

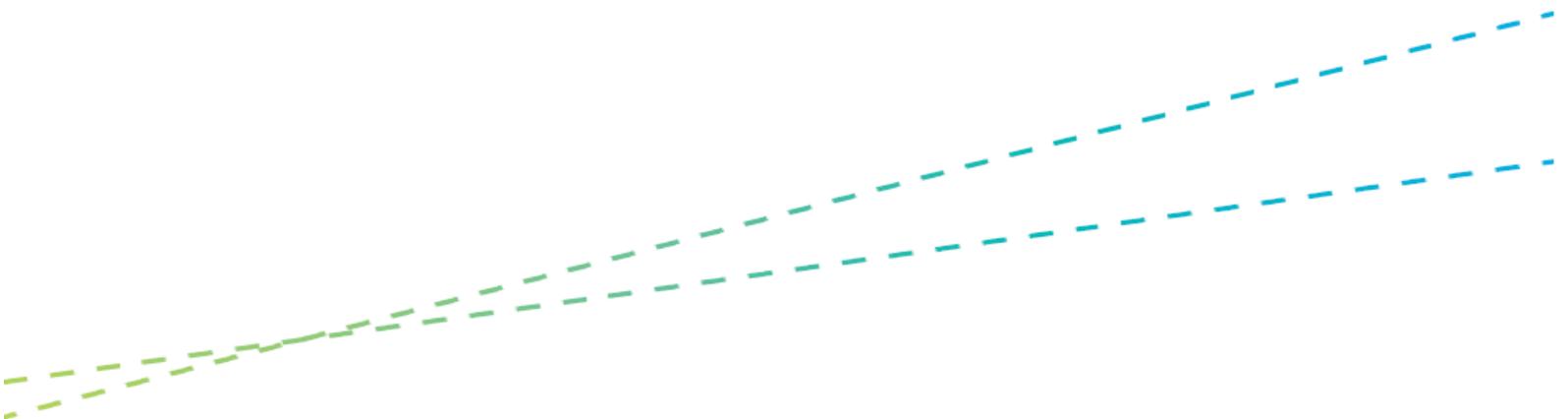


An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	027
Year:	2016
Lead inspector:	Sinead Diggin

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four Young People
Dates of Inspection:	10th & 11th of May 2016
Registration Decision:	Registered from the 23rd of May 2016 to the 23rd of May 2019
Inspection Team:	Sinead Diggin Jacqueline Roche
Date Report Issued:	12th of October 2016

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1. Foreword

The National Registration and 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 and 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

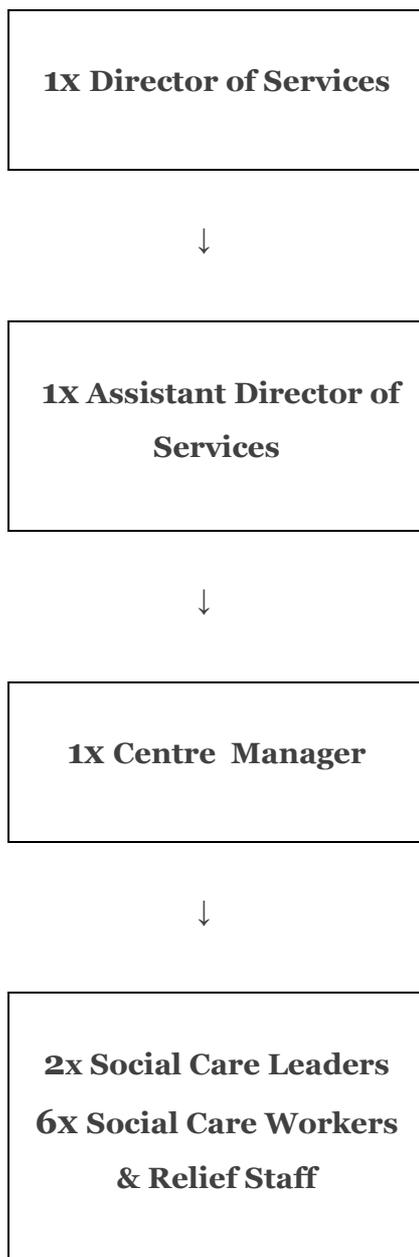
An application was duly made by the proprietors of this centre for continued registration on 29th April 2016. This inspection took place on the 10th and 11th May 2016 over a two day period. This inspection was a themed and based on the framework of standards 1, 2, 5 & 6. This report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) 12 of the care staff, including relief staff
 - b) Two of the young people
 - c) The social workers with responsibility for three young people residing in the centre.
 - d) Other professionals e.g. School Principal
- ◆ An examination of the most recent report from the Monitoring Officer.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Three staff members
 - c) Two social workers
- ◆ Observations of care practice routines and the staff/ young person's interactions.

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 and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on this date 01 September 2016 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 23rd of May 2016 to the 23rd of May 2019.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The purpose and function of the centre has not changed since the last inspection. They provide short to medium care for up to four young people of mixed gender between the ages of twelve and seventeen years on admission. Referrals are accepted and considered from all areas nationally. There were four young people resident in the centre at the time of inspection. The model of care the centre use is based on establishing relationships with the young people. The organisation created and developed their own model, STEM (systemic therapeutic engagement model) using a combination of therapeutic models of care. Some of these components include philosophies of attachment theories, response ability pathways (RAP), circle of courage and a model of behaviour management. The organisation provides training in their model of care which takes place over four days. If the full training in the model of care is not due to take place then new staff must attend a briefing which consists of a half day before they commence work in the centre. From interviews conducted inspectors found that staff had good knowledge of the model of care and evidenced that it is reflected in practice with the young people. The centre have reviewed and updated their policies and procedures recently. There is written information about the centre available for professionals, young people and their families.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

3.2 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.

3.2.1 Practices that met the required standard in full

Management

The manager of the centre has not changed since the last inspection. Inspectors found that they were appropriately qualified, experienced and provided strong leadership to the staff team. The manager is responsible for the day to day running of the centre and inspectors found that there were consistent systems in place to oversee practice within the centre. The manager is supported in their role by two social care leaders. Inspectors found the social care leaders were experienced, supportive to the team and good advocates for the young people.

The responsibility of providing on call is shared between the manager and social care leaders. Due to current risks with some of the young people in the centre, the manager or social care leaders were usually contacted by staff and often needed to go in to the centre. Inspector's view that given there was a current pattern, in when on call was required; management should have provided additional staff on the particular nights necessary, for the safety of the young people.

The manager is line managed by the assistant director of service. There is daily contact between the two. The assistant director of service visits the centre on average about once a week and there was evidence of oversight in centre records. The manager provides a weekly service report to the assistant and director of service ensuring that they are aware of any issues within the centre. There are regional meetings held monthly and national meetings take place quarterly.

Register

The centre keeps a register of all young people residing in the centre. A duplicate copy of the register is also kept by the Child and Family Agency. Inspectors reviewed the register and found that it contained all the relevant information.

Notification of Significant Events

A cross section of significant event notifications was reviewed by inspectors. Staff have received training in the recording of significant event notifications since the last inspection. Inspectors noted that they were well written but needed more evidence of a more defined action plan following an incident. The agency has a significant event review group (SERG). Inspectors found evidence that significant events were discussed at team meetings and there was evidence of internal and external monitoring in the significant event records maintained in the centre. Social workers and the monitor were happy that they received the significant event notifications in a timely manner and they were happy with the quality of the records.

Training and development

The organisation has direct access to a training company in which all staff complete the required core training and can avail of any additional training that may be provided. Inspectors were provided with a schedule of training for the previous year as well as the current year. The majority of staff have completed the core training required such as behaviour management and First Aid. For staff who had yet to complete some of the training, dates were organised which included refresher training. Additional training in areas of managing self harm was also recently provided.

Administrative files

Inspectors found that overall the centre files were well organised with good systems in place. There was good evidence of management including external management monitoring centre files. There was no evidence that social workers review centre files and inspectors recommend that the social workers of the young people read the daily records from time to time to ensure additional oversight. The budget for the centre is a set amount but how it is divided can vary from week to week. Inclusive in the weekly budget is a clothing allowance, pocket money and phone credit. Young people are also paid an allowance if they attend their educational placement. In interview with the manager they informed inspectors that young people are asked to contribute to planned activities if they suggest there is something they would like to do. All of the above will determine how much will be allocated for the weekly grocery shop.

Staffing

The staffing in the centre consists of five social care workers and two social care leaders. There is also additional relief staff to cover annual leave or sick leave. All staff have a relevant qualification and there is a balance of experienced to inexperienced staff. From reviewing a cross section of personnel files inspectors found that all staff were appropriately vetted before commencing work in the centre. Inspectors noted that although maintaining staff in the past had been an issue, this was no longer the case and there is now a stable core team. The agency has an induction process which includes initial training on the model of care and a two day induction period in to the centre. The rota allows for three staff working during day/evening time hours and two staff on an overnight one of which is a live shift. The needs of some of the young people at the time of inspection proved more challenging at night time, and inspector's view that the organisation provides additional staff for this specific period of time. Inspectors, through observation at the time of inspection found that staff engaged well with the young people.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The agency has a detailed policy on supervision. From reviewing supervision records, inspectors found that supervision had been taking place in line with the centre policy of four to six weeks. The manager provides the majority of supervision to the staff and the social care leaders supervise some of the relief staff. Inspectors found some of the supervision records difficult to read and this was something that had been an issue in the previous inspection. As such it was difficult to comment on the content or quality of the supervision. The manager must ensure that supervision records are maintained to a standard that facilitates accountability. From interviews conducted and reviewing questionnaires staff expressed the manager to be both approachable and supportive to them regarding any issues in the centre. The manager receives supervision from the assistant director of service on a monthly basis. There were no supervision records available for inspectors to review so the frequency or quality of records cannot be commented on.

Handovers occur daily with the manager or a social care leader generally present. Team meetings are held fortnightly in which all staff are expected to attend including relief staff where possible. One inspector was present for a team meeting and found that there was good input from all staff pertaining to the young people. Minutes

reviewed by inspectors displayed that young people and placement plans were discussed with direction from the manager to the staff team recorded.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

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 and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- Management must ensure that supervision records are detailed and clearly legible.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Statutory care planning and review

All of the young people had an up to date care plan on file. The care plans included details on education, family contact, health and current issues to be addressed. Only one young person had an aftercare plan on file and the placing social work department have responsibility to ensure that all young people nearing the age of leaving care have an aftercare plan completed. There are placement plans on file and inspectors found that overall they were detailed and well written. The inspectors found that some of the terminology used in placement plans may be difficult for young people to understand as there was a lot of use of language from their model of care. The inspectors recommend that the manager and staff consider the recording of the placement plans as they need to be understood by the young people. Reviews were taking place in accordance with the (Placement of Children in Residential Care) Regulations 1995, Part V, Articles 25 & 26.

Contact with families

Young people had regular access with their family and from questionnaires filled in by the young people, they were happy with the amount of contact. Staff facilitated young people in visiting with their families and there was private space in the centre where young people could spend times with their families. There was good evidence in centre records of staff keeping family members updated on the young people's progress and of any issues that may have arisen.

Preparation for leaving care

Three of the young people were over sixteen years of age at the time of inspection. The centre have a section in the files for preparation for leaving care however inspectors found little evidence in this section of life skill work being conducted. In preparing young people for independence staff must ensure that life skill work is being completed and evidence this on file.

Discharges

The centre has a policy on discharges which include both planned and unplanned discharges. There have been no discharges since the last inspection.

Children's case and care records

Inspectors found that the care files were organized and contained all the relevant documentation to include birth certificates, care orders, consent forms and the young people's social history. There are arrangements in place for care files to be archived and stored when a young person is discharged from the centre.

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Supervision and visiting of young people

All of the young people have an allocated social worker. Three of the young people are visited regularly by their social workers and there was evidence of this on files. There is space in the centre for social workers to meet with the young people in private. There had been a change of social worker for the fourth young person since the last inspection. The social worker was based a long distance from the centre. They had visited the centre to meet with the young in accordance with the regulatory requirements however the young person refused to meet with them. This young person was experiencing some challenging times in the centre and inspectors view that the social work department arrange to visit the centre more frequently in effort to establish a relationship and support the young person during this time. There was information in the young person's handbook about external advocacy groups such as EPIC (empowering young people in care).

Social Work Role

Social workers interviewed reported that they were happy with the quality of care being provided to the young people. They reported that there was good communication from the manager and staff in relation to the young people. From reviewing the young person's care files there was evidence that strategy meetings had taken place when required.

Suitable placements and admissions

The centre has a detailed admissions policy which involves how decisions are made and the process of planning for a transitional move for a young person into the centre. This includes collective risk assessments and meetings with relevant professionals. There have been no new admissions since the last inspection. At the time of an admission for one young person the placement was deemed to be suitable. Circumstances have now changed and the centre is unable to safely meet the needs of this young person. There was evidence that staff made continued efforts to maintain the placement however it was impacting on the care of the other young people in the centre. This young person now requires an alternative placement and professionals involved were planning for this move.

3.5.2 Practices that met the required standard in some respect only

Emotional and specialist support

In interviews conducted staff had an understanding of the emotional needs of the young people. There was evidence of staff working on individual pieces of work relevant to current issues relating to the young person. Staff had undertaken work with young people on areas such as substance misuse, self harm, nutrition and sexual health. Young people were also referred to external specialist services relevant to their current issues. Some young people refused to attend these services and management must provide staff with additional support from clinical professionals to support them in working with the young people.

Aftercare

Of the three young people preparing to leave care, two had allocated aftercare workers. The third young person was waiting for an allocated aftercare worker and in interview with their social worker; they stated that this was due to waiting lists but that there would be an aftercare worker in place as they were nearing eighteen years

of age. One young person had an aftercare plan on file and semi- independent accommodation had been identified for this young person. The other young person had no aftercare plan on file. This young person was approaching the age of eighteen and would soon be leaving care. The previous care plan review was held almost six months ago and it was identified that this young person would require semi-independent accommodation. Funding was to be requested for this accommodation and at the time of the onsite inspection, no decision had been finalised. This is not fair to the young person and places upset and uncertainty at a crucial time in their lives. TUSLA, the Child and Family must ensure that each young person has an aftercare plan which clearly sets out the supports and accommodation options in advance of the young person leaving care.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.7 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- TUSLA, the Child and Family must ensure that each young person has an aftercare plan which clearly sets out the supports and accommodation options in advance of the young person leaving care.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

Inspectors found evidence of good practice in this area and staff were aware of the importance of maintaining young people's individual care within the centre. Young people each had their own rooms which they could decorate to their own taste should they wish to do so. The young people were allocated key workers on admission to the centre who they can spend time with on an individual basis. Young people are encouraged to engage in local activities of interest to them. There is a dedicated workshop in the grounds of the centre and the young people with the aid of staff have constructed furniture. Occasions such as birthdays and other festive events are celebrated in the centre.

Provision of food and cooking facilities

There is a domestic style kitchen in the centre which is large enough to accommodate everyone sharing a meal together. The manager informed inspectors that the young people don't always sit around the table instead taking meals to the sitting room or their bedroom. Mealtimes are a good social opportunity for everyone to come together and staff should encourage young people to mix socially as a group. Inspectors did find that food at the centre was nutritious and healthy eating was encouraged.

Race, culture, religion, gender and disability

The centre has a policy on recognising diversity. The manager informed inspectors that the staff encourage young people to engage with their cultural backgrounds but the current group of young people choose not to. Young people, through individual

work and as part of the ethos of the centre are encouraged to be respectful of all residents in the centre as well as the staff.

Restraint

There have been no restraints of young people since the last inspection.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

There are policies in place for managing behaviour and the sanctions that are permitted. The staff in the centre receive training in a model of behaviour management. They use techniques from this as well as their own model of care to manage unacceptable behaviour. Substance misuse in some cases was a factor in some of the behaviours displayed by the young people. Staff endeavoured to address this issue by using the sanction of supervised spending to curtail this issue; however some young people received an independent allowance. There is a record kept of all sanctions awarded to the young people in the centre. Self harm for some young people was a current issue in the centre at the time of inspection and staff were finding it difficult to manage. Often incidents occurred at night time and a staff member had to leave the centre with a young person in need of medical assistance. In these circumstances one staff member has to manage and care for a vulnerable young person in challenging environments. Management make provision for a senior staff member or manager to be on call, however given that there appeared to be a pattern to when incidents were likely to occur, an additional staff member should be on shift for the safety of the young person and support for the staff. The manager reported that bullying had been an issue for a period of time. Staff received training in helping them understand the nature of bullying and the skills developed were then used on working with the young people. The manager reports that currently bullying among young people is not an issue. Inspectors reviewed a cross section of the young people's individual crisis management plans (ICMP) and found them to be detailed and updated regularly.

Absence without authority

The centre has a policy for unauthorised absences. Each young person has an individual absence management plan (IAMP) and social workers interviewed confirmed that they had been consulted and involved in drawing up the IAMP. For two of the young people there were a high number of absences although there had

been a decrease in the few months leading up to the inspection. One young person was missing at the time of the inspection and the centre were following the joint protocol between the Child and Family Agency and the Gardai for reporting the young person missing from care. There was evidence that staff were regularly keeping in touch with the Gardai and the social work department during this absence. One inspector was present at a team meeting and there was discussion on how staff would manage this young person's return to the centre, however there was no definitive plan as to how a further absence could be prevented. Management must ensure that there are clear plans in place using the knowledge and circumstances in which the young person is likely to go missing from in the future.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 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 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- Management must ensure that there is adequate and sufficient staffing in place to manage presenting behaviours in a proactive manner.
- Management must ensure that when a young person returns to the centre following being missing from care, there are clear plans in place to prevent future possible absences.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.2	Management must ensure that supervision records are detailed and clearly legible.	Social Care Manager will ensure all supervision records are both detailed and clearly legible. Wherever possible supervision records will be typed. Quality, including detail and legibility, will be monitored by senior management, quality assurance department and through themed centre audits.	The Inspectors are satisfied with this response.
3.5	Management must provide staff with additional support from clinical professionals to support them in working with the young people.	The centre access clinical supports, including ACTS & CAMHS, attached to the clients to inform and support best practice and therapeutic interventions & decisions which promote successful outcomes for our young people.	The Inspectors are satisfied with this response.

	<p>TUSLA must ensure that each young person has an aftercare plan which clearly sets out the supports and accommodation options in advance of the young person leaving care.</p>	<p>Additional clinical supports are provided by Daffodil Care as indicated by the care planning process. In addition a robust annual training schedule has been implemented to ensure timely completion of core training as well as specialized training as indicated through regular staff training needs audits.</p> <p>The staff team in the centre will continue to link with designated social work departments to request, advocate and support appropriate aftercare planning for all young people.</p>	<p>The Inspectors are satisfied with this response.</p>
<p>3.6</p>	<p>Management must ensure that there is adequate and sufficient staffing in place to manage presenting behaviours in a proactive manner.</p>	<p>Management will ensure that there is adequate and sufficient staffing in place to manage presenting behaviours in a proactive manner. Daffodil Care have developed a risk escalation process which, in conjunction with the SERG, will assist in identifying patterns in behaviour and environmental factors which negatively impact on the centre and young people.</p> <p>Following risk assessment and in conjunction with social work teams staffing ratios are monitored and adjusted to best meet the needs of the centre. When crisis occurs, the team utilise the additional support of the On-call</p>	<p>The Inspectors are satisfied with this response.</p>

	<p>Management must ensure that when a young person returns to the centre following being missing from care, there are clear plans in place to prevent future possible absences.</p>	<p>Manager, periods of crisis will be supported by deployment of familiar staff to assist in minimising risk and restoring baseline behaviours.</p> <p>Management will continue to ensure that when a young person returns to the centre following being missing from care, there are clear plans in place to prevent future possible absences. All young people have individual absence management plans on file which are agreed in conjunction with social workers and are updated as required. All missing from care episodes are managed in accordance with the national protocol. The model of care, sanction and behaviour management policy within the organisation is adhered to following absences from the centre and supports this approach.</p>	<p>The Inspectors are satisfied with this response.</p>
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