



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	18th & 19th January 2022
Registration Status:	Registered from 17th May 2022 to 17th May 2025
Inspection Team:	Catherine Hanly Lisa Tobin
Date Report Issued:	13th April 2022

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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 second registration and was in year three of the cycle. The centre was registered without attached conditions from the 17th of May 2019 to the 17th of May 2022.

The centre was registered as a multi-occupancy centre to provide short to medium term care to a maximum of four young people aged between thirteen and seventeen years of age. The centre had a model of care described as the systemic therapeutic engagement model (STEM) which was reported to provide a framework for positive interventions with young people to develop relationships focused on achieving strengths-based outcomes through daily life interactions. The model was based on several philosophies including Circle of Courage, Response Abilities Pathways, Therapeutic Crisis Intervention and Daily Life Events. 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	2.3 only
3: Safe Care and Support	3.2 only
4: Health, Wellbeing and Development	4.3 only

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 engaged with a young person 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 the relevant social work departments on the 3rd of February 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 centre manager returned the report with a CAPA on the 17th of February 2022. 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: 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 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

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 centre was situated in a rural location and was registered to accommodate up to a maximum of four young people. The manager informed inspectors that since commencement of registration, the centre had not operated at full capacity however this was by coincidence rather than design. The maximum occupancy at any stage had been three young people; there were two young people resident at the time of this inspection. The manager, staff team and supervising social workers interviewed for the purpose of this inspection all shared the view that the layout and design of the centre was suitable to provide safe and effective care to young people. Inspectors concurred with this view and found that this would be realised in practice should the staff team continue to adhere to clear direction regarding the constant monitoring of young people's interactions through their presence in the communal areas of the house. Some recent negative interactions between young people had been observed and addressed by staff and it was clearly understood that going forward, interactions between young people would be closely monitored.

There were four dedicated bedrooms for young people, three of which were ensuite. Young people were encouraged to choose their own décor for bedrooms once they had moved in. An inspector viewed an unoccupied bedroom and found it to need significant attention to ensure that it was furnished and decorated to an acceptable standard before being occupied. The regional manager stated that this would be attended to. There was a main bathroom in the upstairs of the house for use by the young person without an ensuite in their bedroom. Bathroom facilities were sufficient and ensured privacy. Young people could lock their bedrooms and in doing so, maintain their personal belongings securely.

The centre was located on a large site that afforded privacy from the road and neighbouring properties. It had a large open-plan area consisting of kitchen/dining area and sunroom with a separate living room. There were some games and other

recreational resources in the living room. Inspectors were informed that one young person had their own television and gaming devices in their bedroom. The centre manager stated that neither of the current two residents were interested in outdoor activities although there was a basketball hoop and football net onsite; however, the manager also stated that any materials/resources that young people demonstrated an interest in, including those for outdoor activities or pursuits would be funded by the company. The inspectors noted that new kitchen cabinets had been installed within the last two years and additional radiators had been put in to warm up the open plan area. The premises was observed to be in good structural condition with no deficits identified by regular self-audits. There had been recent incidents of escalated behaviour resulting in significant property damage, including to furnishings and windows. The first occasion of the window repair had been insufficiently prompt, and the window had been boarded up for safety reasons in the interim. The centre then changed to another company and were much more satisfied with the prompt response and repair on the second occasion of damage. One young person's bedroom had also been significantly damaged during an incident resulting in them having to use another bedroom in the intervening period whilst the necessary repairs were carried out on their own bedroom. The young person had to move into the aforementioned bedroom that required both cleaning, new furnishings, including mattress, which highlights the need for more prompt attention to repairs and general upkeep of the entire house. Inspectors recommend that the main hall, stairs and landing area be scheduled for painting as it needed freshening up as a result of general wear and tear. The house was adequately lit, ventilated and heated. A new heating system had been installed in 2019 and inspectors had found that there had been recorded difficulties with this system in the inspection in 2021. The centre manager stated that there had been confusion about different zones within the house but was satisfied that the staff team were familiar with the operation of the heating system.

Inspectors sought copies of the centre's relevant paperwork that demonstrated compliance with fire safety legislation, relevant building regulations and health and safety legislation. The centre's most recently reviewed and updated safety statement was dated October 2021. There was a separate procedural document with accompanying forms, guidance and risk assessments devised for the purpose of health and safety measures relating to the Covid-19 virus.

There were procedures in place for managing risks to the health and safety of staff and visitors outlined in the centre's safety statement. A recent incident that had resulted in injury to staff had been reported appropriately and the staff member had

been offered the necessary supports around this. Incidents of self-harm that had occurred with young people were appropriately recorded, including the use of body injury charts, and reported. Young people were appropriately responded to with the administration of first aid by staff members with additional expert medical help sought where necessary. Inspectors reviewed staff training records and noted that five members of the current staff team required updated/refresher training in first aid. Two of these, plus the centre manager, were booked onto a training course for March 2022. The manager must ensure that all staff complete and remain updated in their first aid training.

Inspectors reviewed records of weekly vehicle checks on the three cars utilised by the staff team. All three vehicles were leased and were appropriately insured, taxed and had certification on file as required demonstrating roadworthiness. The entire staff team were licensed and insured to drive these vehicles. Inspectors noted that a fault in one vehicles' fuel gauge had first been recorded in November 2021 but was only being addressed at a garage on the day of the onsite inspection. There was no accompanying risk assessment or directive on record to indicate that this vehicle should not be used until the matter was resolved. Management must ensure that any faults identified are promptly addressed and that there is clear direction given to the staff team that a vehicle is not to be used in the interim.

Compliance with regulations	
Regulation met	Regulation 8 Regulation 13 Regulation 14
Regulation not met	None Identified

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

Actions required

- Centre management must ensure that the systems of oversight ensure prompt attention to the general upkeep of the property.
- The centre manager must ensure that all staff are booked onto the necessary first aid training course and that there is a robust ongoing programme of

training and development to maintain competence as required in all relevant areas of practice.

- Centre management must ensure that there are adequate systems of oversight in place related to the safety and use of vehicles.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The manager and staff members interviewed described a positive approach to the management of behaviour that challenges, underpinned by the centre's model of care, STEM. The centre's managing challenging behaviour policy states that the Systemic Therapeutic Engagement Model (STEM) underpins the multiple policies that guide practice in this area and "*provides a framework for positive interventions with young people to develop relationships focused on achieving strengths-based outcomes through daily life interactions*". This policy had been reviewed and updated following identified action during the centre's last inspection in February 2021. The realisation of this approach was grounded in a relatively new document introduced within the centre called the individual crisis support and practice plan (ICSPP). These plans brought together the identified need for crisis support and related management plan; preventative and intervention strategies; outlined practices and supports required; and identified relevant risk assessments. These plans were not consistently referenced by staff as informing the approach to the management of behaviour and the centre manager must ensure that there was a consistent understanding of the purpose of these plans.

Inspectors found a clear connection between the ICSPP's and individual placement plans. The ICSPP was reviewed as standard on a monthly basis, or more often as need dictated and was shared with social workers. This was informed by the occurrence of significant events or the emergence of new behaviours. Inspectors found from a review of individual work records completed by staff members, that these were linked to the areas of need identified within placement plans and ICSPP's. There was clear evidence within these of staff making concerted efforts to get to know the young person and the reason behind the behaviour. The realisation of the

positive approach to the management of challenging behaviour was further evidenced in the implementation of Life Space Interviews (LSI) following serious or significant events. It was clear from some of these records, that the staff team were working with the young person to assist them in understanding their own behaviours and try to find viable alternatives to managing and expressing their emotions. Inspectors did query the timing of some of these events and the ability of the young person and the staff, one of whom was injured, to fully and openly engage in this process at specific times immediately following significant events. The manager will need to ensure consistent oversight of the implementation of LSI's.

There had been a recent incidence of bullying between the young people in the centre and a complaint had been made about this on the young person's behalf. The matter had been addressed promptly with the alleged perpetrator and there was a plan to continue to conduct an educative piece of work with them. The centre's policy does not require a complaint to be made by any individual to warrant the investigation of alleged bullying by the centre manager. Any alleged incident of bullying can be recorded and reported as such and, according to policy, will be investigated by the centre manager. It was important that all staff and the manager clearly understand their own policy as whilst the processing of a complaint shows support for the alleged victim and gives a clear message about non-acceptance of this behaviour, it may place a burden on a young person where they are made aware of this report and investigation occurring.

Sanctions, both positive and negative, were used within the centre to encourage and reward young people for positive behaviour and achievements as well as being intended to have a therapeutic or learning outcome. Their use was guided by policy which emphasised a solution focused approach and viewed as a natural outcome in response to a behaviour as opposed to punitive based. Inspectors reviewed a sample of sanctions and noted them to be generally in accordance with the policy and not overused. They did note however a repetition in positive sanctions, and these were food-based. This issue had recently been identified by the regional manager who had directed the manager to act on this by providing more alternatives and ensure continued oversight.

One young person was engaged with an external professional that had been identified and contracted by the social work department to support them in their placement and with their behaviour that challenged. The manager and staff team were provided with some insights and suggestions for approach to working with the young person by this professional and there was evidence of this being implemented by the staff

team. The professional had also provided the staff team with an informative workshop to assist their engagement with the young person. In order to ensure this guidance was implemented consistently by the staff team, the manager will need to ensure it was discussed at team meetings and hand overs. As it was an approach that was different to the centre's model of care, and if it was to continue, inspectors suggest that the manager source a workshop for the staff team.

The Gardaí had been called by staff on duty during one incident recently. The record of this significant event (SEN) did not clearly demonstrate that the use of Gardaí on that occasion was consistent with centre's own policy. There was no evidence within the SEN of on-call being contacted first to decide on contacting Gardaí and the use of the Gardaí was not documented within young people's ICSPP as is required by the policy. The centre manager must ensure that the use of the Gardaí is documented within ICSPP's and ensure, through discussion at team level and review of SEN's that practice is proportionate and in accordance with policy.

The regional manager with responsibility for this centre described a very clear system of review of significant events including at team level during staff meetings, by the regional manager within governance reports and at significant event review group (SERG). Records of SERG meetings reviewed by the inspector showed evidence of attention to possible triggers for young people, staff consistency, as well as the use of the model in intervening with the young person. It also identified actions including the need for individual work to address the behaviour/incident/issue of concern, a review of the ICSPP, and the relevance of input from professionals involved. The meeting minutes reviewed by the inspector did not show evidence of SEN's being discussed by the staff team on a regular basis for the purpose of learning. Nor was there any evidence at team meetings of a discussion on young people's routine and the possible impact of this on challenging behaviours being presented. A recent strategy meeting was convened for the purpose of discussing in detail one young person's presenting behaviours and the challenges this posed for the continuation of the placement. The minutes of this meeting highlighted the lack of consistent routine and the need for the approach to change to include clear boundaries, structure and expectations in terms of behaviour. The manager must ensure that this was realised in practice within the centre for the current residents, and for future young people that come to reside there. There had been no audit of the approach to behaviour that challenges, separate to the review of individual events (SEN's) at SERG.

The centre had a policy on restrictive practice however inspectors found that staff were unclear on what constituted a restrictive practice and whether there were any in

use at the time of the inspection, although they did clearly name restrictive practices that had been in use with previous residents during their time in the centre. Restrictive practice was a standing agenda item on the team meeting records however the records reviewed by the inspector did not evidence any discussion of the use of restrictive practices with either of the current residents. Inspectors raised this matter with both social workers as it applied to their young person, and similarly they were not aware of discussions or decisions regarding restrictive practice. The centre manager must ensure that the staff team are familiar with their own policy and have regular discussions to determine if any practices in place could or should be deemed to be restrictive. These should be clearly recorded and regularly reviewed.

There had been no physical interventions utilised with either of the young people since their respective admission to this centre. At the time of the inspection, only three of the named staff team of ten plus the manager, had their training up to date in an identified method of physical intervention. The remaining seven either required a refresher or the full training to be completed. This was identified in the centre risk register as a named risk and had an accompanying risk assessment. However, the directed non-use of physical intervention was documented in only one young person's file and should have been clearly named in the relevant section of both young people's files. The manager must oversee the completion of this training for all staff and ensure that there is ongoing attention to and oversight of the training status of the staff team.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must implement the necessary practice and system of oversight to satisfy themselves that there is clear understanding and consistent delivery of all aspects of the centre's stated policy on behaviour

management. This should include LSI's, use of the Gardaí, restrictive practices and sanctions.

- The registered provider must ensure the provision of positive behavioural support by regular auditing and monitoring of the approach to managing behaviour that challenges.
- The manager must ensure that the review of significant events is regularly conducted, clearly recorded with any learning identified and implemented.
- The centre manager must oversee the completion of identified training in physical interventions with young people for all staff and ensure that there is ongoing attention to and oversight of the training status of the staff team.

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.

There were two young people residing in the centre at the time of this inspection, and both had had a school placement when initially placed in this centre. The records of their respective progress and achievements to date had been maintained in their individual files. There was evidence that multi-disciplinary work and supports from the centre and the respective social work departments were implemented to try to maintain these school placements for each young person however despite this input, both placements had concluded. At the time of the inspection, the staff team, in partnership with the social work teams were actively pursuing educational and training placements that were deemed to be appropriate to each young person's assessed need. One of the young people had engaged in an assessment process and the centre were awaiting the outcome of that during this inspection. It was hoped that, pending confirmation of access, the young person that was close to eighteen would be able to continue with their training/education opportunities in the nationally based service irrespective of onward placement.

The staff team, in conjunction with the allocated social worker, had determined that the other young person required additional supports at this time to assist them in managing their transition to the centre as well as their change of school. They had been in placement approximately ten weeks at the time of the inspection and had had a negative ending experience with their previous school. The impact of the ultimate ending of this school placement had been significantly mitigated by the efforts and engagement of the staff team and the young person's parents who had been actively

involved with the school representatives. As a result of this ending and, taking cognisance of the child's needs at this time, private tuition was actively being sourced at the time of the inspection with parallel planning in place to secure a mainstream school placement and work towards a reintroduction to that environment. The staff team in the centre were actively engaging with the local Educational Welfare Officer to support the sourcing of appropriate educational and training placements.

In the absence of fulltime formal educational attendance, the manager and staff team had made efforts to work with the young people to establish their individual interests and abilities. They had tried to implement educational trips based on these interests although the level of engagement by young people was limited and the documented efforts by staff lacked creativity and plans had somewhat failed in their delivery. Factors that had impacted on this was a less than robust daily and sleep routine for both young people with clear distinction between an active and engaged day routine complemented by a healthy sleep routine. The use of individual devices in young people's bedrooms at night-time with no control by staff impacted this greatly. Although the staff team had tried to educate young people about such matters and create contracts around their use, the reality was that young people had charge of their respective devices, 24 hours per day. One young person had purchased their own router to support their internet use. In addition, inspectors found that there was a lack of a consistently robust daily routine inclusive of structured meal and activity times aimed at engaging each young person according to their interests, needs and abilities. The manager and staff team must address this issue in order to appropriately support the young people's educational needs.

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 4.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure the implementation of a robustly healthy daily routine for young people to ensure their educational needs are appropriately supported.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must ensure that the systems of oversight ensure prompt attention to the general upkeep of the property.	Centre Manager will conduct a review of maintenance requests within the health & safety file, and ensure prompt follow up and escalation for completion of tasks to regional manager by 21/3/2022. Request for internal painting and unoccupied bedroom to be done up has been completed following inspection.	Weekly review of maintenance requests, along with enhanced daily site checks to identify areas for attention and upkeep. To be recorded and request submitted promptly, and regional manager alerted to each request for follow up with maintenance department.
	The centre manager must ensure that all staff are booked onto the necessary first aid training course and that there is a robust ongoing programme of training and development to maintain competence as required in all relevant areas of practice.	Two staff members have been booked on full First Aid course for 14/3/2022 First Aid refresher for 2 x SCW required – scheduling underway.	Training audits occur on a two monthly basis conducted by centre manager, centre manager communicates training needs to regional manager who arranges training in consultation with Director of Services and Social Care Training Ireland.
	Centre management must ensure that there are adequate systems of oversight in place related to the safety and use of	Centre Management to conduct review of car maintenance checks on a daily basis to ensure appropriate oversight and that	Centre daily car checks and weekly car checks in place will be monitored on daily basis by the centre management team. A

	vehicles.	issues are being consistently documented as they arise. The 'Use of Vehicles' policy and the recording of associated documentation to be discussed at next team meeting – 02.03.22.	risk assessment regarding the use of cars to be implemented where an issue is noted and there is any delay in getting this resolved. Prompt repairs of vehicles to be priority and escalated as necessary.
3	<p>The centre manager must implement the necessary practice and system of oversight to satisfy themselves that there is clear understanding and consistent delivery of all aspects of the centre's stated policy on behaviour management. This should include LSI's, use of the Gardaí, restrictive practices and sanctions.</p> <p>The registered provider must ensure the provision of positive behavioural support by regular auditing and monitoring of the approach to managing behaviour that challenges.</p> <p>The manager must ensure that the review of significant events is regularly conducted, clearly recorded with any learning identified and implemented.</p>	<p>Centre manager is to carry out review of policies via supervision and team meetings with centre staff, to ensure that clear and consistent understanding and adherence to policy in practice is upheld (LSI's, Use of Gardaí, restrictive practices, and sanctions), to be completed by 21/3/2022</p> <p>Behaviour management audits have been scheduled to be carried out by Social Care Training Ireland. Timeframe; February & August 2022.</p> <p>Centre Management are to ensure that review of SEN's is conducted at each team meeting to reflect on learning, and as a result, changes to ICSPP are completed in</p>	<p>Ongoing development of staff team's confidence in their understanding and practice of policies to be focused on via pop quizzes at team meetings, team presentations based on policies linked to SEN's and daily practice.</p> <p>Scheduled audits are for February and August 2022.</p> <p>Regional Manager will attend team meetings on a monthly basis to ensure this is an active standing item and discussion occurs in line with RM feedback and other</p>

	The centre manager must oversee the completion of identified training in physical interventions with young people for all staff and ensure that there is ongoing attention to and oversight of the training status of the staff team.	<p>line with same. Next scheduled team meeting 02.03.22 and fortnightly thereafter.</p> <p>All staff members are booked on TCI (24/2/22), and TCI refresher course (14/2/22) as required.</p>	<p>professionals' feedback to SEN's.</p> <p>Training audits are completed every two months by centre manager and supplied to Regional Manager and Quality Assurance Manager. This oversight allows for escalation of needs to Director of Services in order to schedule additional training with Social Care Training Ireland.</p>
4	The centre manager must ensure the implementation of a robustly healthy daily routine for young people to ensure their educational needs are appropriately supported.	Centre Manager to oversee the development and execution of daily routines for young people. This has been discussed at management meeting 03.02.22 and team meeting and will be a continued focus area. Additional structured shift planners have been implemented to further support this action.	Centre Manager and Regional Manager will review daily routines in line with scheduled monthly reporting on placement plan progression.