



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 006

Year: 2018

Lead inspector: Paschal McMahon

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	23rd and the 26th of January 2018
Registration Status:	Registered without attached conditions from the 13th of March 2018 to the 13th of March 2021
Inspection Team:	Paschal McMahon John Laste
Date Report Issued:	3rd of May 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 March 2015. At the time of this inspection in January 2018 the centre were in their first registration and were in year three of the cycle. The centre was registered without conditions from the 13th of March 2015 to the 13th March 2018

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre's model of care was described as STEM (Systemic Therapeutic Engagement Model).

The inspectors examined standards 2 'management and staffing' and 5 'planning for children and young people' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 23rd and 26th of January 2018.

1.2 Methodology

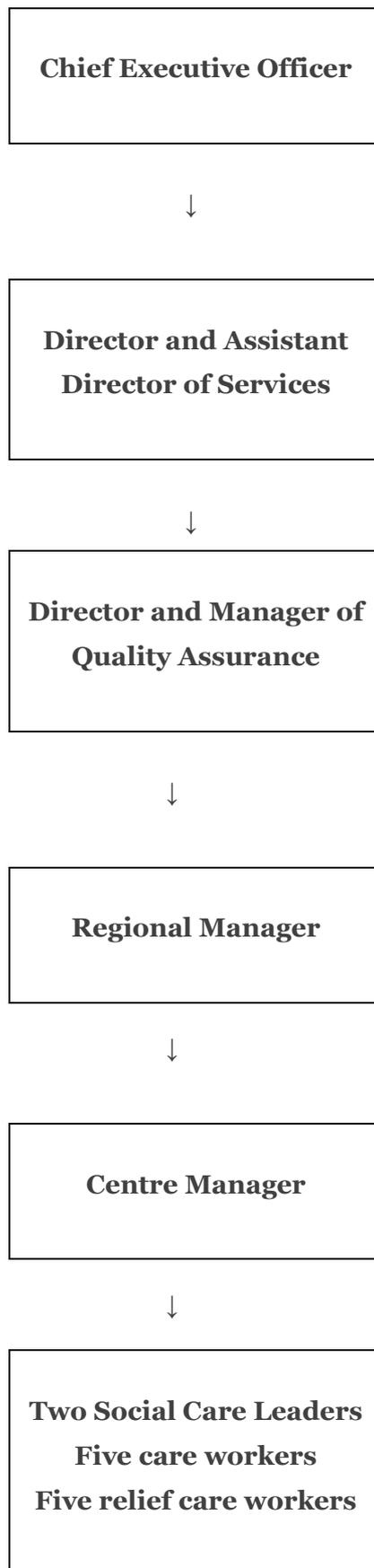
This report is based on a range of inspection techniques including:

- ◆ An examination of inspection questionnaires and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Six of the care staff
 - b) Two young people residing in the centre
- ◆ An examination of the centre's files and recording process.
 - Three young people's care files
 - Staff personnel files
 - Supervision records
 - Training records
 - Centre register
 - Complaints register
 - Sanctions register
 - Staff team minutes
 - House meeting minutes
 - Centre 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 management
 - b) Three staff members
 - c) One young person
 - d) Two social workers
 - e) One parent
- ◆ 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 16th of April 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 24th of April 2016 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan 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: 006 without conditions from the 13th of March 2018 to the 13th of March 2021 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 centre manager was in post since the centre was registered to commence operations in March 2015. The manager was an appropriately qualified experienced social care professional with previous managerial experience. The manager displayed strong leadership skills and had clear systems in place to manage and oversee care practices within the centre including monitoring of records, supervision of staff, having oversight of placement plans and the key working role. Inspectors found the manager to be confident and committed to the service and the young people. The manager was supported in their role by two social care leaders.

The centre manager reported to a regional manager within the company who had just returned from extended leave at the time of inspection. In their absence the organisations director of quality assurance who was part of the organisations quality assurance team had assumed the responsibilities of the regional manager's role. The regional manager's role was to provide support and supervision for the centre manager covering all elements of the centre operations and there was evidence in records that the regional manager and the director of quality assurance had visited the centre on a regular basis. The centre manager provided weekly service reports to the regional manager, copies of which were provided to the inspectors. The regional manager reviewed these reports which were then forwarded to the director of quality assurance. The quality assurance team visited the centre twice a year and conducted a full audit of the service. These audits provided a detailed review of the centres performance under the standards and outlined actions to be taken by the centre manager to address any deficits or issues requiring action. There was evidence on file that the director of services had also visited the centre on a regular basis and met with the centre manager and reviewed records.

Register

The inspectors were satisfied that the register of young people who lived in the centre maintained by the centre manager complied with the Child Care Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The admission and discharge details of the young people 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 centre maintained a register of significant events. The social workers interviewed and the lead inspector for oversight of notifications was satisfied that all significant events had been reported in a prompt manner. There was evidence that the centre manager reviewed all significant events and commented on decisions taken by staff in managing the event. There was evidence that staff reviewed significant events in supervision, at team meetings and handovers and they reflected on these events in terms of the practice and responses to the young people. There was a significant event review group in place to review serious incidents. This group consisted of centre managers from other centres in the region and the regional manager and they met monthly to review serious incidents that occurred in the centres. This group provided external oversight of significant events identifying learning opportunities for the staff teams.

Staffing

The staff compliment in the centre comprised of the centre manager, two social care leaders, five social care workers and five relief staff. The inspectors found that that the staff team were appropriately qualified and there was a good level of experience amongst the staff team. Social workers interviewed confirmed that there was a consistent staff team in place and highlighted the level of commitment shown to the young people.

Four months prior to the inspection live night cover was introduced in the centre which placed a strain on staffing resources. The centre management reported that they had experienced difficulty in providing this cover from within its own service and in recruiting night staff which resulted in the centre having to use agency staff to cover gaps in the night rota. Inspectors were informed and that the live night cover was a temporary measure put in place at the request of one of the young people's social workers. At the time of inspection the centre manager and the young person's social worker informed inspectors that the young person was in the process of moving on from the centre after which live night cover would no longer be required.

Inspectors recommend that where possible every effort is made to staff live nights from within the organisation and the use of agency staff is kept to a minimum. Inspectors reviewed the personnel files of the staff recruited since the last inspection and found that they were appropriately vetted. Inspectors recommend that unsigned staff reference forms received by email should be accompanied by the email from the referee to provide proof that the reference was completed by the person named on the form.

All new staff commencing work in the centre completed an induction which incorporated information on the policy and procedures, purpose and function, information on the centre and the young people etc. Staff interviewed in the course of the inspection confirmed that they had received a formal induction and a shadow shift which they found beneficial.

Supervision and support

The centre had a written policy on supervision and inspectors found that there was a supervision schedule in place. A number of supervision files were examined and there was evidence that staff and management received regular supervision and supervision was in line with centre policy. Staff in interview and those who completed questionnaires confirmed that additional interim supervision was provided if requested or required e.g., after a serious incident has occurred. The supervision records evidenced that staff practice, professional development and individual work with the young people was reviewed in addition to the young people's placement plans. Staff interviewed confirmed they received feedback on their practice from the centre manager within the context of formal supervision. At the time of inspection one social care leader required training in supervision and the inspectors recommend that this training is scheduled as soon as possible.

The centre had a number of support mechanisms in place for staff including on-call support and debriefing following serious incidents which staff found very beneficial. Staff interviewed in the course of the inspection reported that the manager was fair, supported staff and held them accountable.

Staff team meetings were held every two weeks and all staff had an opportunity to contribute to the agenda. The team meetings were well attended and inspectors found the minutes recorded were of a good standard. Staff interviewed said they found them to be an effective forum in achieving a consistent approach to working with the young people and an opportunity to share information and make decisions. The inspectors were provided with evidence that handover meetings took place every day and were well structured and focused.

Administrative files

The inspectors found that the centre has a comprehensive recording system. There was good evidence that care records were reviewed by the centre manager and senior management. All records relating to young people who leave the centre were kept in perpetuity in a storage facility maintained by the organisation.

3.2.2 Practices that met the required standard in some respect only

Training and development

There was evidence of ongoing training and development available to the staff team and both manager and staff members stated that the organisation was supportive and facilitative of staff training and development needs. Staff training records inspectors viewed showed that a training schedule was in place and all the permanent staff had received core training such as child protection, behaviour management, fire safety and first aid. All full time staff were also provided with training in STEM (Systemic Therapeutic Engagement Model), the centres model of care. Additional training staff had received included report writing, self-harm and health and safety. A review of training records for relief staff members showed that a number of them did not have the required core training, including one relief staff member who had been in post for nine months without behaviour management, child protection and fire safety training. Inspectors require that management must ensure that the mandatory training needs of the staff team are addressed without delay.

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

- Management must ensure that the mandatory training needs of the staff team must be addressed by management without delay

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 centre is registered to provide care for four young people, aged between 13 and 17 years on admission and referrals for placements are accepted from the Child and Family Agency National Placement Team. Inspectors found that the three young people in placement had been placed in line with the written statement of purpose and function. There was good evidence that the centre received adequate information about the three young people in advance of their placements. Key documentation, reports and background information about the young people was recorded on their care files.

There were preadmission risk assessments on file to determine the suitability of placement and the impact that certain behaviours may have on the current young people resident in the centre. There was evidence that that these risk assessments had been shared with other young people's social workers. Social workers in interview confirmed that they were consulted in relation to new admissions. At the time of inspection there were concerns regarding the suitability of the placement of one young person admitted to the centre in April 2015 due to a number of factors including their complex needs and the lack of progress in their placement. Inspectors were informed that a decision had been made to issue a discharge notice to the social work department. The child's placing social worker informed inspectors that every effort was being made to source a more appropriate placement and the centre were fully supportive of this process.

Statutory care planning and review

The three young people who were resident in the centre at the time of inspection all had care plans on file. Young people had been consulted about their care plans. This was evidenced by an interview with one of the young people and by questionnaires that young people had completed. The placement plans were of good quality and identified goals for the young person, the action taken to achieve these and the progress the young person has made in the placement. Statutory child in care reviews had taken place in accordance with the requirements of the regulations. Inspectors found that the minutes from the most recent statutory reviews for two young people were not on file at the time of their visit. There was evidence on file that the centre manager had requested updated care plans for both young people from the relevant social work departments.

Contact with families

Each young person's access with their family is agreed with the relevant social work department. Staff in the centre encourage and support the young people to maintain contact with their family providing transport where necessary and providing space in the centre where young people can meet with their families in private. Inspectors viewed evidence of family contact on each of the young people's files. The Inspectors spoke to one parent who was positive about the support provided to them and the young person in the centre.

Supervision and visiting of young people

The three young people in placement had allocated social workers as required. Two of the young people had had a change in social worker in the year prior to the inspection. Care files evidenced files that social workers had visited the young people in placement in line with the regulations. There was evidence the supervising social workers undertook visits to the centre to support the staff in their work with the young people and to support the young people through difficult periods. Social workers confirmed they had, from time to time, read the daily logs and the young person's care file. Young people in interview and questionnaires confirmed that they could contact their social workers when they need to.

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

Two supervising social workers were interviewed, and inspectors found that they were clear about their role and responsibilities. They were very satisfied with the service provided to the young people and highlighted their child centred approach. They said that they had a good relationship with the manager and staff team, and were kept informed about the young person's progress. There were no issues about communication and the social workers said they were promptly notified of all significant events.

Emotional and specialist support

Throughout the inspection, the centre manager and the staff in interview demonstrated a good knowledge and understanding of the emotional and specialist needs of the young people in placement. The inspectors were satisfied that the young people had access to a range of specialist supports and input from external specialists was incorporated in young people's placement plans. The centre had a key-work system in place and the inspectors 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.

Preparation for leaving care

There was evidence that the young person residing in the centre who was over sixteen years of age was being prepared by the centre for independent living. An independent living skills assessment had been conducted with the young person and there was evidence on file that care staff undertook specific educative programmes to assist the young person to develop independent living skills which the young person was engaging in. At the time of inspection the young person did not have an aftercare plan in place. This issue was also raised by the young person in their questionnaire who outlined their concerns in relation to the lack of an aftercare worker and the need to know where they were going when moving on from the centre. This issue is addressed further in the report in the section on aftercare.

Discharges

The centre has a policy on discharges which includes both planned and unplanned discharges. There had been no unplanned discharges in the period under review. Prior to the inspection the manager had begun the process of a planned discharge for one young person through strategy and placement protection meetings with the social work department.

Children's case and care records

The inspectors reviewed care files of the three residents; the files were maintained in a standardised format which was accessible and easy to follow. Care file recordings were kept up-to-date and the records were filed in chronological order. There was evidence that the key documentation as set out in the regulations and standards was properly recorded on the care files. The recording standard was good and it was evident that the records were monitored by management. Social workers confirmed that they maintained a case file on each of the children.

3.5.2 Practices that met the required standard in some respect only

Aftercare

Inspectors found at the time of inspection that one young person approaching the age of leaving care did not have a follow on placement identified and had not met their allocated aftercare worker. The centre management were proactive in following up on this matter with the social work department and the children's advocacy group EPIC (Empowering Young People in Care) were also advocating on the young person's behalf. Post inspection an inspector spoke with the young person's social worker who stated that since the inspection an application had been made for an aftercare service and the young person had met with their aftercare worker. While acknowledging the difficulties with sourcing a follow on placement for the young person given the age and stated needs of this young person, a robust aftercare plan must be completed for this young person as a matter of urgency.

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 met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The social work department must ensure that a robust aftercare plan is developed for a young person as a matter of urgency.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Management must ensure that the mandatory training needs of the staff team are addressed by management without delay	Management have reviewed the training needs of the staff team and scheduled appropriate training, all staff to be fully trained by 01/08/18	A training schedule will be completed for the region and centre to ensure staff meet their training requirements in an acceptable timeframe. On occasions where staff may miss these opportunities, they will be placed on training schedule in another region to ensure their training requirements are met.
3.5	The social work department must ensure that a robust aftercare plan is developed for a young person as a matter of urgency	Further action is required from Tusla, Child and Family Agency. The Centre Manager will continue to request a formalised aftercare plan, as a noted action within the recent Inspection Report 006 2018. A meeting has been scheduled to discuss the aftercare plan on the 26.04.18	The centre will continue to ensure that an Assessment of Need and Aftercare Plan is formalised, as soon as possible. Should this continue to be an issue, the Centre Manager will escalate this to senior level and advocate on behalf of the young person, to ensure that our own Policies and Standards are adhered to.