



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 128

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Daffodil Care
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	08th & 09th May 2023
Registration Status:	Registered from the 25th August 2023 to 25th August 2026
Inspection Team:	Paschal Mc Mahon Lorna Wogan
Date Report Issued:	4th August 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 25th August 2017. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 25th August 2020 to 25th August 2023.

The centre was registered as a multi-occupancy service to accommodate four young people from age thirteen to seventeen on admission. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provided a framework for positive interventions. STEM draws on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention and daily life events. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child Centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 relevant social work departments on the 19th June 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 20th June 2023. The CAPA returned was used to inform the registration decision. The regional manager returned the report with a CAPA on the 20th June 2023. 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: 128 without attached conditions from the 25th August 2023 to 25th August 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations 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 were satisfied that young people's views and preferences in relation to their daily living arrangements were considered and this was reflected across a range of centre records. Young people had the opportunity to have an input into their daily plans and the daily logs recorded the voice of the young people. At the time of inspection young people's house meetings were limited due to the profile of the young people and in most cases, meetings took place with young people individually to consult with them and ascertain their views. Staff interviewed during the inspection stated that there was a culture of openness and transparency in the centre and young people were comfortable to raise concerns. This was evident in staff meeting minutes where young people's complaints and issues were discussed and responses given to young people. Young people were encouraged to attend their statutory care plan review meetings. On occasions when they chose not to attend, they completed a young person's review form and their views were recorded in their care plans.

The centre had a complaint process in place which was consistent with the relevant legislation and regulations. The policy had been revised in February 2023 to make it more transparent and robust. The updated policy changed the centres previous categorisation of complaints from "formal" and "informal" complaints to notifiable and non-notifiable complaints. The policy outlined that complaints which could be resolved internally by the staff and management and were classified as non-notifiable or lower-level complaints. Notifiable complaints were described as complaints that were of a more serious nature and required further or external investigation and were reported externally to relevant professionals using the centre's significant event notification system. Staff interviewed were familiar with the updated complaints policy and were able to describe how they would report and manage complaints. However, there were some issues identified by the regional manager in their audit of complaints in relation to the staff understanding and implementation of the policy in practice which is detailed further on in the report.

Inspectors were satisfied that all young people were aware of how to make a complaint and had utilised the complaints process. On admission young people were given a welcome booklet introducing them to the organisation and the centre. This booklet outlined information on their rights including the right to complain and information on external advocacy services agencies such as EPIC (Empowering Young People in Care) and the Ombudsman for Children's Office. Within the centre there was information on display in relation to EPIC and staff from EPIC had previously visited the centre and met with the young people. Each young person's care record confirmed that they had been made aware of the Tusla "*Tell Us*" complaints and feedback policy. An information booklet was also given to parents on admission which included guidance on young people's rights including complaints and external advocacy services.

Inspectors reviewed the complaints on file and found that complaints were recorded appropriately with supporting documentation attached and the complaints process had been followed and outcomes evidenced on file. The centre had a new recording system in place following the introduction of the revised complaints policy whereby both notifiable and non-notifiable complaints were recorded in one complaint register for monitoring and tracking purposes and oversight by management.

There were a small number of complaints on file in the period under review. The inspectors were satisfied overall that complaints made by the young people had been well managed and there was evidence the young people were satisfied in most cases with the outcomes. Allocated social workers were notified of complaints in monthly progress reports or through the centre's significant event system. Social workers interviewed in the course of the inspection all confirmed that they were satisfied with the way in which complaints were dealt with by the centre. However, one social worker and a young person's Guardian ad Litem expressed concerns in relation to the high turnover of staff in the centre which they felt was not beneficial in terms of young people's capacity to build trusting relationships with adults to enable them to feel comfortable with raising complaints or issues of concern. Inspectors recommend that staff turnover in the centre is kept under review by senior managers and every effort is made to maintain a stable staff team to provide continuous care and support to the young people.

The inspectors found that the centre maintained a complaints folder that contained complaints records going back a number of years and related to past residents. . Inspectors recommend that all complaint records in relation to past residents are archived.

The regional manager had oversight of all complaints. They conducted an audit in the centre in April 2023 that included a review of complaints and identified a number of areas for learning and improvement. One issue identified was there had been a decrease in the number of recorded lower level or non-notifiable complaints recorded since the introduction of the revised complaints policy in February 2023. The regional manager had reviewed the young people's daily logs and identified issues raised by the young people that had not been identified and managed by centre staff as a non-notifiable complaints. The regional manager subsequently attended a staff meeting where the complaints policy and procedure was reviewed and discussed with the staff team to build confidence and awareness. Staff in interview told inspectors that they found this beneficial in terms of providing clarity in relation to their understanding of non-notifiable complaints.

The centre did not have a mechanism for young people to provide feedback on their complaints procedure and its effectiveness in terms of resolving the children's complaints. Additionally, the young people had not been provided with information about the new complaints policy. The registered provider must develop mechanisms for children to provide feedback on the complaint's procedure.

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

Compliance with standards	
Practices that met the required standard	Not all standards under this theme were assessed
Practices that met the required standard in some respects only	Standard 1.6
Practices that did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that there are mechanisms for young people to provide feedback on the complaint's procedure.

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 reviewed the child protection policies in place and found these to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre had an appropriate child safeguarding statement which was on display in the centre. Staff interviewed were aware the centre manager was the named DLP and were familiar with the role and responsibilities of the DLP. While all staff were designated as mandated persons, there was no list of mandated persons on file in the centre. Post inspection a list of mandated persons was forwarded to inspectors by the centre manager. The centre had a visitors' book to record all visitors to the centre. The inspectors found that the visitors book was not a reliable or effective means to monitor visitors to the centre. The book was in poor condition with loose pages and visits were not recorded in consecutive order in the book. Inspectors recommend that the centre manager ensures the book is replaced and maintained in an effective manner to safeguard the young people.

Inspectors found there was an anti-bullying policy in place and staff reported that bullying was not an issue at the time of this inspection. The centre also had an information and communication technology policy and measures in place to monitor the young people's use of the internet and social media. The inspectors were satisfied the centre manager and the regional manager had systems in place to monitor and audit aspects of the centre's compliance with child protection, risk management and complaints. Child protection was a standing item on management and staff meeting agendas.

All staff members were registered on the Tusla web portal to facilitate them to report a child protection or welfare concern and staff in interviews were aware of the correct procedure in relation to responding to concerns or allegations of abuse and the circumstances under which a child protection and welfare form must be completed. However, there was some ambiguity in relation to the reporting process as one staff member in interview identified the centre manager as the person in the centre responsible for the submission of child protection and welfare reports. The centre manager must ensure that all staff are aware that while they may assist a staff member in the submission of a child protection and welfare report, the person who

received the disclosure or information in relation to a child protection or welfare concern has responsibility for the reporting of the child protection and welfare concern under Children First.

A record of child protection concerns was maintained on the centre's significant event register. The inspectors examined the records of child protection concerns on file and were satisfied that they had been reported appropriately via the Tusla web portal. The inspectors found evidence that centre management followed up on all CPWRFs submitted to ensure a clear outcome of the concern submitted was evidenced on their centre records. In one instance the correspondence with the social worker indicated that a staff member was taking responsibility to close off a number of CPWRFs. The centre manager must ensure that they have correspondence from the Tusla social worker to indicate the outcome of the CPWRF in line with Children's First Guidance. Centre staff do not have authority to determine the outcome of such reports.

The centre manager provided the regional manager with a monthly service governance report that included an update on the status of all open reported child protection concerns along with details of safeguarding measures in place. The regional manager visited the centre on a regular basis and conducted an audit of child protection in the centre in February 2023. This audit identified a number of actions which were responded to by the centre manager.

There was an awareness of the need to appropriately share information of a safeguarding or child protection nature as relevant with parents. There was evidence that the management and staff worked in collaboration with the social work departments and relevant professionals and meetings were undertaken in response to safety and child protection concerns. Social workers interviewed were satisfied that the centre staff promoted the safety and welfare of the young people.

Placement plans and minutes of care plans for the young people took into account their individual areas of vulnerability. Safety plans and risk assessments were developed and shared with social work departments and were subject to regular review. Social workers confirmed that they were satisfied that the centre had appropriate measures in place to safeguard the young people and were making efforts to engage with them in individual work to keep themselves safe.

The centre had a protected disclosures policy and procedure in place. Staff interviewed were aware of the line management structure and how to escalate concerns about poor practice in the centre.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

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

Actions required

- The centre manager must ensure that the visitors book is replaced and maintained in an effective manner to safeguard the young people.
- The centre manager must ensure that all staff are aware of the correct procedures for the reporting and management of child protection and welfare concerns as set out in the Children First: National Guidelines for the Protection and Welfare of Children 2017.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The inspectors reviewed the young people's care files and found that there were assessment reports on file informing the physical and mental health needs of the young people. The relevant sections of care and admission files contained a range of up to date medical, psychological, and social history reports. There was evidence on file that the recommendations of these reports had been used to inform placement goals for all young people.

Inspectors found that social workers had provided the centre with comprehensive social work histories with a record of medical and health information and other relevant medical reports including immunisation records. All young people in the

centre had medical cards and access to a general practitioner. One young person maintained their family G.P. and the other two young people were registered with G.P.s in the locality. All medical appointments including regular dental and ophthalmic appointments were recorded on file along with the outcome of these appointments. Appropriate medical consent forms were on file for emergency medical care signed by parents or social workers as appropriate. It was evident from a review of placement plans and individual work that the centre was making efforts to support the young people's physical and mental health needs in conjunction with G.P.'s and external mental health specialists.

The centre was linked in with several external specialist services to support the young people. There was evidence that external specialists supported the young people individually and supported the staff team in their care approach. In cases where young people were experiencing difficulties in their placements centre records showed that the centre manager and the regional manager were strong advocates for additional specialist supports for the young people and were proactive to ensure additional strategy meetings were scheduled to secure additional therapeutic supports.

The centre had a medication management policy in place and all full-time staff were trained in medication management. The policy covered all aspects of medication management including the roles and responsibilities of management and staff in the administration, recording, storage and disposal of medicines in line with the relevant legislation, regulatory requirements and best practice. The inspectors reviewed medication records and were satisfied that medication was recorded appropriately in accordance with the centre policy. There were systems in place to support young people to self-medicate where appropriate. This was risked assessed and individual work undertaken with the young person prior to implementation. The centre records evidenced there was one medication error in the period under review. Inspectors were satisfied from the information provided by centre management that this incident had been reviewed for learning purposes and the medication policy was subsequently reviewed at a staff meeting.

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

Compliance with standards	
Practices met the required standard	Standard 4.2
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.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The registered provider must ensure that there are mechanisms for young people to provide feedback on the complaint's procedure.	Individual work was completed with all young people living in the centre by the 30 th June 2023. The purpose of the individual work was to discuss the current complaints procedure and receive the young people's feedback on such. The centre will explicitly record the young person's level of satisfaction to the centre's response to their complaints meeting.	Young people will be updated on any changes in policy/procedures which are directly associated to their placement and experience, in a child sensitive manner and appropriate to their age. This will be documented within young people's meeting records.
3	<p>The centre manager must ensure that the visitors book is replaced and maintained in an effective manner to safeguard the young people.</p> <p>The centre manager must ensure that all staff are aware of the correct procedures for the reporting and management of child protection and welfare concerns as set out in the</p>	<p>A new visitors book is in place since the 12th May 2023.</p> <p>The Child Protection Policy and Children First: National Guidelines for the Protection and Welfare of Children 2017, will be reviewed with the staff team on the 21st June 2023, to develop the team</p>	<p>The regional manager will complete monthly reviews and provide governance to ensure that the visitors book is appropriately maintained.</p> <p>The regional manager will complete 6 - monthly audits in relation to child protection, which will include the interviewing the staff team, ensuring all staff have a clear understanding of child</p>

	Children First: National Guidelines for the Protection and Welfare of Children 2017.	awareness and understanding of child protection practices and responsibilities.	protection and their responsibilities as a mandated person
4	None identified		