report and Exit Interviews will be overseen by the centre management team. These will be discussed at a Team Meeting where the strengths and challenges of the placement will be reviewed. The centre management team will ensure the completion of these documents and team reviews as they occur. The centre management team will oversee the

	<p>The registered provider must engage in a system of gaining feedback from families, professionals and young people to help inform ongoing company development.</p>	<p>include a review of the effectiveness of interventions and inform future practices.</p> <p>The views and input from young people, their families and professionals will be documented in the Monthly Progress Report. This will be discussed at the Team Meeting on 26.04.2023. The inclusion of this information will be overseen monthly by the centre management team.</p> <p>Once a young person has been discharged, their views and that of others will be sought to support centre development via exit interview with young person.</p> <p>Feedback from professionals and families is also gained through daily contact which is recorded, and necessary actions are taken which will develop staff teams, Formal feedback is often provided at Child in Care Meetings from professionals,</p>	<p>inclusion of feedback through the placement planning process which will be discussed at Case Management and Team Meetings. In addition, a review of Placement Planning is scheduled to be completed by the Regional Manager in July 2023.</p> <p>Centre Management to ensure that feedback from professionals, families, and young people is recorded and responded to proactively and discussed at team meetings to promote learning and development in the centre. Where feedback is provided, centre management is to communicate this to Regional Management who will add to the Senior Management Meeting agenda for discussion and company learning and development.</p>
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		families, and young people which is then discussed with staff teams via team meetings, and can be brought to senior management meetings to encourage and promote learning and development for the organisation. This will be discussed at senior management meeting on 11 th May 2023.	
6	The registered provider must ensure that a system of independent verification of qualifications is initiated.	<p>We will amend our current practice immediately with the following measures:</p> <p>Introduction of Consent letter that we will ask candidates to sign allowing us to liaise with their college for the purpose of verification of qualification.</p> <p>Introduction of Verification of Qualification letter that we will send to colleges directly requesting they verify the qualification provided to us by the candidate.</p>	The registered proprietor will implement these verification of qualification measures.