



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

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| Centre ID number: | 035 |
| Year: | 2015 |
| Lead inspector: | Kieran Magorrian |

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Registration and Inspection Report

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| Inspection Year: | 2015 |
| Name of Organisation: | Daffodil Care Services |
| Registered Capacity: | Four Young People |
| Dates of Inspection: | 15th of July 2015 to 16th of July 2015 |
| Registration Decision: | Registered without conditions from the 13th of March 2015 to the 13th of March 2018 |
| Inspection Team: | Kieran Magorrian John Laste |
| Date Report Issued: | 11th of December 2015 |

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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

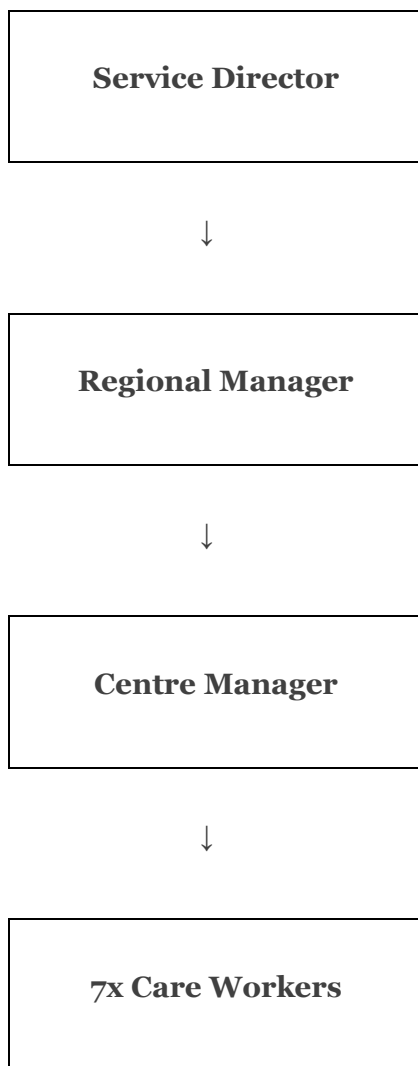
An application for registration made by the proprietors of this centre on the 13th of March 2015. This announced inspection took place on July 15th 2015 over a two day period and this report is based on a range of inspection techniques including:

- ◆ 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) Seven of the care staff
 - b) Two young people residing in the centre
 - c) The social worker(s) with responsibility for young person/people residing in the centre.
 - d) Other professionals e.g. General Practitioner's and therapists.
- ◆ 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) Four social care workers
 - c) Two young people
 - d) The monitoring officer
- ◆ 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 Centre's 2001.

The findings of this report and assessment of the submitted action plan on this date 11th December 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centre's.

As such it is the decision of the Child and Family Agency to register this centre without conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being: from the 13th March 2015 to the 13th March 2018.**

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 centre has a clearly written statement of purpose and function. Information about the centre is available in a user friendly booklet. While the therapeutic approach used at the centre is referenced in this information, the centre must provide additional information on the Systemic Therapeutic Engagement Model (STEM). The service director is responsible for the annual review of the statement of purpose and function.

The centre is registered to provide short to medium term care and can accommodate up to four young people of mixed gender aged 13 to 17 years old. There were two residents at the time of the inspection. The inspectors found that admissions to the centre were in line with the statement purpose and function of the centre.

The centre has a comprehensive policy and procedures document. The inspectors found that the staff team were familiar with the statement of purpose and function, and the key policies and procedures.

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.

Required Action

- The centre must provide additional information on the Systemic Therapeutic Engagement Model (STEM) for service users.

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

There are clearly defined lines of authority with regard to the operation of the centre. The day to day management of the service is the responsibility of the centre manager and they report to the regional manager who oversees the work of the centre. There was good evidence that the centre manager and the regional manager were satisfying themselves that appropriate and suitable care practices are in place at the centre.

The centre manager provides a weekly management report which is copied to area manager and external line management; the national service director, who is assisted by two national managers (the operations manager and the training manager). There was good evidence that the external management were overseeing the quality and effectiveness of the services provided by the centre.

The inspectors found that the centre manager was appropriately qualified at the time of the inspection. However the proprietor notified the Agency of a change in person as the manager resigned to take up an equivalent post closer to their home address. In the interim pending the appointment of a replacement, the regional manager was to take over responsibility for the day to day management of the centre. The proprietors appointed a replacement person-in-charge in November 2015.

Register

A register of all those who live in the centre was maintained by the centre manager. The inspectors found that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21; the admission and discharge details of residents were properly recorded. Three admissions and one planned discharge were recorded for the period under review.

Notification of Significant Events

The inspectors examined the centre records and found that significant event reports were promptly notified in line with the regulations. This was confirmed by the monitoring officer and supervising social workers. The practice complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 19, and the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 16.

Staffing

The deployment of staff was sufficient to meet the needs of the two residents. There were adequate numbers of staff on duty at the key times. The majority are suitably qualified with a degree in social care. The following grades were employed to work at the centre: one centre manager; two social care leaders; five social care workers and four relief social care workers. The inspectors examined the staff personnel records and found that the team was appropriately vetted before taking up duties.

Supervision and support

There is a supervision policy and staff supervision contracts were signed and dated. The team received regular supervision; sessions occur every 4-6 weeks. There was evidence in the records reviewed of an effective link between supervision and the implementation of the individual placement plans of the residents. The centre manager and social care leaders supervise the team and the director of services supervises the centre manager. Relief workers were also supervised periodically in accordance with their needs.

The inspectors observed handover meetings and there was clear communication and consistency between work shifts. There was evidence of regular team meetings and the team told the inspectors that they received good leadership and support from management. They were sorry to hear that their manager was leaving, but were clear that pending an appointment the regional manager would take over responsibility for the centre.

Training and development

The inspectors examined the training attendance records and found evidence that the team have attended the requisite training. Newly appointed staffs were required to attend induction training. The team told the inspectors that training opportunities for staff were good. The national training manager manages the staff training.

Administrative file

The inspectors found that there were systems in place to facilitate effective management and accountability. Care records and recordings relating to the young people are kept in perpetuity and the managers understand the requirements of the Freedom of Information Acts, and Data Protection Act.

3.2.2 Practices that met the required standard in some respect only

None identified.

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

- The proprietors must ensure that the person-in-charge vacancy is filled at the earliest opportunity.

3.3 Monitoring

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.3.1 Practices that met the required standard in full

The Child and Family Agency Monitoring Officer visited the centre in compliance with the regulations, standards and best practice. A monitoring report was published in June 2015. This report was positive and there were no matters of importance and concern. The monitoring officer told the inspectors that because the centre was newly opened it would take time for the team to jell and therefore to loss the manager at this time was unfortunate. The findings of the monitoring officer mirror the findings of this inspection.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

Required Action

None identified.

3.4 Children's Rights

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.4.1 Practices that met the required standard in full

Access to information

The inspectors found that the two residents were properly informed of their right to access information and the daily recordings about them. They told the inspectors that they had received information about the centre. The young people confirmed that they have received information on Empowering Young People in Care (EPIC).

Consultation

The young people told the inspectors that their views were sought when decisions were being made that affect their daily life and future. One young person shared their experience of being consulted when an important decision was being made. This was a positive experience for the young person.

Complaints

There is a written complaints procedure that is in line with 'Your Service Your Say'. The staff interviewed by the inspectors demonstrated a good knowledge about what to do if a young person was unhappy about any aspect of the service. They were clear that the young people have the right to complain about any aspect of their care. The inspectors reviewed the complaints register; there were no serious complaints at the time of the inspection. The complaints recorded in the register were taken seriously. Each complaint was properly investigated and then responded to in a timely way. There were no appeals. The centre complaints procedure must state that the outcome of the investigation of a complaint may be appealed to Tusla Child and Family Agency.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People.*

Required Action

- The centre complaints procedure must state that the outcome of the investigation of a complaint may be appealed to TUSLA Child and Family Agency.

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

Suitable placements and suitable admissions

There is a clear admissions policy and procedure and the inspectors found that they were followed. Applications are coordinated by the Tusla Child and Family Agency National Residential Care Service, Private Placements Team. Admissions to the centre are then considered by the service director and centre manager, subject to due consideration of the likely impact of any new admission upon the existing residents. Pre-admission risk assessments were carried out for new each resident. There was good evidence that the required information was submitted by the supervising social workers in support of the admission of each resident. The current placements were congruent with the needs of the residents and in line with the statement purpose and function for the centre.

Statutory care planning and review

The inspectors reviewed compliance with the regulations on care reviews for the two young people in residence at the centre; the care plan for one young person was not placement specific and was drawn up prior to the current placement. This was addressed with the social worker and the care plan is to be revised to reflect the current placement. In general the plans reviewed were clearly written and based upon the assessed needs of the young people. The inspectors found that the care review meetings were being organised in line with the legally defined time limits as set out in the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV*. One young person was recently admitted and a review meeting was scheduled. There is a placement plan for each young person and the plans were comprehensive. The plans reviewed on a monthly basis. Management should ensure the placement plans are agreed with and signed by the supervising social worker.

Contact with families

The inspectors found that the two young people had contact with family and friends where this was in their best interest and welfare.

Emotional and specialist support

There were no issues about access to specialist services at the time of the inspection. One young person was referred to Child and Adolescent Mental Health Services and an appointment was pending. The inspectors found that the young people have access to a range of specialist services in accordance with their needs. The two young people were assigned to a key worker. The two key workers were interviewed by the inspectors; they were knowledgeable about the emotional and psychological needs of the young people.

The therapeutic approach used at the centre is Systemic Therapeutic Engagement Model (STEM). This approach focuses on the young person's developmental needs with a particular focus on: Belonging (attachment); Mastery (achievement); Independence (autonomy) and Generosity (altruism). There is a training programme on how to use the approach. The director of services a psychologist has responsibility for oversight of the training. At the time of the inspection several team members had not the training. The management must ensure that all team members are trained in the use of the Systemic Therapeutic Engagement Model (STEM).

Discharges

The inspectors reviewed the discharges from the centre and found that one young person was discharged from the centre and the discharge was in accordance with the young person's assessed need.

Preparation for leaving care

One young person was preparing to leave care and the team was trying to implement a preparatory programme. This young person was reluctant to engage in the programme. The supervising social worker has made a referral to the after care service in the hope that this young person will engage appropriately with an after care worker.

Children's case and care records

The care files of the young people in residence at the time of the inspection were reviewed; the files were maintained in a standardised format and were accessible and easy to follow. The key documentation was present on the files. The recordings were kept up to date and the standard of record keeping was good. There was evidence that the care file records were routinely audited by management. The finding was that the care file records were maintained in a manner that facilitates effective management and accountability. This practice complies with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 22*.

The centre manager and service director confirmed that the care files of ex-residents are archived and stored securely.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

None identified.

Social Work

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.

3.5.4 Practices that met the required standard in full

Supervising and visiting of young people

There was evidence of compliance with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 24*. The inspectors found that the supervising social workers for the young people in residence were visiting them in compliance with the regulations. A number of the care files were sampled by the inspectors; the time and date of social work visits was recorded. But record of visits must also include the details of any action taken as a result of a social work visit.

Social work role

The inspectors found good evidence that the two supervising social workers were carrying out their roles and responsibilities in line with the regulations and standards.

3.5.5 Practices that met the required standard in some respect only

None identified.

3.5.6 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

- Management should ensure the placement plans are agreed with and signed by the supervising social worker.
- The management must ensure that all team members are trained in the use of the Systemic Therapeutic Engagement Model (STEM).
- The record of social work visits must include the details of any action taken as a result of a visit.

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

The inspectors found that the team encourages an environment that supports the young people. There was a warm and congenial atmosphere at the centre during the inspection. The inspectors observed that the residents generally get on with each other and enjoy positive relationships with the manager and team.

Provision of food and cooking facilities

The inspectors observed that the young people receive good quality, healthy food stuffs at the centre. The centre kitchen is domestic in character with a modern cooker, kitchen utensils, pots and pans etc.

Race, culture, gender, and disability

The inspectors found that the manager and team were aware of their role and responsibilities in this area.

Managing behaviour

There are written guidelines for staff on how to respond to inappropriate behaviour. The team is encouraged to consider the underlying causes of inappropriate behaviour, and day-to-day practices are in place in order to support the young people in managing their behaviour. Individual behaviour management plans are drawn up and agreed with the young person's social worker. The inspectors found that the plans for the two young people were tailored to their assessed needs.

The team receive training in supporting the young people in managing their behaviours. There were times when the young people have exhibited challenging behaviour and the inspectors found that the strategies used to intervene and manage behaviour were appropriate.

There is a written policy on sanctions and the young people are encouraged to reflect upon the consequences of their behaviour. Sanctions records were reviewed by the inspectors and there was no evidence to suggest that the young people were being treated inappropriately. There was evidence that the positive behaviour of young people is rewarded.

Restraint

The therapeutic crisis intervention approach is used at the centre and this includes training on the use of physical restraint. Restraint was viewed by the team as a final intervention in a very serious incident. The inspectors found that some team members required a training update on the use of therapeutic crisis intervention. Management must ensure that all staff attend certified training on the use of therapeutic crisis intervention. Restraint was not a regular feature of the young people's care at the centre. The centre procedure requires the staff to properly record the use of restraint at the centre. External management are then required to review the use of restraint at the centre.

Absence without authority

The inspectors found that the team were following the Children Missing from Care – Joint Protocol. There was evidence that matters were properly reported for the period under review, where a young person was absent from the centre and placing themselves at risk. Individual absconding management plans were in place for the young people at the centre. The plans were clearly written and agreed with the young people's social worker.

One young person had absconded on a regular basis and there was evidence that the team and the social work department were working together with the Gardaí in order to reduce the risk of harm to this young person. The centre manager should set up liaison meetings with the local Garda District in order to discuss the operation of the Children Missing from Care – Joint Protocol.

3.6.2 Practices that met the required standard in some respect only

None identified.

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 all team members attend certified training on the use of therapeutic crisis intervention.
- The centre manager should set up liaison meetings with the local Garda District in order to discuss the operation of the Children Missing from Care – Joint Protocol.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

Safeguarding

The inspectors found that there were clear and consistent vetting procedures and that the staff were properly vetted before taking up duties at the centre. There are guidelines on the nature of appropriate professional relationships between staff members and young people and procedures are in place for responding to any allegations or complaints about staff at the centre.

The team members interviewed by the inspectors were aware of the vulnerabilities of the two young people and they understood the need to create a positive and safe environment for them. The inspectors found that the young people were clear about what to do if they were unhappy about any aspect of their care.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

None identified.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

3.7.4 Practices that met the required standard

The inspectors found that the centre has a child protection policy in line with *Children First: National Guidance for the Protection and Welfare of Children 2011*. The centre manager is the designated person for the reporting of child protection and welfare concerns. A number of *Standard Report Forms* were submitted during the period under review. The inspectors found that the concerns were reported in a timely way and dealt with in line with *Children First: 2011* procedures. These concerns were taken seriously. One resident was frequently absconding from the centre and placing themselves at risk of significant harm. The inspectors found that the social work department and the team were working closely with the Gardaí in order to reduce the risk of harm to this young person.

The team members interviewed by the inspectors were familiar with their role and responsibilities under *Children First: National Guidance for the Protection and Welfare of Children 2011*. However the inspectors found that a number of staff did not attend the requisite *Children First: 2011* training. Staff members have a clear obligation to report any child protection concerns and must be trained in the principles and practice of child protection in line with *Children First: 2011* training.

3.7.5 Practices that met the required standard in some respect only

None identified.

3.7.6 Practices that did not meet the required standard

None identified.

Required Action

- Management must ensure that all team members attend *Children First: 2011* training.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

One young person was a recent admission to the centre and the team was looking into a suitable school placement. The other young person has left school and wants to pursue a vocational training course. The inspectors were satisfied that the team was supporting and encouraging this young person.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

The young people were registered with a local G.P. practice. Medical examinations are carried out as part of the admission process and the inspectors found that the care records of the young people provide good evidence that their health needs were addressed.

The inspectors found that medicinal products were stored securely at the centre and the administration of medicines was properly recorded. However there was no procedure for the safe disposal of unused medicines. The centre manager should liaise with the local pharmacist to obtain advice on the safe disposal of unused medicines.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 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 20, Medical Examinations.

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

Required Action

- The centre manager should liaise with the local pharmacist in order to obtain advice on the safe disposal of unused medicines.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The inspectors found that the accommodation was fit for purpose and can comfortably accommodate four young people. A safety audit was undertaken as part of inspection process. The centre met the required safety standard.

Maintenance and repairs

The inspectors found that routine maintenance and repair work was carried out promptly and there is an effective means for reporting hazards.

Safety

There is a centre specific health and safety statement and a staff member was assigned as the centre health and safety officer.

The vehicles used to transport the young people were roadworthy, legally insured and driven by persons who were properly licensed. Weekly safety checks were carried out on the vehicle and are recorded by the staff.

Fire Safety

The centre manager provided good evidence of compliance with fire safety and building control requirements. Fire detection equipment and the fire safety equipment at the centre were recently installed and they met the required standard. Maintenance contracts are in place for the servicing of fire safety equipment. Fire prevention and evacuation procedures were being carried out by the team. Fire safety compliance and related documentation must be kept in a standalone register in line with the 'HSE Fire Safety Guidelines and Requirements, Fire Safety Register – Children's Residential Centres' (2011)'.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 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 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- Fire safety compliance and related documentation must be kept in a standalone register in line with the 'HSE Fire Safety Guidelines and Requirements, Fire Safety Register – Children's Residential Centres (2011)'.

4. Action Plan

| Standard | Issues Requiring Action | Response | Inspectors Commentary |
|----------|---|--|-----------------------|
| 3.1 | The centre must provide additional information on the Systemic Therapeutic Engagement Model (STEM) for service users. | Young people presently receive a user friendly booklet with an overview of STEM. Daffodil Care Services are currently in the process of developing a STEM information leaflet for Social Work departments in order to ensure they have a clear understanding of how our model of care. | Response accepted. |
| 3.2 | The proprietors must ensure that the person-in-charge vacancy is filled at the earliest opportunity. | A new person-in-charge was appointed on the 23.11.15. | Response accepted. |
| 3.4 | The centre complaints procedure must state that the outcome of the investigation of a complaint may be appealed to Tusla Child and Family Agency. | The Centres complaints procedure now outlines the young person's right of appeal to TUSLA Child and Family Agency in line with TELL US. | Response accepted. |

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| <p>3.5</p> | <p>Management should ensure the placement plans are agreed with and signed by the supervising social worker.</p> <p>The management must ensure that all team members are trained in the use of the Systemic Therapeutic Engagement Model (STEM).</p> <p>The record of social work visits must include the details of any action taken as a result of a visit.</p> | <p>The centre manager will ensure that social workers sign off placement plans.</p> <p>The staff team attended Developmental Audit assessment training on 05.10.15. Further STEM training is scheduled for 19th- 22nd Jan 2016.</p> <p>The details of any actions taken following a social work visit will be recorded on the contact sheet which is used to record social work visits.</p> | <p>Response accepted.</p> |
| <p>3.6</p> | <p>Management must ensure that all team members attend certified training on the use of therapeutic crisis intervention.</p> <p>The centre manager should set up liaison meetings with the local Garda District in order to discuss the operation of the Children Missing from Care – Joint Protocol.</p> | <p>All current staff members are presently certified in therapeutic crisis intervention.</p> <p>The centre manager will meet with the local Gardaí District every two months in order to discuss the operation of the protocol.</p> | <p>Response accepted.</p> |

