



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

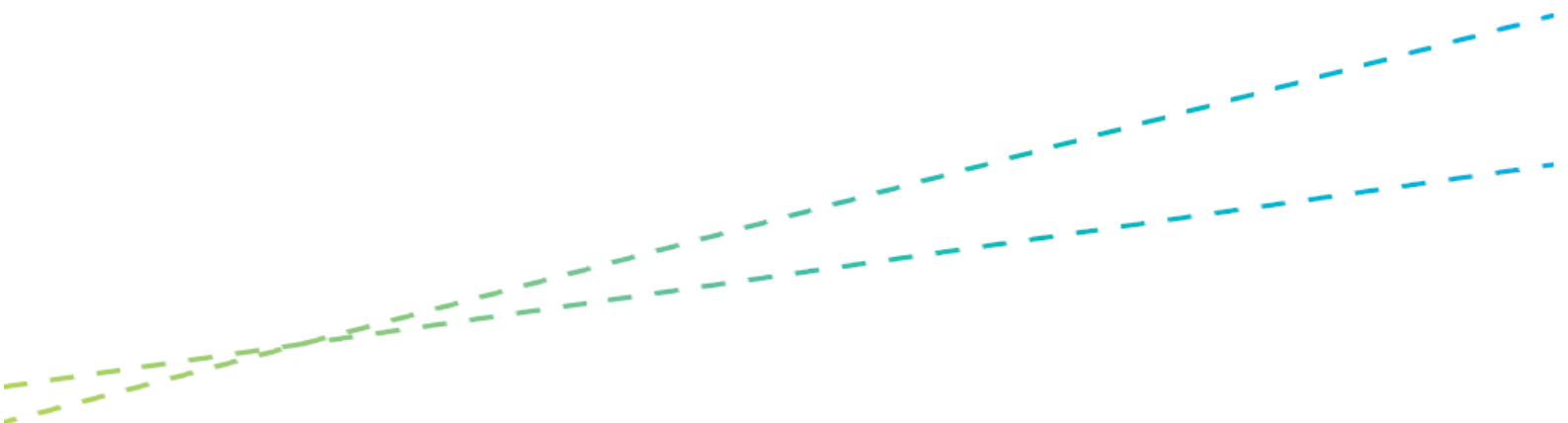
## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 035**

**Year: 2018**

**Lead inspector: John Laste**

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

## Registration and Inspection Report

|                              |   |
|------------------------------|---|
| <b>Inspection Year:</b>      | <b>2018</b>   |
| <b>Name of Organisation:</b> | <b>Daffodil Care Services</b>   |
| <b>Registered Capacity:</b>  | <b>Four young people</b>  |
| <b>Dates of Inspection:</b>  | <b>30<sup>th</sup> January 2018 and 6<sup>th</sup> February 2018</b>                |
| <b>Registration Status:</b>  | <b>Registered from 13<sup>th</sup> March 2018 to the 13<sup>th</sup> March 2021</b> |
| <b>Inspection Team:</b>      | <b>John Laste</b>   |
| <b>Date Report Issued:</b>   | <b>24<sup>th</sup> May 2018</b>   |

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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 the centre was in their first registration and was in year three of the cycle. The centre was registered without attached conditions from 13<sup>th</sup> March 2015 to 13<sup>th</sup> March 2018

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. This was a short to medium term centre, located near a small town. Young people residing in the centre availed of a home style living environment with a small, dedicated, and flexible staff team. The centre operates a therapeutic support model called 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 inspector examined standards 2. Management and Staffing, 4 'Children's Rights', 8 'Education' and 9 'Health' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 30<sup>th</sup> January 2018 and a follow-up visit on the 6<sup>th</sup> February 2018

## 1.2 Methodology

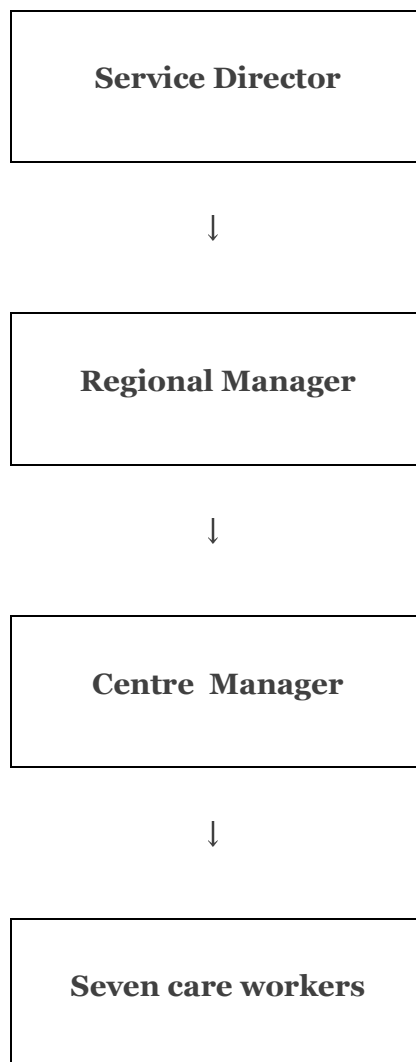
This report is based on a range of inspection techniques including:

- ◆ An examination of inspection questionnaires and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Five of the care staff
  - b) Two social worker(s) with responsibility for young person/people residing in the centre.
- ◆ An examination of the centre's files and recording process.
  - A sample of the care files
  - Supervision records
  - Manager's weekly reports
  - Audit reports carried out by the service
- ◆ 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) Regional Manager
  - c) Four staff members
  - d) Two young people
  - e) Two social workers
  - f) Principal social worker
- ◆ 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 10<sup>th</sup> 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 24<sup>th</sup> April 2018 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: 035 without conditions from the 13<sup>th</sup> March 2018 to 13<sup>th</sup> March 2021 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 13<sup>th</sup> March 2018 to 13<sup>th</sup> March 2021

## 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**

Prior to this inspection the centre was being managed by the assistant director of services as an interim measure while the company went through their recruitment process for a new manager. The previous manager had resigned a month earlier. This had been a particular busy time in the centre with the Christmas period to negotiate.

At the time of the inspection the newly appointed centre manager was only in the post for two weeks and was being supported by the regional manager. The inspector found that the centre manager who was the person in charge was a suitably qualified person. There were clearly defined lines of authority with regard to the operation of the centre. The centre manager was responsible for the day to day management of the centre. The manager reports to and was supervised by the regional manager who oversees the work of the centre as external line manager. The regional manager answers to the director of services and proprietors.

There was good evidence that the centre manager and the external line managers were satisfying themselves that appropriate and suitable care practices 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 fortnightly. The regional manager was in daily contact with the manager and visited twice 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. The report gave clear details regarding the status of each young person and the events happening within the centre within the given periods. There was also good evidence that the external line managers were overseeing the centre operation and the visiting line manager had read and signed young people's files and daily logs.

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

### **Register**

A register of all those who live in the centre was maintained by the centre manager. The inspector found that all relevant information including 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 the 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 and acted upon by the manager and staff team.

### **Staffing**

The inspector reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the four 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 on each shift. The centre had one relief staff at the time of the inspection

The audit of staff personnel records showed that the required references, and Garda vetting were taken up for all staff (including the relief panel) prior to taking up their positions. All new staff members received formal induction training.

### **Supervision and support**

The inspector examined the records of staff supervision. Supervision sessions were recorded and signed by the supervisor and the team received regular supervision. The sessions occurred every four to six weeks in accordance with the centre policy. There was good evidence in the records reviewed of an effective link to the implementation of the individualised plans for the residents. The centre manager supervised the social care leaders and the permanent staff team members, while the social care leaders supervised the relief staff and students. The regional manager supervised the centre manager. Supervision contracts were reviewed periodically in line with the organization's policy. During the period when a new manager was being recruited, a manager from another centre within the organization was offering supervision and support to staff. The staff interviewed informed the inspector that they found it helpful through that period to have this support.

There was evidence of good team working with fortnightly team meetings and daily handover meetings. The inspector reviewed the team meeting minutes and found the care of the young people was very much prioritised within the meeting agenda. Staff members interviewed stated that the manager provided good support and leadership to the team.

### **Administrative files**

The administrative files were examined by the inspector and the key records were in evidence. The recording system was well organised and accessible so that they facilitate effective management and accountability. There was good evidence that the manager and line management were monitoring the quality of records. Relevant records relating to the young people are kept in perpetuity and the management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003

## **3.2.2 Practices that met the required standard in some respect only**

### **Training and development**

In an audit of the staff files the inspector found evidence that there were some deficits in staff training. There were two staff members who required training in the approved therapeutic crisis prevention programme and a number of staff who

required training in first aid and fire safety. The centre manager informed the inspector that a schedule for all the required training was arranged and would be completed in the first quarter of 2018. The management must ensure that all required training is completed as a matter of priority. All staff must be trained in the approved therapeutic crisis prevention programme prior to taking up the role in the staff team.

At the time of the inspection the centre was preparing to introduce its new safe guarding policy to bring it in line with the Children First Act 2015. All staff in the centre were scheduled for training in the policy and reporting procedures. The inspector recommends that this training be completed to meet the legislative time frame.

### **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 management must ensure that all required training is completed as a matter of priority. All staff must be trained in the approved therapeutic crisis prevention programme prior to taking up the role in the staff team.

### 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. The young people attend their child in care reviews and were afforded the opportunity to have a say in decisions about their lives. The two young people who met the inspector during the inspection confirmed they were consulted about decisions that affected them. The inspector 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 minutes were signed off by the staff who attended and the centre manager. The inspector recommends that the young people also sign the minutes to show that they are in agreement with the content. The issues raised at the young people's meetings are part of the manager's weekly service and governance report sent to the greater management team. It reflects the issues being raised and discussed by the young people in the centre these issues were being appropriately addressed by the manager and staff team. The young people confirmed that they could raise issues at their meetings or to keyworkers and were listened to.

The inspector found that the young people had care plans on file which had been reviewed according to statutory requirements. The two young people who spoke to the inspector stated 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 inspector was informed that a representative of EPIC (Empowering Children in Care) the children's advocacy group had visited the centre in recent months. The young people confirmed this and the centre had information leaflets regarding EPIC where young people could access them.

##### **Access to information**

The centre has a written policy on young people's access to information. Staff members interviewed were aware of the young people's right to access information held on file. The young people who spoke to the inspector said that they were aware

of their right to access information about themselves and were facilitated to do so by staff. The young people had on occasions viewed their records but were not regularly doing so. There was evidence on the files of the young people being offered access to their records. The inspector recommends that the manager and staff continue to offer young people access to their information.

### **3.4.2 Practices that met the required standard in some respect only**

#### **Complaints**

There was a complaints policy in operation in the centre. This policy distinguished between formal and informal complaints, both of which were recorded in a complaints register. The inspector spoke to two of the young people and they stated 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 mostly responded to appropriately and addressed either by the staff team or by their social workers. 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.

At the time of the inspection upon a review of the complaints register there was a complaint made by the staff team on behalf of a young person to the principal social worker of the area the young person came from. The inspector saw evidence that this complaint had not been responded to by the social work department. Tusla, Child and Family Agency must respond in a timely fashion to complaints made by service users in line with "Tell Us" Tusla complaints policy and procedures 2016. The centre manager had also made a complaint on behalf of the young person who had been without a social worker for almost two months and there were a number of outstanding issues which needed to be addressed including family access and child safety concern relating to the family access. The inspector emailed the principal social worker on 15<sup>th</sup> February 2018 without response to the email.

The Inspector spoke to the principal social worker on the 13<sup>th</sup> March 2018, who cited lack of available social workers as the reason why no social worker had been allotted to date. The principal social worker informed the inspector the young person's complaint had been addressed and that a new social worker had been identified for the young person and would be given the case within a fortnight. Tusla, Child and family agency must ensure that young people have a supervising social worker to carry out statutory obligations and responsibilities for young people in residential care.

### **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**

- Tusla, Child and Family Agency must respond in a timely fashion to complaints made by or on behalf of service users in line with "Tell Us" Tusla complaints policy and procedures 2016.
- Tusla, Child and Family Agency must ensure that young people have a supervising social worker to carry out statutory obligations and responsibilities for young people in residential care in accordance with the Regulations and standards.



### 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 inspector found that education was valued at the centre and the educational needs of each young person were being addressed. At the time of inspection all four of the young people were enrolled in educational programmes. One young person was in mainstream education studying for the leaving certificate, two were in specialised education programmes with extra support and the fourth young person had been allocated eight hours home tuition.

The young people were supported and encouraged by staff in their educational programmes. The centre provided each young person with transport to and from school as required. The young people's educational attainments and progress reports were filed in specific education folders. The inspector reviewed the education folders which were kept up to date by the keyworkers and overseen by the centre manager

#### **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

### 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**

The young people were registered with a local G.P. practice but dependent on distance from the centre the young people could remain with their own doctor which was the case with two of the young people in this centre. Medical examinations of the young people were carried out as part of the admission process at the centre. The inspector found that the care records of the young people provide good evidence that their health needs were being addressed. All the young people had been issued a medical card and were linked in with specialist medical services as needed.

The inspector reviewed the storage and administration of medicinal products. These were stored securely at the centre. The administration and recording of medication was of a good standard. Medication was verified by staff on a daily basis when commencing shift as part of the handover. It was also counted and signed off on by staff twice daily. All staff were trained in medication administration. The administration of medication was monitored by the centre manager.

There was evidence of appropriate guidance for the young people in health education. Health programmes were in place for all the young people and these are monitored by the young people's key workers as part of the young people's placement plans.

#### **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 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 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)***.

## 4. Action Plan

| Standard | Issues Requiring Action   | Response with time scales   | Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again  |
|----------|---|---|---|
| 3.2      | The management must ensure that all required training is completed as a matter of priority. All staff must be trained in the approved therapeutic crisis prevention programme prior to taking up the role in the staff team.  | All staff have now completed Children's First, in line with Children's First Act 2015. A new safe guarding statement is in place.<br>All staff have now completed TCI to Level 3SP. | Going forward all staff will complete the online children's first training prior to commencing employment in the centre and be placed on a child protection course at the earliest availability   |
| 3.4      | Tusla, Child and Family Agency must respond in a timely fashion to complaints made by or on behalf of service users in line with "Tell Us" Tusla complaints policy and procedures 2016.<br><br>Tusla, Child and Family agency must ensure that young people have a supervising social worker to carry out statutory obligations and responsibilities for young people in residential care in accordance with the Regulations and standards. | Tusla responded to the complaint on the 11 <sup>th</sup> of April 2018<br>A social worker was assigned to the young person on the 10 <sup>th</sup> of April 2018                    | The centre will continue to ensure that young people's files and records have updated 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 and Standards are adhered to. |