



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number:** 128

**Year:** 2017

**Lead inspector:** Paschal McMahon

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Dates of Inspection:</b>	<b>13<sup>th</sup> and 14<sup>th</sup> of December 2017</b>
<b>Registration Status:</b>	<b>Registered from the 25<sup>th</sup> of August 2017 to the 25<sup>th</sup> of August 2020</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Noreen Burke</b>
<b>Date Report Issued:</b>	<b>March 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 August 2017. At the time of this inspection the centre were in the first year of their registration cycle. The centre was registered without attached conditions from the 25<sup>th</sup> of August 2017 to the 25<sup>th</sup> of August 2020.

The centres purpose and function was to accommodate three 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) and the organisation provided training to management and staff in this model. There was one young person in residence at the time of inspection.

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) covering the three month period since the centre opened. This inspection was unannounced and took place on the 13<sup>th</sup> and 14<sup>th</sup> of December 2017.

## 1.2 Methodology

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

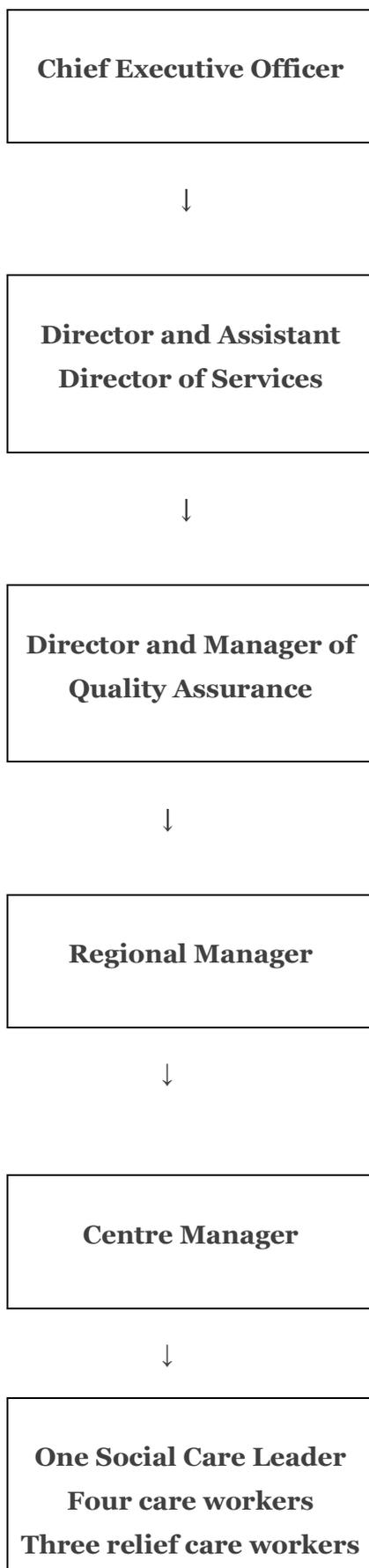
- ◆ An examination of the centre's files and recording process.
  - a) Two young people's care files
  - b) Staff personnel files

- c) Supervision records
  - d) Training records
  - e) Centre register
  - f) Staff team minutes
  - g) House meeting minutes
  - h) 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) Centre manager
    - b) Acting regional manager
    - c) Two care staff
    - d) One young person
    - e) The lead inspector
    - f) The social worker with responsibility for the young person residing in the centre.
  - ◆ 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 26<sup>th</sup> of February 2018. The centre provider was required to review the report for any factual inaccuracies and return it to the inspection service by the 12<sup>th</sup> March 2018. The centre manager returned the report confirming there were no factual inaccuracies on the 12<sup>th</sup> March 2018.

The findings of this report 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 conditions from the 25<sup>th</sup> of August 2017 to the 25<sup>th</sup> 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**

There were clearly defined lines of authority with regard to the operation of the centre. The day to day management of the service was the responsibility of the centre manager who was suitably qualified with previous managerial experience in residential care. At the time of inspection the centre manager reported to an acting regional manager who oversaw the work of the centre. Managerial oversight was evidenced in young people's files, observation of staff interaction with young people and the maintenance of centre records. There was evidence that the manager supported the staff team to manage the care of young people in the centre. Staff members interviewed stated that the manager was approachable and supportive and expressed confidence in the manager's ability to provide effective leadership.

External line management was provided by the organisation's acting regional manager who was provided with regular updates on the young person living in the centre. The acting regional manager had visited the centre on seven occasions in the three month period since the centre opened and inspectors viewed evidence that they had reviewed centre records during these visits. The organisation also had a quality assurance system in place and a number of audits had taken place. The inspectors were provided with copies of these audits along with evidence that the centre manager had submitted action plans in response to the issues requiring action.

##### **Register**

A register of those who live in the centre was maintained by the centre manager. The inspectors were satisfied that the admission details of the present resident were properly recorded in the register in compliance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21 and. 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 and significant event reports were also referenced in the daily logs. At the time of inspection there were eleven significant events on file, ten of which were positive significant events and one was in relation to a medical issue. There was evidence on file that significant events had been reported to the social work department and the lead inspector and evidence of oversight of significant events by senior management. Significant events were appropriately reviewed internally at team meetings and there was also a regional significant event group comprising of centre managers from other centres in the region.

### **Staffing**

Inspectors found there were adequate levels of staff to fulfil the centre's purpose and function. At the time of inspection the staff team consisted of the centre manager, one social care leader, four social care workers and three relief staff. There was a good mix of experience in the team, all of whom were appropriately qualified. It was evident in interviews with staff that they were very committed to the young person in their care and had made great progress in their efforts to meet the needs of the young person and the goals identified in their care plan. The young person also told inspectors that the manager and staff were kind, supportive and caring and were preparing them for independent living.

The inspectors carried out an audit of staff personnel files and found that the staff team were appropriately vetted prior to taking up their posts. The centre had an ongoing induction programme in place which is carried out over a six month period. Inspectors found that induction records for two staff members were not on file at the time of inspection and copies of these records maintained in the main office need to be placed on their personnel files.

### **Supervision and support**

The inspectors reviewed staff supervision records for the three month period since the centre opened. The inspectors found that supervision was occurring regularly in accordance with the centres supervision policy and there was an effective link between supervision and the implementation of the young person's placement plan. The centre manager and a social care leader supervised the team and the acting regional manager supervised the centre manager and the supervision records were

found to be clearly written. At the time of inspection the social care leader required training in supervision. The inspectors require that the centre manager supervises all staff until such time as the social care leader completes supervision training.

Team meetings took place every two weeks and a structured handover meeting took place every day when staff came on duty. Inspectors examined team meeting minutes and found that there was good attendance and meetings focussed primarily on the young person's needs, the managers' agenda and the centres model of care. The centre has a number of support mechanisms in place for staff including on-call support and access to an independent counselling service

### **Training and development**

The inspectors found that the organisation had an ongoing staff training and development programme in place. Two weeks prior to the centre opening the staff team had a group induction during which time they all received training in the core competencies including: fire prevention, occupational first aid, health and safety, behaviour management, child protection and manual handling. The team also received introductory training in the centres model of care - STEM (Systemic Therapeutic Engagement Model). Staff interviewed by inspectors said that there were ongoing opportunities for staff to attend further training and conferences which were funded by the organisation. Further training scheduled at the time of inspection included restorative practice, mindfulness along with further training in the STEM model of care

### **Administrative files**

The recording systems in place were well organised and maintained to facilitate effective management and accountability. There was good evidence of oversight and records were signed by the manager and acting regional manager. The centre had arrangements in place for the archiving of files.

#### **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 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**

None identified.

## **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 had clear policy and procedures describing the process of admissions. At the time of inspection one young person was in placement and another young person was transitioning to the centre from another statutory residential centre. The inspectors reviewed the admissions practice and examined care file records. There was good evidence that the centre received adequate information about the two young people in advance of their placements. Key documentation, reports and background information regarding the young people was recorded on their care files.

There was evidence that prior to the admission of the first young person that risk assessments had taken place which included the level of experience of the staff team and their ability to respond to presenting behaviours.

Inspectors met briefly with the second young person who was transitioning to the centre at the time of inspection. Inspectors examined the pre-admission information for the young person and found that a number of risk assessments had been carried out including a pre-admission collective risk assessment completed by the social

worker, centre manager and the acting regional manager. The social worker for the young person residing in the centre at the time of inspection confirmed to inspectors that both social workers had discussed the case mix prior to the decision to admit the second young person to the centre. There was evidence on file that prior to admission young people were provided with a young person's booklet containing age appropriate written information describing all aspects of the centre.

### **Statutory care planning and review**

The young person's placement was supported by a written care plan developed by the social worker. The centre manager and the young person in interview with the inspectors confirmed that they were consulted about the care plan. The inspectors reviewed the care plan and found that it set out the objectives of the placement. A review of the care plan had taken place following admission and the young person confirmed that they had attended this review, that they were listened to and their views were taken into account.

The centre had developed a placement plan which put in place clear strategies on how to support the young person and meet the goals in the care plan. Since the young person was admitted they had reengaged in education, reconnected with their family and reengaged with counselling services. The effectiveness of the placement plan in achieving the objectives of their care plan was further evidenced in a review of the keywork folders and in interviews with the keyworkers for the young person.

The young person told inspectors that this was the first time that they felt that their care plan was acted upon and this was due to the work of the care staff. The young person highlighted that actions identified in their care plan in relation to their medical care, education and family had all been addressed since their admission to the centre.

### **Contact with families**

Inspectors found evidence that visits from family members and friends were encouraged and facilitated by the centre. The young person's contact with their family had improved since their admission to the centre. There was evidence from a review of the keywork folder and through interview with the centre manager and young person that the centre had been proactive in reengaging the young person with their family which had a very positive outcome. The young person told inspectors that they had good contact with their family and friends had been allowed to stay in the centre overnight.

### **Social Worker Role/Supervision and Visiting Children**

The inspector conducted a telephone interview with the social worker for the young person in residence. The social worker had been allocated to the young person two months prior to the inspection and they were familiar with the care needs of the young person and progress in their placement. The social worker informed inspectors that they had visited the centre and met with the young person post inspection and this was confirmed by the centre manager. There was clarity in the working roles between the centre staff and the allocated social workers and all parties reported an effective working relationship.

The social worker reported that they were very satisfied with the care of the young person and highlighted the positive relationships they had developed with the young person as well as the quality of the individual work that had been carried out.

### **Preparation for leaving care and aftercare**

There was evidence that the young person was being prepared for independent living. There was a preparation for leaving care needs assessment on file completed by the young person and their keyworker. This structured plan identified specific pieces of work to be undertaken with the young person providing them with guidance and information on their rights, budgeting etc. At the time of the inspection the young person was also travelling independently and cooked in the centre twice a week. The young person with the support of staff and the organisation was also supported around financial ventures that they wished to pursue.

The young person had an allocated after care worker who they had frequent contact with and a follow on placement had been identified. At the time of inspection there was no copy of the aftercare plan on file. Inspectors were informed post inspection that the aftercare plan had been received by the centre. The young person informed inspectors that they were linked in with the children's advocacy group EPIC (Empowering People in Care) and had attended a number of their conferences which they found very beneficial.

### **Children's case and care records**

The inspectors examined the care file records of the young person and found that these records were being maintained to a good standard. The care files were subdivided into sections and the key documentation was clearly in evidence.

The care files that were stored in secure fire retardant cabinets. Records were written in an appropriate professional manner. The care files contained copies of the young person's birth certificate and other relevant documentation. The key working and daily records evidenced that the young person's views were sought and recorded. The

centre manager was aware that care files would be kept in perpetuity and stored in a manner that maintains appropriate levels of privacy and confidentiality about young people's circumstances.

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

None identified.

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

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency 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**

None identified.