



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

<b>Centre ID number:</b>	<b>112</b>
<b>Year:</b>	<b>2019</b>

Alternative Care Inspection and Monitoring Service  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>19<sup>th</sup> and 20<sup>th</sup> of February 2019</b>
<b>Registration Status:</b>	<b>Registered 17<sup>th</sup> of May 2019 to the 17<sup>th</sup> of May 2022</b>
<b>Inspection Team:</b>	<b>Eileen Woods Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> May 2019</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 May 2016. At the time of this inspection the centre were in their first registration and were in year three of the cycle. The centre was registered without attached conditions from the 17<sup>th</sup> of May 2016 to the 17<sup>th</sup> of May 2019.

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Three young people were living at the centre at the time of this inspection. Their model of care was described as a positive behavioural and strengths based approach supported by the organisations therapeutic model known as systemic therapeutic engagement model-STEM.

The inspectors examined standards 7 Safeguarding and Child Protection, 8 Education, 9 Health and 10 Premises and Safety of the National Standards For Children's Residential Centres (2001). The centres ongoing implementation in practice of their CAPA from their last inspection April 2018 was also considered as part of this inspection process. This inspection was announced and took place on the 19<sup>th</sup> and 20<sup>th</sup> of February 2019.

## 1.2 Methodology

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

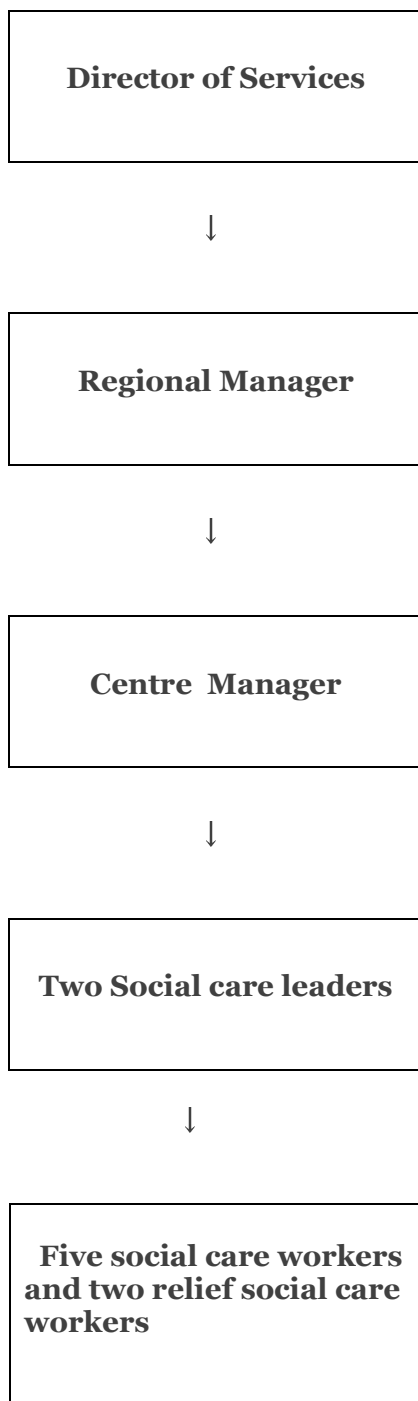
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Eight of the care staff
  - b) The director of services,
  - c) The quality assurance manager and the regional manager
  - d) Two of the three young people residing in the centre
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
  - care files
  - supervision records and personnel files sample
  - handovers: records and observation, registers and daily logs
  - health and safety and fire records
  - medical and medication records
  - young people's meetings, team meetings and management meeting records
  - governance reports and records of STEM meetings
  - significant review group records
- ◆ 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) Three social care staff
  - d) Telephone and email consultation with the three social workers
  - e) The lead inspector
  - f) One of the young people

- ◆ Observations of care practice routines and the staff/young people'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 12<sup>th</sup> of April 2019. 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 26<sup>th</sup> of April 2019 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: 112 without attached conditions from the 17<sup>th</sup> of May 2019 to the 17<sup>th</sup> of May 2022 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 17<sup>th</sup> of May 2019 to the 17<sup>th</sup> of May 2022.

## 3. Analysis of Findings

### 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**

Inspectors found that the centre had a safeguarding and child protection group of policies in place and that team training in these had been prioritised and completed recently. Inspectors found that at the time of this inspection this had created a measureable outcome in staff knowledge and awareness of reporting procedures and safety mechanisms in support of young people. Questionnaires completed in the weeks before the inspection reflected less knowledge for some staff therefore the internal team training was a positive action to put in place.

Inspectors found that the team continued to experience changes since the last inspection in 2018 and that there were a mix of inexperienced and experienced staff, where issues were arising there were mechanisms in place to address these. A second social care leader was required for the team. The company had implemented measures to offset the impact of staff changes through the companies HR policies and employee and student support packages; this is a long term project. Recruitment and retention of staffing remained a risk factor but inspectors found that the manager kept this risk live with their line management through the formal channels and that there was accountability at senior level for keeping staff retention and recruitment under active review. A number of staff noted that team building would be beneficial and inspectors concur with this view. The manager supervised the full time team and addressed team development within this. The weekly governance reports and monthly managers meetings accounted for supervisions completed and feedback from team meetings, young people's meetings and all areas of practice were reported on. There were also records of monthly model of care STEM meetings and significant review groups, outcomes from both were then discussed with staff at the fortnightly team meetings. Team meetings were well attended, appropriately structured and well recorded with named persons assigned to tasks identified.

There was evidence of the work completed by the manager and the regional manager in embedding the model of care and improving standards across the centre. They had also substantially implemented the action plan CAPA submitted in response to the 2018 inspection of the centre. There was evidence at the centre of visits by the director of services and the quality assurance manager also. The latter completed formal audits. The manager had been in their role for the last year and had the requisite experience and qualifications for the role, they evidenced their undertaking of the leadership role and implementation of internal governance well. The manager also displayed an awareness of the value of a holistic understanding of and approach to safeguarding young people and was seeking to deliver on this. They oversaw staff inductions and probation periods were nine months for new staff, at the time of this inspection the professional development plans on the staff supervision files were not fully up to date and these should be completed.

There were young people's meetings taking place and the management at all levels received feedback from these and from the young people generally. Empowering people in care, EPIC, were actively and meaningfully promoted with the young people and they had visited the centre regularly. There was evidence of the staff supporting the young people through the implementation of a positive and strengths based approach. The young people provided feedback to inspectors directly and by questionnaire, overall those who responded said they were happy with their experiences at the centre and were aware that staff acted to pursue their safe care with had measures in place to do so. Where a young person found a decision difficult to understand there was evidence of time taken to explain and follow up as well as negotiate with the older age group. All of the young people had key workers assigned and these key workers evidenced their work and reviewed it monthly with a social care leader acting as a key working case manager.

Inspectors found that there were adequate staffing levels with three staff for three young people. The team utilised shift planning and situational risk assessments to support decision making, there was also on call provided. Within the centre there were alarms for safety at nighttimes and the Wi-Fi was turned off at midnight. There were actions taken to promote anti-bullying and to avert any issues becoming compounded, the young people were closely monitored by staff to role model positive interaction and functional conflict resolution.

Two social workers gave feedback describing good communication from the centre and a safe living environment for the young people with good safeguarding practice evidenced by staff. They stated that they had visited the centre and met their young

person regularly; they had read the logs on occasion. They also noted to inspectors that they found that consistent staff were assigned sensitive times such as court appearances or appointments which one social worker found made a significant difference for their young person. There had been one discharge since last inspection in the middle of 2018 and this was a planned and positive process the manager reported, they also stated that the placement had been reviewed for learning.

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

#### **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 centre had a child safeguarding statement, CSS, in place; this had been reviewed in January 2019. A copy was available in the staff office and the staff had received internal training in its content and role in their child protection duties. The inspectors found that the staff interviewed at the centre and the team meeting records reflected recent up skilling in the child protection policy and procedures. The team had completed the three available national Children First training modules.

The designated liaison person, DLP, and relevant person is the director of services and their designated liaison officer, DLO, is the manager. The director of services came to a recent team meeting to discuss their role. There was evidence that the staff understood the roles and had been made aware of their own responsibilities as mandated persons. The inspectors found that the correct reporting form and reporting mechanism, through the national online portal, had been implemented and used at the centre. There had been two child protection reports made through the portal in 2019 and the manager informed inspectors that these had been officially closed by Tusla. There was a child protection register at the centre and there was evidence of communication with social workers around these reports. The register had not been updated to include the outcomes and the manager was asked to ensure that this is always done.

Inspectors found also that the young people were informed through key working about child protection reporting, why and how it happens and were encouraged to come back with any questions if they had some.

The centre had a policy on child protection however, the one that was provided to inspectors did not reflect the information contained in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act 2017. It referred to Children First: National Guidance for the Protection and Welfare of Children, 2011 and the Children First Act, 2015. This policy must be updated and reissued to all staff.

### **3.7.3 Practices that did not meet the required standard**

None identified.

#### **Required Action**

- Centre management must ensure that the child protection policy references the most recent legislation, guidance and national 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**

Inspectors found that there was intrinsic value placed on education and training for young people and that staff acted on this for the young people at the centre. The focus on education was visible in planning and daily logs and there were routines in place to support good school attendance. Inhibitors to participation in education and training were named by staff and addressed with the young people. Strategies were described by staff to inspectors around how they promote a positive daily engagement in education. There was good evidence of the centres communications with other professionals and with social workers and the actions taken were found to be in accordance with and expanded on the care plan and child in care review decisions and goals.

During this inspection two of the three young people were attending or had recently completed youth reach programmes. Attendance and completion was an issue but efforts were being made to problem solve these factors on an ongoing basis. The third young person had not long moved to the centre and a suitable specialised school

had been sourced. Once established in their school the centre must pursue outstanding actions related to speech and language and occupational therapy. The need to update the educational psychological assessment must be pursued by the social worker and the team. Two social workers commented positively on the team practice related to education.

There were well maintained education files and records of contacts, copies of previous school reports and educational accomplishments were kept for the young people. There were education progress reports which addressed the realities of each young person's situation. There was email evidence of all efforts in support of new courses, interviews and job seeking. There were records of good communication by staff built up with the various education settings.

The social care leader/case managers held monthly placement plan meetings to support placement plans goals including those in education. The staff also devised dedicated intervention plans devised and revised as necessary to support ongoing training and education. It was prioritised that the young people themselves were as involved in this as they felt able to commit to.

### **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 at the centre had been sourced a local G.P. and had medical cards on file or applied for. The staff had maintained up to date medical files and contacts related to all areas of health and well being. There were records of medical visits including to specialists and their outcomes and a medical review had been completed with a recent admission. The centre had sought and sourced immunisation records

for the young people. There was evidence that social workers were kept apprised of any health and well being information as were relevant family also.

Inspectors found that there were links to local resources for substance misuse and that staff implemented guidelines from these. Counselling was in place for a young person. There was an emphasis on diet and nutrition and staff understood its importance and impact on young people's well being. The key working records evidenced work undertaken on sexual health and development, inspectors found uneven evidence of the delivery of this and this should be kept under review and individualised for the relevant young people. Members of the team had done additional complementary training in substance misuse, intellectual disability, sexual health, mental health and internet safety. There was evidence of the manager tracking and advising on work completed by staff.

Inspectors found that the team needed to more clearly reflect specific learning difficulties and any diagnoses for young people on the records. There had been commitments made to consult with a psychologist contracted by the company that had not been followed through as yet. This must be pursued as a matter of urgency by the manager. A number of the staff also required completion of the three day training programme on the full STEM tools such as 'daily life events' in order to expand on their capacity to deliver on therapeutic supports for young people. This must also be prioritised and the organisational management must review the timeframes for the roll out of their training in their model of care.

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

None identified.

### **3.9.3 Practices that did not meet the required standard**

None identified.

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

### **3.10 Premises and Safety**

#### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

#### **3.10.1 Practices that met the required standard in full**

##### **Maintenance and repairs**

The centre had a dedicated maintenance person in place and records were maintained of jobs required and those completed. Some repairs including electrics and brick work were contracted out. General repairs were recorded as being completed without undue delay and the manager and regional manager were aware of any outstanding items held up by the need to source a suitable external person. At present pest control is managed by the staff and maintenance team and inspectors found records indicating a recurrent issue. It is not company policy to contract in pest control as standard for their centres but inspectors recommend that a professional pest control assessment be completed for this property. Inspectors also found that a full review of the property and all fixtures and fittings should be completed. This is also addressed below under 'Accommodation'.

##### **Safety**

The centre had a health and safety statement in place and there was a named health and safety representative on the staff team. The manager was the health and safety officer. Regular audits were completed with the most recent on file being in January 2019. There was a health and safety folder in place and this was up to date. There were adequate arrangements for the safe storage of medication and the records of administration of medication were well organised, signed and evidenced oversight by manager. Car checks were completed weekly with details of insurance, NCT and road tax listed clearly. Staff had completed first aid training with those newest to the team booked to attend in 2019.

##### **Fire Safety**

The centre provided written confirmation from an engineer of compliance with the relevant fire safety requirements. Inspectors found good standards in the quality of the fire doors, the equipment and emergency lighting and sensors in place. There were contracts in place for maintenance and upkeep of fire systems and equipment.



A fire register was maintained up to date and fire drills had been completed after an admission. The fire safety register in place listed the duties of the manager and the staff fire officer. Records confirmed that fire safety training was completed with more planned and young people had also completed fire training. Inspectors found checklists for routine review by staff of equipment and exits. There were multiple exit routes from the ground floor of the property and these must be kept operational at all times as on the day of the inspection a sofa was obstructing one and the door handle was broken.

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

#### **Accommodation**

This property is a detached house on its own grounds in the countryside. There is also an additional side building adapted for meetings and training. The laundry is also located in this side building. Inspectors found that although parts of the house had been updated that the general appearance was poor particularly in the kitchen which requires significant attention. The centre had a pool table and a computer available to the young people.

Inspectors acknowledge works done on the grounds, repairs done internally as they arose and areas of painting and decorating completed but a cohesive full property review has not been completed and must be as a matter of priority.

Proof of adequate insurance for accidents or injuries has been provided for renewal of application purposes.

### **3.10.3 Practices that did not meet the required standard**

None identified.

### **3.10.4 Regulation Based Requirements**

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

***-Part III, Article 8, Accommodation***

***-Part III, Article 9, Access Arrangements (Privacy)***

***-Part III, Article 15, Insurance***

***-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)***

***-Part III, Article 13, Fire Precautions.***

### **Required Action**

- The management must ensure that a review of and action plan regarding the decorative condition of the whole property including fixtures and fittings and standards throughout must be completed. The kitchen must be a particular focus in this process.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.7	Centre management must ensure that the child protection policy references the most recent legislation, guidance and national standards.	The Child protection Policy has been reviewed and references the most recent legislation. Completed 20 <sup>th</sup> April 2019.	All policies and procedures are reviewed on a two year cycle by the policy review panel. This timeframe is revised upon enactment of new legislation.
3.10	The management must ensure that a review of and action plan regarding the decorative condition of the whole property including fixtures and fittings and standards throughout must be completed. The kitchen must be a particular focus in this process.	The centre strives to create and maintain a homely environment at all times. Centre management will carry out a review of the decorative condition of the property and develop an action plan accordingly. Date for completion 3 <sup>rd</sup> of May 2019.	Centre management will continue to ensure that the decorative condition of the centre is reflected in weekly governance reports, discussed regularly at team and management meetings.