



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

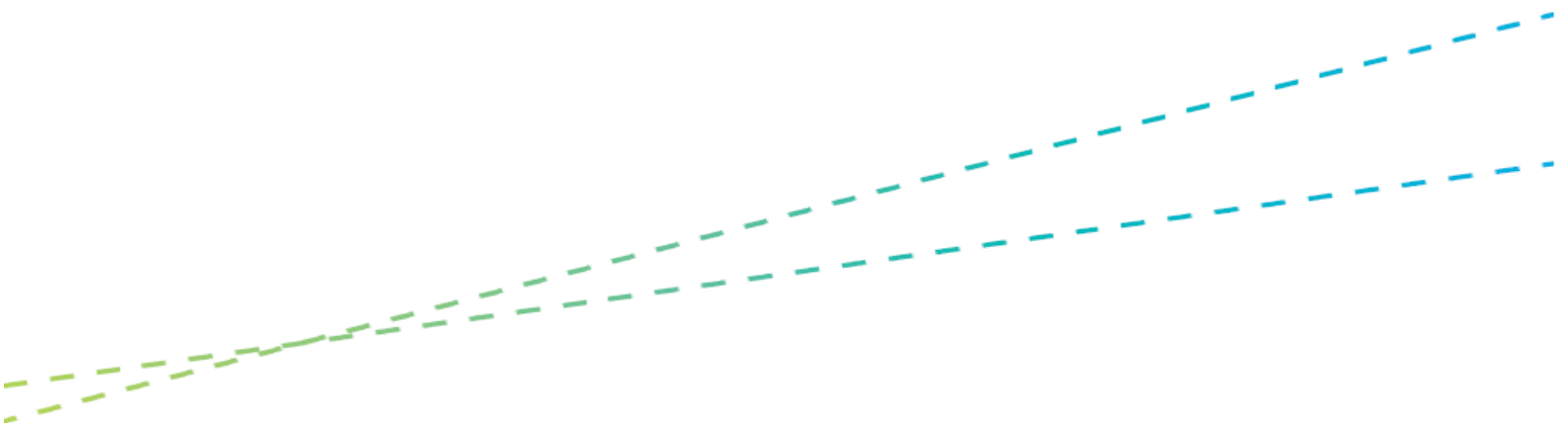
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 128

Year: 2018

Lead inspector: John Laste

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	20th and 21st of June 2018
Registration Status:	Registered from the 25th of August 2017 to the 25th of August 2020
Inspection Team:	John Laste Paschal McMahon
Date Report Issued:	3rd of August 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 operation of the centre in line with its registration. The centre was granted their first registration in August 2017. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without conditions from the 25th of August 2017 to the 25th of August 2020.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. There were four young people in the centre at the time of the inspection. The centre's model of care was described as STEM (Systemic Therapeutic Engagement Model). STEM provides a framework for positive interventions with young people to develop relationships focused on achieving strengths based outcomes through daily life interactions. STEM draws on a number of complementary philosophies and approaches including Circle of Courage, Response Abilities Pathways, Therapeutic Crisis Intervention and Daily Life Events.

The inspectors examined standards 2 'Management and Staffing', 4 'Children's Rights', 6 'Care of the Young People' and 7 'Safeguarding and Child Protection' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 20th and 21st of June 2018.

1.2 Methodology

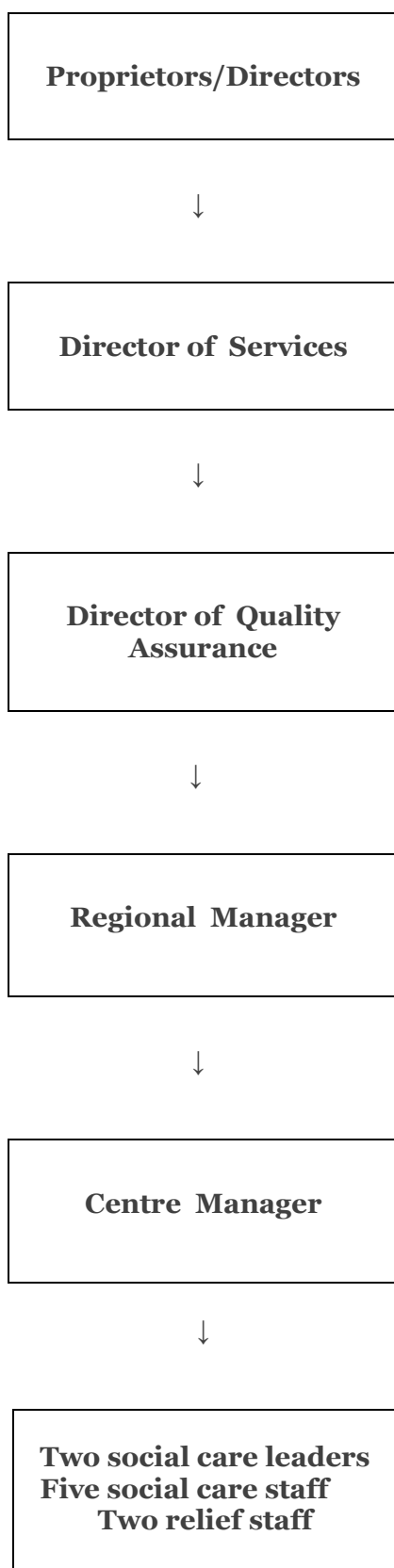
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Seven of the care staff
 - b) Three young person/people residing in the centre
 - c) Two social worker(s) with responsibility for young person/people residing in the centre.
- ◆ An examination of the centre's files and recording process.
 - Aspects of the care files
 - Supervision records
 - Handover book
 - Team meeting minutes
 - Audit reports
- ◆ 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 regional manager
 - c) One social care leader
 - d) Two staff members
 - e) Two of the young people
 - f) One Social worker
 - g) One aftercare worker
 - h) The lead inspector
- ◆ 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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 27th July 2018. The centre provider was required to provide a response regarding factual accuracy of the report's text. Within this report there were no corrective or preventive actions (CAPA) at this time to be returned to the inspection service. The centre manager returned the report on the 31st July 2018 citing no factual inaccuracies.

The findings of this report and assessment by the inspection service deem the centre to be continuing to operate in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 128 without attached conditions from the 25th of August 2017 to the 25th of August 2020 pursuant to Part VIII, 1991 Child Care Act.

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 inspectors 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 regional manager who oversaw the work of the centre as external line manager. The regional manager reported to and was accountable to the director of services and proprietors.

The inspectors found good evidence in the centre documentation that the centre manager and the regional manager were satisfying themselves that appropriate and suitable care practices were in place at the centre. The regional manager who was interviewed by the inspectors, was clear about the role of line management and the support and supervision they provide to the manager. The regional manager was in regular email and phone contact with the manager and visited the centre weekly and some times more often when required.

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 inspectors. 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 through the reading and signing of young people's files and daily logs.

The director of services was in regular phone and email contact with the manager and the regional manager, as well as visiting the centre monthly. The organisation's director of quality assurance had carried out an audit of the centre and provided the

centre manager with a report which outlined issues that required corrective action. The inspectors found that the manager had addressed issues and provided a response to the report with a root analysis of the issues arising and corrective. This included preventative actions to address each matter in a way that prevents reoccurrence.

Register

A register of all those who lived in the centre was maintained by the centre manager. The inspectors examined the centre register and found that the admission and discharge details of residents were properly recorded. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

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 inspectors reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the four young people living 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 inspectors 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 inspectors examined the records of staff supervision. Supervision sessions were recorded and signed by the supervisor and the team received regular supervision every four to six weeks in line with the centre's supervision policy. There was good evidence in the records reviewed of an effective link to the implementation of the individualised plans for the residents. The regional manager supervised the centre

manager who in turn supervised the social care leaders and the permanent staff team members, while the social care leaders supervised the relief staff and students. One of the child care leaders who is new to the centre, was scheduled to do supervision training and the inspectors recommend that this training is completed as soon as possible. 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 a main focus and priority within the meeting agenda. An inspector attended the daily handover meeting and found it to be a thorough and effective communication process.

Training and development

The inspectors found evidence of attendance at certified training in fire prevention, occupational first aid, health and safety, therapeutic crisis intervention, and child protection in the past year. New team members were required to attend induction training. The company's electronic staff administration system automatically flags when staff were due up-dating in the different types of core training. There was a schedule in place for staff to attend fire safety, first aid training and training in the centre's model of care (STEM). The inspectors recommend that the all outstanding staff training is completed as scheduled. The staff interviewed told the inspectors that they had good access to training opportunities within the organisation.

Administrative files

The administrative files were examined by the inspectors 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 regional manager were monitoring the quality of records. Centre reports and daily logs were signed off by the manager, regional manager and from time to time by the director of services. The quality of record keeping was of a good standard and the presentation of the files was very much part of the feedback given to the manager and staff within the company's quality assurance audit. The centre had clear financial systems in place.

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

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

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

Young people's rights were reflected in centre policies and care practices. Two young people informed the inspectors that they attended and had a say in their child in care reviews. The young people confirmed they were consulted about decisions that affected their lives. The inspectors reviewed minutes of young people's weekly meetings which detailed consultation with young people about day-to-day living at the centre and provided an opportunity for them to raise any issues.

The young people told the inspectors that they were included in decisions made about the running of the centre, for example activities, the weekly food shop and meals cooked in the centre. There was also the facility for young people to make phone calls in private. The inspectors were informed that a representative of EPIC (Empowering Children in Care) the children's advocacy group had visited the centre in recent months.

Complaints

There was a complaints policy in operation in the centre. This policy distinguished between dissatisfaction and more formal complaints, both of which were recorded in a complaints register. The inspectors recommended that the centre complaint policy be reviewed to bring it in line with the Tusla - Child and Family Agency's complaint procedure "Tell us".

Two of the young people informed the inspectors that they knew how to make a complaint and they could identify people they could make a complaint to. There was evidence that complaints were responded to appropriately and addressed either by the staff team or by their social workers. The young people's social workers confirmed this. Any minor complaints were regularly reviewed at team meetings to establish any patterns or themes that may be arising from them. There was evidence in the files that management were reviewing all complaints. The majority of complaints made by young people were expressions of dissatisfaction relating to the day-to-day living in the centre. These were addressed by the centre staff in an effective way.

Access to information

There was evidence on file that the young people were informed of their right to access their records on admission. The inspectors were informed that the four current residents are encouraged by their keyworkers to access their records and there was a system in place to facilitate this process. One of the young people informed the inspectors that they regularly read what was being written about them. Another young person stated that they chose not to access their files but were invited to if they wished. The inspectors found that access to information by young people is actively and consistently promoted and there was evidence of young people being offered access to their records.

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 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.

3.6 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 the atmosphere in the centre to be friendly and hospitable. It was observed that the staff treated young people with respect and as individuals. Young people in turn were observed to be respectful towards staff in their interactions with them. The inspectors found that the young people had the opportunity to develop their interests and hobbies.

The inspectors spoke to two of the young people in the centre who were positive about the centre, the staff and in general the care provided to them. The young people had keyworkers and were aware of the keyworker's role which they found helpful for them, particularly to have someone to discuss issues with. The inspectors observed that the young people were cared for in a manner that took account of their

wishes, preferences and individuality. A young people's social worker and aftercare worker informed the inspectors that this had been a very positive placement and that the young people's needs were being met.

Provision of food and cooking facilities

The inspectors observed that there were adequate quantities and varieties of food available at meal times and the young people's preferences were taken into consideration. Young people had easy access to food and were encouraged to prepare meals. Both staff and the young people ate their meals together where possible and in a very homely and relaxing fashion.

Race, culture, religion, gender and disability

The centre ethos and company policy actively protected both staff and young people from any form of discrimination. Inspectors found that the staff made every effort to ensure that the young people in placement enjoyed, in so far as is possible, the same opportunities as their peers. Individual work was provided for the young people, as they required, that catered for their spiritual and cultural needs. Young people were given the opportunity to practice their religion if they wish to do so.

Managing behaviour

The inspectors found that there was a clear written policy on managing behaviour. Each young person had an appropriate Individual Crisis Management Plan (ICMP) which clearly identified unsafe behaviour and set out the response required by staff. The plans set out the approach or intervention that worked in supporting the young people. The inspectors observed the relationships between the young people and the staff team which was very positive and the young people responded respectfully to the staff.

The centre had a policy around sanctions in place. Sanctions were only administered when there was unacceptable conduct. The inspectors found that no inappropriate sanctions were administered during the period under review. Where a sanction was applied it was by way of natural consequence for the young person.

Restraint

The centre had a written policy on the use of physical restraint. There had been no physical restraints in the centre since the centre opened in August 2017.

Absence without authority

There had been no absences from the centre since the centre opened.

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 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

None identified.

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

The inspectors found that the centre had written policies and procedures on safeguarding, including policies on professional boundaries, supervision of young people and complaints, with good practice guidelines for staff. The staff interviewed by the inspectors had a good knowledge of centre's policies and procedures. There was also evidence that standards of care including records were being monitored by internal and external management.

The inspectors reviewed the files of two staff members that were employed in the centre since the previous inspection and found that they had been appropriately vetted before taking up duties at the centre.

Staff interviewed by the inspector confirmed that they had received induction and there was evidence of ongoing staff training. The inspectors reviewed the staff training records and found that the centre had an extensive ongoing training programme for staff. The majority of staff had received the required training in behavior management, child protection, first aid and fire safety with a schedule set out for those due to update their training. Other relevant training such as medication management and restorative justice was accessible to staff.

The centre had written guidelines on appropriate professional relationships and boundaries between staff members and young people. The young people had access to a telephone and could make phone calls to family and friends in private. Young people were given information and contact numbers for groups and organizations set up to promote their rights. The young people told inspectors that they were familiar with EPIC (Empowering Children in Care) and a representative of EPIC had visited the centre.

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.

The inspectors reviewed the centre's safeguarding statement and the centre manager was the identified designated liaison person (DLP). The staff members interviewed were familiar with the role of the designated liaison person in reporting child protection concerns and they were aware that they were mandated persons with responsibility to report issues of concern themselves. All staff were trained in 'Children First' and staff interviewed by the inspectors were clear about their obligation to report any child protection concerns in accordance with the Children First 2015 legislation.

The inspectors found that there was one child protection and welfare report made by the centre in relation to a young person in the centre. Records examined by inspectors showed that the matter was reported appropriately. The inspectors were

satisfied that the centre manager as DLP was following up the matter with the relevant principal social worker who received the report.

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.