



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 049

Year: 2015

Lead inspector: Catherine Hanly

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Daffodil Care Services Ltd
Registered Capacity:	Four young people
Dates of Inspection:	17th June 2015
Registration Decision:	registered without conditions from 5th March 2013 to 5th of March 2016
Inspection Team:	Catherine Hanly
Date Report Issued:	23rd July 2015

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1. Foreword

The National Registration & Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 & The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

The centre management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

This unannounced themed inspection took place on the 17th of June 2015 under the Child Care Act 1991 Section 69 (4) (a) and (b). The Child Care (Standards in Children's Residential Centres) 1996, Part IV, Schedule 18 (a) and (b) prescribes the requirement of a registered provider to permit designated persons to enter the premises and inspect the centre and in doing so examine any necessary records. One Inspector from the Child and Family Agency Registration and Inspection Service arrived at the residential centre at approximately 9a.m. The Inspector identified themselves to a staff member on duty and informed them of the purpose of their visit. The staff member contacted the centre Manager, who was en route to the centre, to inform them of same. The Inspector informed the Manager of the purpose of this themed unannounced inspection and indicated the anticipated length of stay in the centre. They identified the materials and file contents which they wished to examine in order to conduct this inspection and these were made available to the Inspector. The centre Manager made themselves available for a discussion in relation to staffing in the centre and also to answer Inspectors' queries and requests for specific documentation throughout the day. The Inspector departed the centre at approximately 4pm.

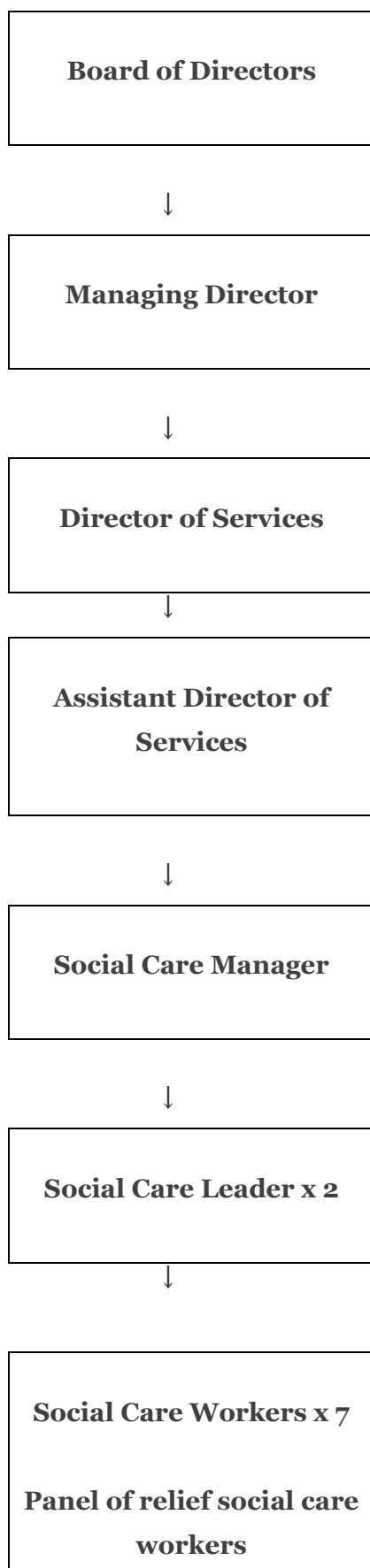
This report is based on the following inspection techniques:

- ◆ A meeting with the centre manager
- ◆ An examination of staff personnel records, staff supervision records, staff weekly meeting records and staff training and development records.

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.

1.2 Organisational Structure



2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health & Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on the 22nd July 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 5th March 2013 to the 5th of March 2016.**

3. Analysis of Findings

3.1 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.1.1 Practices that met the required standard in full

Supervision & support

The manager is responsible for the supervision of the full time staff team and the social care leaders share the task of supervising relief staff. The inspector sampled the supervision files for each full time staff member over the past twelve months. All full time staff had a supervision agreement in place on file that had been signed off by both parties stating supervision was to occur on a 4-6weekly basis which, the manager stated, is in accordance with centre policy, however the inspector found that the frequency of supervision was not in compliance with this policy for all staff. Supervision records demonstrated that practice issues are regularly discussed including relationships with young people, managing potentially challenging situations with young people, and practices such as staff handover. There is a clear link between the delivery of the role of key workers and the implementation of young people's placement plans. In particular the inspector found the current manager has a keen focus on the key working relationship and the delivery of tasks with young people in order to assist them in their progress and development.

In response to the draft report findings, the manager stated that they will develop a robust schedule of supervision meetings to ensure that all staff receive a formal supervision meeting every 4-6 weeks.

The team meeting minutes are not consistently dated however it appears that this takes place on a weekly basis. There is a clear agenda developed for each meeting with particular attention and emphasis on young people. The numbers of staff recorded as attending varies from five to eight. The minutes are bullet point and brief and therefore don't give a sense of the discussion that took place regarding matters arising. There is reference to the need for staff to be consistent around particular practices with young people. Having said this some actions are evident and there is a sense of planning from these records albeit not comprehensive. Specific references to key working or placement planning are not evident in these records. The Manager is aware of this issue and stated that a thorough discussion

takes place on each young person based on a presentation of their designated support worker and their placement plan. The manager indicated that it is their intention to amend the manner in which minutes are recorded so as to give a more representative reflection of these discussions. They stated in response to this finding that they will nominate a minute taker and work with this staff member to ensure that there is adequate detail regarding discussions.

There are a number of support mechanisms in place for staff members including individual supervision, incident debriefing, and daily shift evaluations. The latter are reviewed by the manager on a weekly basis and forwarded to senior management noting any outcomes or issues that may need to be addressed. There is facilitation available to the staff team should a work issue present that needs to be worked through in a supportive manner.

There were contracts on file for all staff members outlining the terms of conditions of their employment and these were signed by the individual and a representative of the employer.

Training & development

The manager is responsible for ensuring attention to the training and development needs of the staff team and maintains oversight of this through the supervision forum. The manager provided the inspector with a record of staff training attended to date, including dates of attendance and when refresher training/updating is required. There is a good and effective level of both ongoing core training including TCI, Child Protection, Occupational First Aid, Fire Safety as well as training specific to the needs of this service including Managing Self-Harm, Alcohol and Drug Awareness and ASIST. Some training including fire safety, occupational first aid and child protection is required to be updated for certain staff members and the manager is in the process of scheduling staff for the necessary training.

The majority of the staff team have attained a social care qualification to degree level or a relevant equivalent. The staff team have completed a training package that is specific to the manner in which they work with young people. Some of the other training mentioned above is relevant to the cohort of young people that this team work with and thus meets the needs of the service.

3.1.2 Practices that met the required standard in some respect only

Staffing

The manager informed the inspector that the full staff compliment for this centre is nine, comprising two social care leaders and seven social care workers supplemented by a relief panel as necessary. At the time of this unannounced inspection, a full time staff member had very recently left their post and the vacancy was being filled on a temporary basis by the use of relief staff. A person had been appointed to the post but had not yet commenced duties at the time of this inspection. The manager is of the view that the staffing numbers, when full compliment is applied, are adequate to fulfil the centres purpose and function. At the time of this inspection the centre was deemed to be operating at maximum capacity as they were providing a care service to four young people. The manager described the staff team as being quite stable. Exit interviews are held with departing staff and the manager noted that the turnover of staff has being quite low and natural, some leaving for personal reasons and others for opportunities of career progression in another centre operated by the company. The inspector noted that seven of the eleven staff team that were presented at the time of the centres registration in November 2013 are still in situ at this time and the manager was of the view that the turnover of staff has not adversely affected practices in any way. The inspector did not find any evidence to the contrary during this unannounced inspection.

At the time of this inspection the centre was in the process of working a new staff rota. This rota consists of a minimum of two staff on duty at all times, with one waking and one sleeping staff at night. Most days there are four staff members on duty. The manner in which the staff compliment is deployed across each 24hour period may alter if there is a reduction in the number of residents.

There is a range of experience across the staff team and the manager is cognisant of this when implementing the rota, endeavouring to ensure that inexperienced staff are balanced by those with more experience where possible. The manager is also aware of the need to deploy the social care leaders across shifts so that for the majority of shifts there is one qualified and experienced social care leader on duty in compliance with the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6. However the exception to this is Saturdays, which neither social care leader works, however they are present for shift planning for this day. The inspector did note from an examination of the rota over two months that there have been a few occasions when two relatively new staff were on duty together on a Saturday without the support of a social care leader. The manager in response to the draft report stated that they will ensure there is at least one experienced staff member on duty at all times.

Both team meeting minutes and staff supervision records examined demonstrated evidence of the staff teams' ability to communicate effectively and in a meaningful way with young people.

The necessary and appropriate vetting requirements for children's residential centres requires that Garda vetting, including police vetting from other jurisdictions where relevant, and three written references all of which have been verbally verified are in place prior to the commencement of employment. References should be from previous employment, student placements or educational references, they should not be testimonials or personal character references from someone known personally by the employee and one of these appropriate references must be from the employees' previous place of employment. The inspector examined a total of fourteen personnel files including relief staff that the manager indicated work occasionally in the centre. Of these fourteen, only four files demonstrated that all the correct vetting practice as stated above had been adhered to and was in place prior to the individuals' commencement of their work employment. Deficits in files examined included references not in place prior to the commencement of employment (4); one staff member had less than the required three references on file; and four staff had no reference on file from their previous employer. There was an issue with dates on a further employees' file where the date of verbal verification of the reference pre-dated the written reference. Although the centre manager subsequently provided background information on this latter finding, the finding itself remains factually accurate. Centre management must adhere to the requirements of vetting for all future staff recruitment and should address the deficits regarding less than three appropriate references on file for current employees where this is possible to do so.

The inspector found that there was good attention to seeking copies of employees' qualifications and the verification of same.

Induction checklist records were on file for all staff and were signed off by both the individual staff member and a manager. One record was undated but signed as completed.

3.1.3 Practices that did not meet the required standard

None identified.

3.1.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies*

-Part III, Article 6, Paragraph 2, Change of Person in Charge

-Part III, Article 7, Staffing (Numbers, Experience & Qualifications).

Required Action

- The manager must attend to the deficits in vetting and ensure that all staff vetting meets the identified requirements.

4. Action Plan

Standard	Issues Requiring Action	Response
3.1	The Manager must attend to the deficits in vetting and ensure that all staff vetting meets the identified requirements.	The manager will liaise with the newly created HR department to ensure that all staff personnel files are complete and fully in line with the agency's Recruitment Policy, this includes attending to the existing deficits where possible to do so. The manager maintains responsibility for the verbal verification of references. As per recruitment policy, staff files will have three verbally verified references, one of which will be from the most recent employer.