



**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

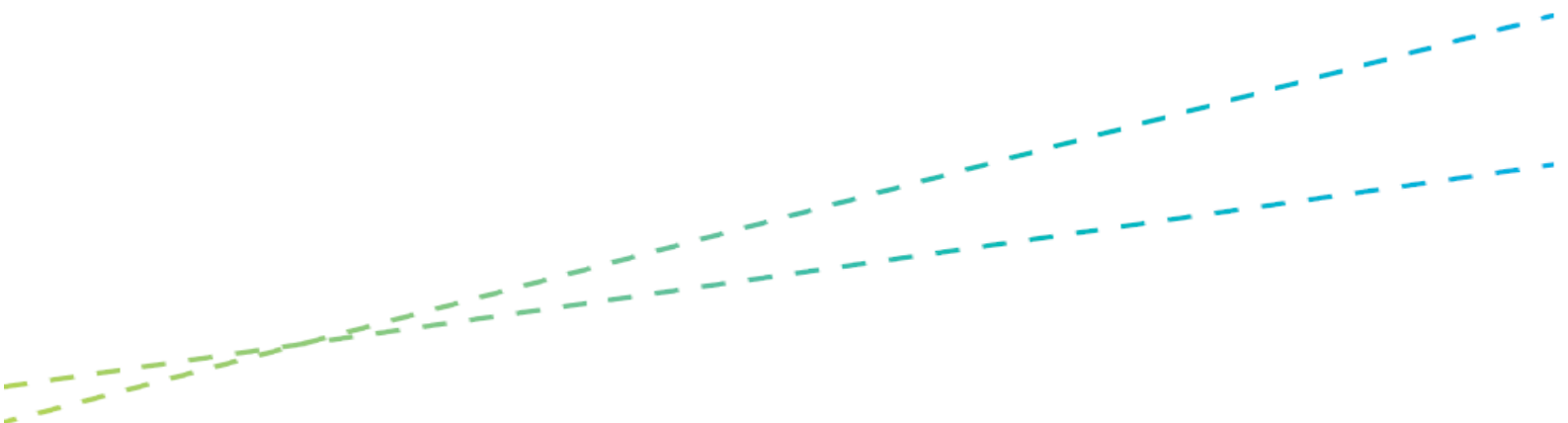
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 095

Year: 2017

Lead inspector: John Laste

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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:	19th of September 2017
Registration Status:	30th of December 2017 to 30th of December 2020
Inspection Team:	John Laste
Date Report Issued:	2nd January 2018

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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 Centre Description

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. The centre was first registered in 2008 and has had three cycles of the registration process. The centre is registered to provide care to four young people of mixed gender aged 13 to 17 years on admission. This inspection was announced and took place on the 19th September 2017.

1.2 Methodology

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) Eight of the care staff
 - b) Two social care leaders
 - c) The director of services
 - d) The assistant director of services (centre line manager)
 - e) Two social workers with responsibility for young people residing in the centre.
 - f) The director of quality assurance for the service
- ◆ An examination of the centre's files and recording process.

- ◆ Interviews with relevant persons that were deemed by the inspection team as to have 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) Three staff members
 - 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 inspector 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.

1.3 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 8th of December 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 13th of December 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 30th of December 2017 to the 30th of December 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 reported to and was supervised by the assistant director of services who had oversight of the work of the centre as external line manager. The assistant director of services answered to the director of services and proprietors.

During the inspection the inspector was informed that the centre manager had tendered resignation of their position for personal reasons. The assistant director of services confirmed this and an official notification of change of manager was sent to the registrar. A new manager had been identified from within the organisation with the intention of maintaining continuity at the centre throughout the managerial transition. On review of the new managers file the inspector found the new manager who was being promoted from a social care leader post, to be a suitably qualified and experienced person with references and Garda vetting on file. The new manager was undergoing a period of handover from the resigning manager. The assistant director of services must provide extra support to the incoming manager while they are settling in to the new role.

There was good evidence that the centre manager and the external line managers were satisfying themselves that appropriate and suitable care practices were 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

provided a weekly management report which was 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 in 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 read and signed young people's files and daily logs. There was evidence in the centres audit reports of comment and direction given in relation staff practice.

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 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.

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. Monthly significant event meetings evidenced good management oversight of the incidents. The organisations auditor and regional manager reviewed the significant incidents on an ongoing basis and made recommendations and suggestions where appropriate.

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 and the inspectors found that there was not an over reliance on their use. The audit of staff personnel records showed that the required references, Garda vetting and qualifications were taken up for all staff (including the relief panel) prior to taking up their positions. All new staff members received formal induction training which was evidenced on file and was of a good quality.

Supervision and support

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

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 a main focus and priority within the meeting agenda. The inspector witnessed the daily handover and found it to be an effective communication process. A planning/handover sheet was completed daily where goals were outlined and persons to complete the tasks identified.

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.

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 facilitated 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 were kept in perpetuity and the management understood 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

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 required to attend induction training. Some staff were due to complete fire safety and first aid training. The centre manager must ensure that all outstanding staff training is completed.

The staff interviewed related that they had good access to training opportunities within the organisation. Some staff members had just completed a restorative justice course which they spoke highly of.

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

- The centre manager must ensure that all outstanding staff training is completed.

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 had a clear policy and procedure process for the admission of young people. The inspectors saw evidence that the centre provided each young person with age appropriate written information describing all aspects of the centre. Key workers met the young people and went through the information relating to their placement. They also explained the centre rules and routines to the young people and their family where possible. This was confirmed by two of the young people who spoke to the inspector.

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 had on other young people at the centre.

At the time of the inspection a young person had been admitted on emergency respite from another of centre within the organisation. This was with agreement of the young person's social work department and was to be a short term arrangement. The young person's presentation required that the staffing provision included a live night person providing regular overnight checks for the young person's wellbeing. On 10th of October 2017 the centre manager informed the inspector that the young person had begun a transition back to their original centre nearer their home.

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, behavioural and health requirements. The placement plans were linked to the care plans drawn up by the centre. 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 two of the young people and their supervising social workers. Access with family and friends was facilitated by the centre. There was evidence that 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.

Supervision and visiting of young people

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.

The inspector carried out telephone interviews with two young people's social workers. They informed the inspector that the centre kept them well informed on all aspects of the young people's care. The centre provided social workers with copies of significant event notifications and regular telephone contact was also maintained by centre staff.

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 which was supported by specialist support services outside of the centre where appropriate. The manager and staff used their initiative and knowledge of the local community to source external support programmes, assessments, consultancy and treatment or individual counselling 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. Neither of the young people were over 16 years of age and therefore were not yet preparing for leaving care.

Discharges

There were three young people discharged from the centre in the past six months. The most recent young person's discharge had to be accelerated due to levels of high risk behaviours and threats made to staff. The inspector found evidence that every effort was made to try maintain the placement. The young person's social worker informed the inspector that though disappointed to lose the placement for the young person they understood the reasons for the discharge and the safety issues at hand. The inspector was satisfied that the other two young people discharged from the centre were discharged in a planned way. Information regarding all discharges were notified to Tusla Child and Family Agency and recorded on the centre register.

Aftercare

The inspector found evidence of the centre staff working with the young people around their individual independent living needs. Neither of the young people were over 16 years of age and therefore were not yet preparing for aftercare.

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 team. The manager 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.

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

None required.

4. Action Plan

Standard	Issues Requiring Action	Response and time frame	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The centre manager must ensure that all outstanding staff training is completed.	Three staff have since completed their TCI refreshers. A new staff member completed manual handling on 01.12.17, OFA on 04.12.17 and 05.12.17 is scheduled for TCI 13.12.17, 14.12.17, 18.12.17 and 19.12.17	A staff member was due to complete Manual handling on 01.12.17 but was unable to attend due to annual leave. Relief staff have been offered all training courses but have been unable to attend due to being in college full time. When completing the roster, management ensure that staff that do not have all their training are rostered with fully trained staff. Staff will be scheduled for any outstanding training when it becomes available in 2018.