



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 006

Year: 2017

Lead inspector: Paschal McMahon

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	4th and 5th April 2017
Registration Status:	Registered from the 13th of March 2015 to the 13th March 2018 without conditions
Inspection Team:	Paschal McMahon
Date Report Issued:	July 2017

Contents

1. Foreword	5
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.2 Management and Staffing	
3.4 Children’s Rights	
3.5 Planning for children and young people	
3.8 Education	
3.9 Health	
4. Action Plan	17

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 un-announced and took place on the 4th and 5th April 2017. The report is based on a range of inspection techniques including:

- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) The director of services
 - c) Eight of the care staff
 - d) Two young people residing in the centre
 - e) Other professionals e.g. General Practitioner's and therapists.

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

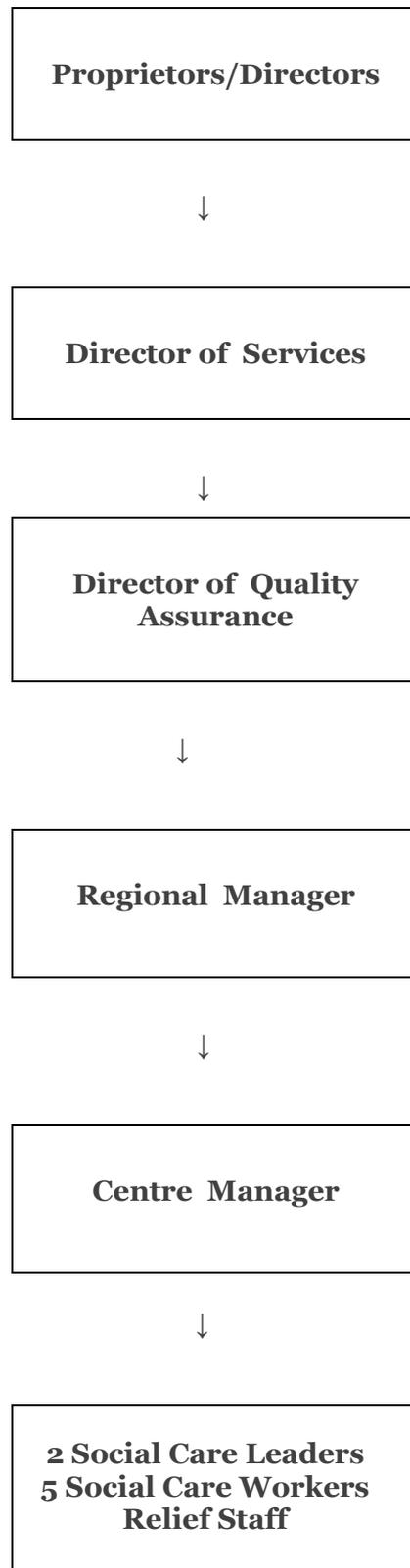
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Four staff members
 - c) One young person
 - d) One of the allocated social workers

- ◆ 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

The findings of this report and assessment of the submitted action plan deem the centre to continue to operate in adherence to regulatory frameworks, the National Standards for Children's Residential Centres and in line with its registration. As such the registration of this centre remains registered without conditions from the 13th of March 2015 to the 13th of March 2018.

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 centre manager had been in post since the centre opened in March 2015. The manager was an appropriately qualified experienced social care professional with previous managerial experience. Inspectors found that the centre manager had systems in place to ensure suitable and appropriate operational practices were in place which included the supervision of the staff, daily interactions with the young people, observations of staff practices, attending staff meetings as well as reviewing records. The manager was supported in their role by two social care leaders and there was evidence of regular management meetings taking place. The inspector found good evidence of clear leadership and direction from the unit manager. External professionals the inspector spoke with commented on the professionalism of the centre manager.

The centre manager reported to the organisations regional manager and there was evidence that they had visited the centre on a regular basis. At the time of inspection the regional manager was on leave and the company's director of quality assurance had assumed this role. External monitoring of the centre was also conducted by the organisations quality assurance team who conducted internal audits and specific themed audits.

Register

The centre maintained a register of all young people who had been admitted to and discharged from the centre. The admission and discharge details of the young people were properly recorded in accordance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21;

Notification of Significant Events

The inspector was satisfied that there were systems in place to ensure that significant events were reported promptly to the child and family agency. The centre maintained

a register of significant events and significant event reports were also referenced in the daily logs. External professionals confirmed that they were satisfied that there was prompt notification of significant events.

One social work department had raised concerns in relation to two incidents in regards to one young person. A meeting subsequently took place with the social work department and the centre to review these incidents. One of the outcomes of this meeting was the requirement for a protocol to be developed by the centre and the social work department with CAMHS for a young person who presents with low presentation and suicidal ideation. The inspector recommends that the supervising social work department ensures that this protocol is developed as soon as possible.

The inspector was satisfied that significant events were reviewed by management and the staff team. There was evidence of reflective practice taking place resulting in young people's individual crisis management plans being reviewed and plans and practice guidelines being developed.

There was an external significant event review group in place to review serious incidents. This group consisted of all centre managers in the region with the regional manager. They met monthly to review serious incidents that occurred in the centres. This group provided external oversight of significant events identifying patterns of behaviour and learning opportunities for the staff teams.

Staffing

The staff compliment in this centre consisted of the centre manager, two social care leaders, five social care workers and relief staff. At the time of inspection there was a stable team in place in the centre with a good skills mix and level of experience. There had been very little staff changes in the previous twelve months which was positive and strategies employed by the organisation to retain care staff appeared to have been successful. External professionals also highlighted the consistent staff team in place and the strong relationships that existed between the young people and staff. Staff told the inspector that they enjoyed working at the centre and that a lot of work had been put in to developing a cohesive team. The inspector found that the centre had a formal induction process for new staff members including a shadow shift which was viewed as beneficial by the staff team.

The inspector carried out an audit of the personnel files of two new relief staff members who had commenced employment since the last inspection and found that the required references and police checks were on file.

Supervision and support

The centre had a supervision policy which stated that individual supervision is provided for staff every 4 – 6 weeks. The centre manager supervised all of the full time staff and the social care leaders supervised the relief staff. The manager received formal supervision from the service's regional services manager who also offered informal support through regular phone contact. Each member of staff had a supervision contract that sets out the terms, expectations and arrangements for supervision. The agenda was shared and supervision records were signed. The manager kept the supervision records in a secure locked cabinet. The inspector did a random check on a number of supervision files and noted that there was a link between supervision and the implementation of the young people's placement plans. Staff members interviewed by the inspector confirmed that they received supervision regularly in accordance with the centres supervision policy.

The centre had a number of support mechanisms in place for staff including on-call support and staff reported that debriefing took place following serious incidents.

Training and development

Training records reviewed by the inspector provided evidence that the core team had received the required training in first aid, behavior management and child protection. Staff had all received training in Systemic Therapeutic Engagement Model (STEM), the centres model of care. It was evident from interviews with staff that they had an understanding of STEM and gave examples of its practical implementation in their work with the young people.

Administrative files

The inspector reviewed the administrative files at the centre and found that there were systems in place to facilitate effective management and accountability. There was also evidence that the manager and external managers were monitoring the quality of the centre records.

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

None identified

3.4 Children’s Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

The inspector met with one of the residents during the inspection and they were knowledgeable about their rights and responsibilities. Staff interviewed by the inspector said that the young people are encouraged to attend weekly residents meetings. The residents’ meetings minutes were examined by the inspector, and there was good evidence that the young people had the opportunity to express their views and opinions. The staff team consult young people on a regular basis in relation to peer relations. The centre takes the issue of bullying very seriously and has carried out a lot of work in developing an anti-bullying awareness in the centre. The centre in conjunction with the Irish Society for the Prevention of Cruelty to Children has reviewed its bullying policy, practices and awareness of the potential risks of bullying. Some of the supports which have been introduced include an assigned bullying co-ordinator in the centre as well as an anonymous on line tool for young people to report incidents of bullying via an on line link. The centres efforts have been acknowledged by the Irish Society for the Prevention of Cruelty to Children with the awarding of a “Blue Shield against Bullying” award for the work they have completed.

Complaints

The Inspector was satisfied that a complaints procedure was in place, and that the residents received user friendly information on the operation of the complaints procedure. The young person interviewed by the inspector was very happy about the care they received in the centre. They said that the staff listened to them and took their wishes and preferences into consideration. The centre had a written complaints procedure, and the inspector found that the young person and staff interviewed had good knowledge of the procedure, and what to do in the event of a complaint. There were no serious complaints during the period under review, and the inspector was satisfied that the complaints registered by residents during the period under review were properly investigated and recorded.

Access to information

The Inspector was satisfied that there was a clear written procedure which sets out how young people can access information about themselves and the services available to them. There was evidence on file of young people reading their daily logs.

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

None identified

3.5 Planning for Children and Young People

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.

Social Work Role

3.5.1 Practices that met the required standard in full.

None identified

3.5.2 Practices that met the required standard in some respect only

Both young people had allocated social workers. One social worker had recently been assigned to a young person as the previous social worker had been on extended sick leave. Records showed young people had been visited regularly in accordance with the standards. The inspector found that some key information was missing from one of the young people's care files. There was evidence that the centre management had made extensive efforts to access this information without success. The Child and Family Agency social worker must ensure that this information is provided to the centre as soon as possible in order to provide sufficient information to the centre to inform the care of the young person.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 22, Case Files.

Required Action

- The Child and Family Agency social work department must ensure that key information missing from a young person's file is provided to the centre without delay.

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

The two young people in the centre were attending school. One of the young people's attendance had been inconsistent. The inspector was satisfied that staff were making efforts to encourage and maintain the young person in their educational programme and their attendance had improved at the time of inspection. There was a comprehensive education section on each young person's file. An educational assessment was completed in respect of one of the young people in placement after which the young person was transferred to a more appropriate educational placement.

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

Staff reported to the inspector that the young people were in general good health. The two young people had access to a general practitioner and had received a medical examination on or prior to admission. There was evidence on file that the young people had access to medical and specialist services and records of the administration of medications were maintained. The inspector found that health education was undertaken by key workers on a number of areas including smoking cessation, sexual health and drug awareness.

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

None identified

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.5	The Child and Family Agency social work department must ensure that key information missing from a young person's file is provided to the centre without delay.	A new supervising social worker has assumed responsibility for this young person's case. The supervising social worker informed the inspector that the required information will be forwarded to the centre as soon as possible.	The centre will continue to ensure that young people's files and records have update information and reports. This will be completed via the centre manager requesting information and escalating this to a senior level should this not be completed, to ensure that our own Policies are adhered to.