



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 165

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Two young people
Type of Inspection:	Announced inspection
Date of inspection:	12th, 13th and 14th September 2022
Registration Status:	Registered from the 31st of October 2022 to the 31st of October 2025
Inspection Team:	Anne McEvoy Paschal McMahon Janice Ryan
Date Report Issued:	12th December 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 31st October 2019. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered from the 31st of October 2019 to the 31st of October 2022. Following an announced inspection in May 2022, there was a condition attached that there would be no further admissions until such time the centre had fully implemented the corrective and preventative action plan from that report and was compliant with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III Article 5: Care Practices and Operational Policies. This condition was to be reviewed on or before the 15th February 2023.

The centre was registered to provide short to medium term care for two young people, of all genders between the ages of thirteen and seventeen. The centre operated under a therapeutic support model which provided a framework for positive interventions with young people. The aim was to develop relationships focusing on achieving strengths-based outcomes through daily life interactions. 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
3: Safe Care and Support	3.2

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 on the 03rd October 2022 and to the relevant social work departments on the 03rd October 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 October 2022. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

This centre was also inspected in May 2022. The findings of that inspection were that the centre was not compliant with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III Article 5: *Care Practices and Operational Policies* or Article 7: *Staffing*. It is the findings of this inspection that there is sufficient evidence to determine that the centre has now come into compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III Article 5: *Care Practices and Operational Policies*. However, following a review of the staffing arrangements in the centre it was established that the centre was not in compliance with the requirements of Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III Article 7: *Staffing*.

As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 165 with an attached condition from the 31st of October 2022 to the 31st of October 2025 pursuant to Part VIII, Article 61, (6) (a) (i) of the Child Care Act, 1991. That condition being:

- There shall be no further admissions of a young person to this centre until such times as the centre can evidence that the qualifications, experience and availability of members of the staff of the centre are adequate, having regard to the number of children residing in the centre and the nature of their needs.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

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 personal development.

There were two young people living in the centre. There were care plans on file for both young people. The child in care review meeting for one young person had just taken place within statutory timeframes and the centre was waiting for the updated care plan to be finalised and forwarded to them. The centre had recorded comprehensive minutes from the recent child in care review and these were on file. The care plan following the previous child in care review meeting was received in a timely manner from the social work department.

The care plan for the other young person was dated November 2021. A child in care review was held for this young person in April 2022 and the centre was not yet in receipt of the updated care plan. Inspectors reviewed two emails, one sent from the centre manager and one from the regional manager to the social work department in April 2022 and in September 2022 requesting the updated care plan to be forwarded on as soon as it was available. Inspectors acknowledge that while the centre had made two attempts to request the updated care plan, the procedure for escalating this issue was not accounted for in policies and procedures of the centre. The registered provider must ensure that there is an escalation procedure developed to clearly set out a structured framework and timeframe for requesting updated care plans and other documents from the social work department. In interview the social worker advised that the care plan had since been finalised and forwarded to the centre.

In interviews, the social workers and guardians ad litem for both young people were satisfied that the centre management and staff worked collaboratively with them to implement the care plan. Both social work departments were satisfied with the progress made by each young person and the level of care provided by the staff team and management.

There were up to date placement plans in place for both young people. These were found by inspectors to be comprehensive and updated regularly. While the care plan for one young person was out of date, inspectors were satisfied that the centre had

comprehensive minutes from the child in care review on file, as well as evidence of sufficient communication between the social work department and centre management from which to develop the placement plan for the young person. Staff interviewed by the inspectors described some of the individual needs of young people and goals of their placement plans. All staff were responsible for implementing the goals of the placement plan and in interview one young person said that their views and goals were considered and included in the placement plan. There was evidence of planned and targeted key working for both young people and they were involved in setting achievable goals that were regularly reviewed. A review of centre records demonstrated that placement plans were discussed in detail at team meetings and in staff supervision. A review of placement plans indicated that most of the placement plan goals for each young person were recorded as not met. In interview staff stated that some of these goals were partially achieved, this was not clear from the placement plans. Inspectors recommend that the registered provider review the company policy on placement plans and focus on the interventions in place for staff to support young people to meet the goals and where these goals are not met, or not met in full, to record the reason for this.

Inspectors were satisfied that the centre worked collaboratively with parents and guardians when this was appropriate and in line with direction from the social work department.

Inspectors found that appropriate specialist supports were sourced and in place for both young people. Where appropriate the young people were given access and incentivised to attend mental health support, alternative educational programmes, substance misuse support, speech and language support among others. Specialists, through the Assessment Consultation and Therapy Service (ACTS), also provided insight to the staff team to assist staff in understanding the behaviours being presented.

Following a review of the care files and interviews with the allocated social workers and the guardians ad litem, inspectors found that there was regular communication between all parties to ensure continuity of care.

Compliance with regulations	
Regulation met	Regulation 5
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 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that there is an escalation procedure developed to clearly set out a structured framework and timeframe for requesting updated care plans and other documents from the social work department.

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.

Inspectors found that the centre had a positive approach to behaviour management that was supported by a number of organisational policies such as the centre's statement of purpose and function, the physical intervention policy, the significant events notification policy and the anti-bullying policy. The centre operated an incentive-based approach and were realistic in the application of sanctions to promote positive interaction with the young people.

Inspectors found that staff in the centre had up to date knowledge and skills, appropriate to their role to meet the needs of the two young people placed. The centre had a behaviour management framework in place and all staff were trained and had appropriate refreshers completed at the time of the inspection. Inspectors noted that three members of staff did their initial training in this behaviour management framework during the week of inspection. While one of these staff

members was only recently appointed – in August 2022, one staff member was appointed in June 2022 – three months prior to receiving training and the third was appointed in October 2021 – eleven months prior to training being provided. This staff member had been involved in a number of significant events with each of the young people without any formal training in the centre’s behaviour management framework. Given the complex needs of the young people living in the centre, the centre manager must ensure that all staff receive training in the centre’s recognised behaviour management framework in a timely manner following appointment to the centre to ensure confidence in its application to situations arising within the centre.

Training for the model of care employed in the centre was completed via eight modules and all staff were engaged in this training on a rolling programme. Inspectors reviewed centre records and found there was good discussion in team meetings and in supervision around training that was being rolled out and training that staff needed to be refreshed on or felt would be beneficial to the care of the young people.

Staff were provided with access to specialist supports and advice in the areas of substance misuse, therapeutic input and speech and language support through ACTS and other independent services. There was good evidence that information and advice provided to the centre manager by this service was disseminated to staff members in team meetings.

Each young person had an up-to-date individual crisis support and practice plan (ICSPP). Inspectors found these ICSPP’s to be comprehensive and informative for staff on duty, identifying potential underlying causes of behaviour and situations that may lead to behaviours that challenge. Individual absence management plans (IAMP’s) were in date and active for both young people. These contained necessary information, were updated monthly and following significant events where changes were made to how the staff team managed the young people’s absence from the centre. Inspectors recommend that the centre manager review the IAMP’s for information that is not relevant to the document and the management of absences.

Staff in interview were knowledgeable about the young people and attuned to their emotional wellbeing. In interview, one young person stated that they were aware of the expectations for their behaviour through key working, young people’s meetings and on-going discussions with staff. The young person stated that they felt cared for by staff. Inspectors found that the young people’s meetings were to a good standard and were used to inform the young people about scheduled relevant topics as well as

managing issues arising for the young people in their own lives. In interview, one social work team leader stated that the young person had a good relationships with staff and felt listened to.

Inspectors found that there was regular auditing and monitoring of the residential centre's approach to managing behaviours through significant event review group meetings and discussion in senior management meetings. The centre manager provided good oversight and guidance to staff in their review of significant event notifications and there was evidence of feedback being provided to staff in team meetings following the significant event review meeting.

The centre had a number of restrictive practices in place. The young people were subject to pocket searches and room searches if deemed necessary following an episode of being missing in care or free time. These were risk assessed and shared with the respective social workers who were in agreement with the practice. There was evidence that these restrictive practices were reviewed regularly at team meetings and in discussion with the social work department and senior management for the centre. There was an additional restrictive practice of locking the kitchen and sitting room door at night-time. In interview staff were unable to provide a congruent reason for this practice and it had not been identified in either young person's ICSPP as a risk assessed restrictive practice. The centre manager must ensure a review of this practice and if deemed essential, it must be risk assessed, discussed with the respective social workers and reviewed in line with the National Standards for Children's Residential Centres 2018 (HIQA).

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

- Given the complex needs of the young people living in the centre, the centre manager must ensure that all staff receive training in the centre's recognised

behaviour management framework in a timely manner following appointment to the centre.

- The centre manager must ensure a review of the practice of locking the sitting room and kitchen door at night-time and if deemed essential, it must be risk assessed, discussed with the respective social workers and reviewed in line with the National Standards for Children's Residential Centres 2018 (HIQA).

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that there is an escalation procedure developed to clearly set out a structured framework and timeframe for requesting updated care plans and other documents from the social work department.	A revised Standard Operating Procedure for escalation will be discussed at a senior management meeting on 20/10/2022 with regards to requesting of documentation from Social Work Department should delays be found in receiving documents.	As per senior management review of care files, care plan dates will be examined closely, along with evidence of requesting same. Senior management will escalate with social work departments with high urgency via written request.
3	<p>Given the complex needs of the young people living in the centre, the centre manager must ensure that all staff receive training in the centre's recognised behaviour management framework in a timely manner following appointment to the centre.</p> <p>The centre manager must ensure a review of the practice of locking the sitting room and kitchen door at night-time and if</p>	<p>All staff members have been fully trained in behaviour management (TCI) as of inspection.</p> <p>This restrictive practice was closed out on the 15/9/2022 and has remained closed.</p>	<p>Management will ensure that training is prioritised for all new onboarders. Social care manager will ensure that training spaces are booked immediately where availability.</p> <p>In the event that training is fully booked, social care management will escalate the centres needs to senior manager to schedule further training dates.</p> <p>If there is a need for this restrictive practice in future, it will be done through a risk assessment in consultation with the</p>

	deemed essential, it must be risk assessed, discussed with the respective social workers and reviewed in line with the National Standards for Children's Residential Centres 2018 (HIQA).		relevant social work departments to mitigate a significant health and safety issue.
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