



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 039

Year: 2017

Lead inspector: John Laste

Registration and Inspection Services
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Registration and Inspection Report

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| Inspection Year: | 2017 |
| Name of Organisation: | Daffodil Care Services |
| Registered Capacity: | Four Young People |
| Dates of Inspection: | 21st of June 2017 |
| Registration Status: | Registered from the 17th of September 2017 to the 17th of September 2020 |
| Inspection Team: | John Laste Inspector |
| Date Report Issued: | 4th October 2017 |

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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. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

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 provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was announced and took place over the following on the 21st of June 2017. The centre was first registered in 2011, completing two cycles of three years and had made an application for a further three year registration period.

The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.

- ◆ An examination of the questionnaires completed by:
 - a) The director of services
 - b) The assistant director of services
 - c) The director of quality assurance
 - d) Six of the care staff
 - e) The social worker(s) with responsibility for young people residing in the centre.
 - f) Correspondence with a principal social worker.

- ◆ An examination of the centre's files and recording process.

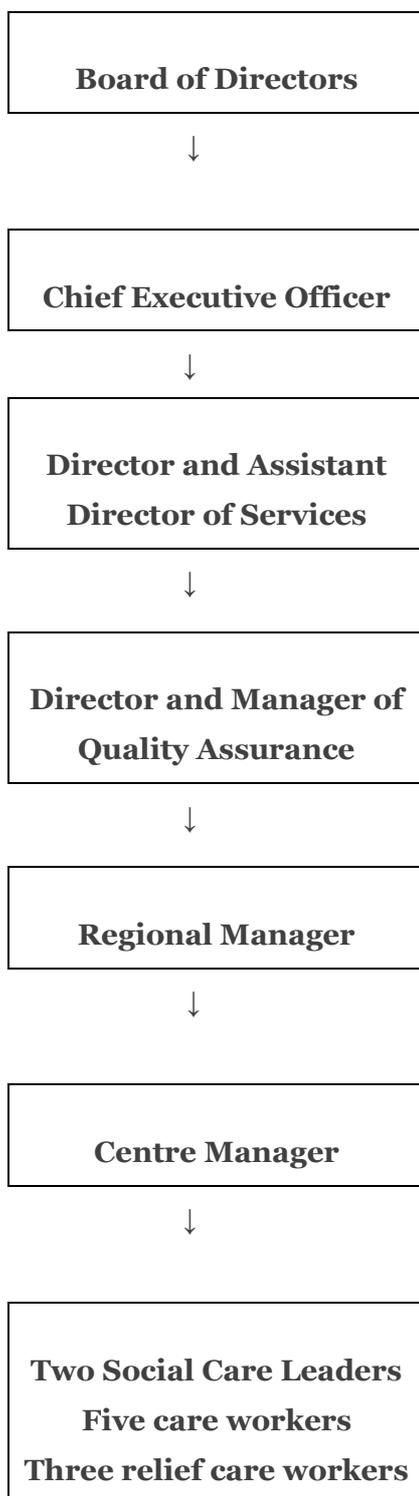
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The assistant director of services
 - c) One social care leader
 - d) Two care staff
 - e) Two young people

- ◆ 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

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration. The draft report was sent out to the centre manager on the 21st September 2017 and included the action plan to be completed and returned to the inspectorate. A satisfactory action plan response was received by the inspector on the 3rd of October 2017.

The registration panel has agreed that the centre should continue to be registered without conditions. As such the registration of this centre is the 17th September 2017 to the 17th September 2020.

3. Analysis of Findings

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 inspector found that the centre manager who was the person in charge was a suitably qualified person. There were clearly defined lines of authority with regard to the operation of the centre. The centre manager was responsible for the day to day management of the centre. The manager reports to and is supervised by the assistant director of services who oversees the work of the centre as external line manager. The assistant director of services answers to the director of services and proprietors.

There was good evidence that the centre manager and the external line managers were satisfying themselves that appropriate and suitable care practices are in place at the centre. The director of services was in regular phone and email contact with the manager as well as visiting the centre monthly. The assistant director of services was in daily contact with the manager and visits on a weekly basis. The centre manager provides a weekly management report which is copied to all the external line managers. A sample of the managers reports were reviewed by the inspector. These reports gave clear details regarding the status of each young person and the events happening within the centre within the given periods. There was also good evidence that the external line managers were overseeing the work of the centre. Where the visiting line manager has read and signed young people's files and daily logs.

The inspector interviewed the assistant director of services who was clear about the role and responsibilities of the post. The inspector found that the organisation and management of care at the centre was good and that the scrutiny of the centre was of a good standard. Quarterly practice audits were carried out by the organisation's quality assurance manager working in unison with the training and practice manager. A sample of audit reports was reviewed by the inspector and they were found to be comprehensive focused and analytical. The reports provided good feedback and critical analysis for the manager and staff.

The inspector found good evidence of the effective management of staff and of good quality supports for the staff team.

Register

A register of all those who live in the centre was maintained by the centre manager. The inspector found that the admission and discharge details of residents were properly recorded. Duplicated records are kept centrally by Tusla Child and Family Agency in accordance with the Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21.

Notification of Significant Events

The inspector interviewed supervising social workers and examined the centre records and found that significant events were promptly notified to both the Registration and Inspection office and social work department in a timely fashion. Significant event reports were sent to all relevant people.

Staffing

The inspector reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the three young people residing in the centre. Staff audit sheets and duty rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspector found that staff were suitably qualified and experienced. There was a good balance of newer staff with more experienced staff in the centre. The centre had access to relief staff. The audit of staff personnel records showed that the required references, and Garda vetting were taken up for all staff (including the relief panel) prior to taking up their positions. All new staff members received formal induction training.

Supervision and support

The inspector examined the records of staff supervision. Supervision sessions were recorded and signed by the supervisor and the team received regular supervision. The sessions occur every four to six weeks in accordance with the centre policy. There was good evidence in the records reviewed of an effective link to the implementation of the individualised plans for the residents. The centre manager supervised the social care leaders and the permanent staff team members, while the social care leaders supervised the relief staff and students. The assistant services director supervised the centre manager. Supervision contracts were reviewed periodically in line with the organisation's policy.

There was evidence of good team working with fortnightly team meetings and daily handover meetings. The inspector reviewed the team meeting minutes and found the care of the young people was very much prioritised within the meeting agenda. The inspector witnessed the daily handover and found it to be an effective communication process.

The staff interviewed informed the inspector that their manager provided clear leadership and support to the team. The organisation provided external employee support where there was a staff requirement.

Training and development

The inspector found evidence of attendance at certified training in fire prevention, occupational first aid, health and safety, therapeutic crisis intervention, and child protection in the last year. New team members were asked to attend induction training. The staff interviewed related that they had good access to training opportunities within the organisation.

Administrative files

The administrative files were examined by the inspector and the key records were in evidence. The recording system was well organised and accessible so that they facilitate effective management and accountability. There was good evidence that the manager and assistant director of services were monitoring the quality of records. Centre reports and daily logs were signed off by the manager and line management. Quality of record keeping was a part of the company's quality assurance audit and feedback on the audit was given to the manager and staff. Relevant records relating to the young people are kept in perpetuity and the management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

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 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 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

No action required.

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 admissions

The inspector found that the supervising social workers and centre manager were satisfied that the placements were suitable to meet the needs of the young people. The centre has a clear policy and procedure process for the admission of young people. Young people and their families could visit the centre prior to admission and the process was sensitive to each young person's needs.

The centre provided each young person with age appropriate written information describing all aspects of the centre. Key workers would meet the young people and go through the information relating to their placement. They also explained the centre rules and routines to the young people and their family where possible. A review of the young people's files showed that the centre had received adequate information regarding the young people. The centre management in consultation with the social worker risk assessed each placement and the impact the placement may have on other young people at the centre.

Statutory care planning and review

The inspector reviewed compliance with the regulations on care planning. Care Plans were completed within the required time frame for the three residents in compliance with the regulations. The care plans reviewed were comprehensive and took into account the young people's educational, social, health and behavioural requirements. The placement plans were developed based on the young people's care plans. The young people informed the inspector that they and their family were consulted in the process of the drawing up of the care plan and that they had received a copy of the plan.

Contact with families

The manager informed the inspector that the young people had contact with family and friends where this was in their best interest and welfare. This was confirmed by both the young people themselves and their supervising social workers. Access with family and friends was facilitated by the centre. The centre actively worked to support the young people in rebuilding relationships with their families where they may have broken down. Parents and families were encouraged to take an active role in the young people's placement where possible. The centre ensured that families were kept informed of young people's progress and notified of all significant events.

3.5.2 Practices that met the required standard in some respect only Supervision and visiting of young people

The inspector carried out telephone interviews with two of the social workers however at the time of the inspection one young person's social worker had moved post and the young person was awaiting a new social worker appointment. The centre manager informed the inspector that the social work team leader was holding the young person's case while the appointment was being made. Tusla, Child and Family Agency must ensure that a new social worker is assigned to the young person as a matter of priority.

The social workers of the young people visited them regularly and signed the young people's logs routinely. The centre logged each visit by a social worker on the young people's files and there was ample space in the centre for social workers to meet the young people in private. Social workers interviewed by the inspector confirmed this and that the centre welcomed all visits to the centre by outside professionals.

Social Work Role

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.

Emotional and specialist support

From the review of the care files the inspector found that the staff played a central role in working with the young people's emotional needs through key-work and individual work. The team provided an opportunity for the young people to explore and express any worries, views or concerns they may have on an individual basis. The centre had a key working system in place and the inspector found that the key workers had a good insight into the young people's emotional needs and they were attuned to these needs. There was evidence on each of the care files that both planned and opportunity led work took place to address the young people's emotional needs. There was evidence that any specialist support needed for the young people was easily accessible. The manager and staff used their initiative and knowledge of the local community to source external support programmes, assessments, consultancy and treatment or individual counseling for the young people.

Preparation for leaving care

The inspector found evidence of the centre staff working with the young people around practical life skills such as personal hygiene, household chores and cooking. Specific life skills programmes were tailored to meet their individual needs.

Discharges

The inspector was satisfied that the young people discharged from the centre were discharged in a planned way. There was one young person discharged from the centre in the past year which was planned and in agreement with the social worker. Information regarding all discharges are notified to Tusla Child and Family Agency and recorded on the centre register.

Aftercare

The current young people at the centre are not of the age for the aftercare needs assessment process to commence.

Children's case and care records

The inspector reviewed the care files of the young people. The files were maintained in a standardised format which was accessible and easy to follow. Care file records were kept up-to-date and the records were filed in chronological order. Each care file contained an original copy of the young person's birth cert, care order or parental consent. There was evidence that all the key documentation as set out in the regulations and standards were properly recorded on the care files. The recording standard was good and the inspector could see that the records were scrutinised by management. The manager confirmed that the care files of ex-residents are archived and stored securely.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency 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 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, Child and Family Agency must ensure that a new social worker is assigned to the young person as a matter of priority.

4. Action Plan

| Standard | Issues Requiring Action | Response | Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again |
|----------|--|--|--|
| 3.1 | Tusla, Child and Family Agency must ensure that a new social worker is assigned to the young person as a matter of priority. | <p>A child care leader was allocated to the young person as an interim measure.</p> <p>The principal social worker met with the young person on 22.08.17.</p> <p>A Care Plan was held on the 15.09.17.</p> <p>The social work team leader informed the review that a new social worker would be allocated the following week.</p> <p>The centre manager has contacted the social work department to request the new social worker contact details requested.</p> | Social work department to follow up. |