



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 132

Year: 2018

Lead inspector: John Laste

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	12th of April 2018
Registration Status:	Registered from the 20th of November 2017 to the 20th of November 2020
Inspection Team:	John Laste
Date Report Issued:	13th of July 2018

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.1 Management and Staffing	
3.5 Planning for Children and Young People	

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 November 2017. At the time of this inspection the centre were in their first registration and were in year one of the cycle. This was the centre's first inspection. The centre was registered without conditions attached from the 20th of November 2107 to the 20th of November 2020. The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. At the time of the inspection there were two young people in the centre.

The centre's model of care was described as STEM (Systemic Therapeutic Engagement Model). STEM provides a framework for positive interventions with young people to develop relationships focused on achieving strengths based outcomes through daily life interactions. STEM draws on a number of complementary philosophies and approaches including Circle of Courage, Response Abilities Pathways, Therapeutic Crisis Intervention and Daily Life Events.

The inspector 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 12th of April 2018.

1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
 - a) Regional manager
 - b) Centre manager
 - c) Two social care leaders
 - d) Five social care staff
 - e) The two social workers with responsibility for young people residing in the centre.
 - f) The Guardian ad Litem for one of the young people
 - g) Director of quality assurance
 - h) Director of services
 - i) Assistant director of services

- ◆ An examination of the centre's files and recording process.
 - Care files
 - Supervision records
 - Weekly reports
 - Individual risk assessments
 - Staff meeting minutes
 - Social work report
 - Audit report

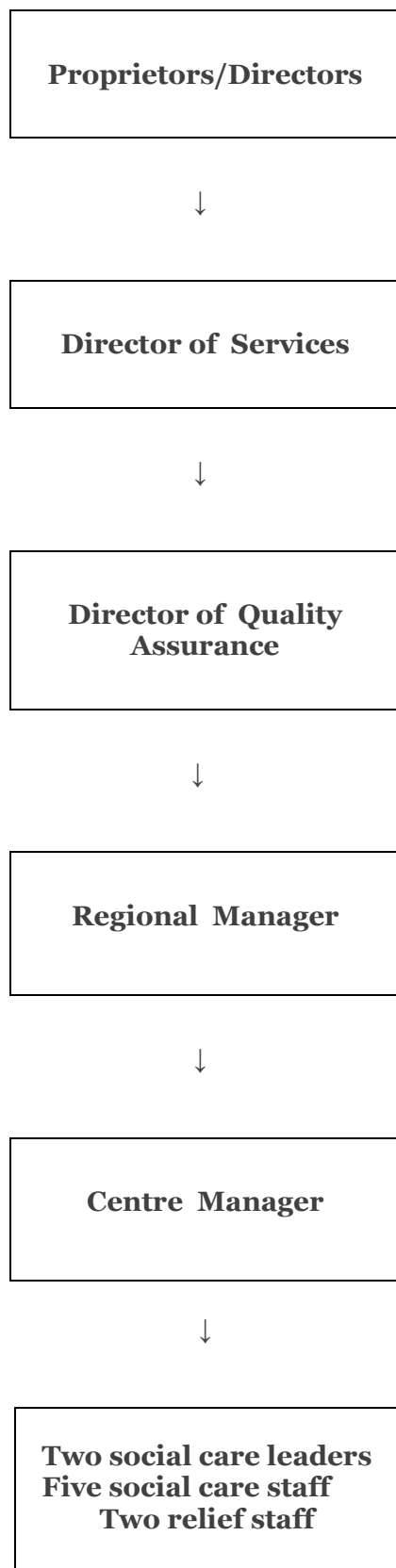
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Regional manager
 - c) One childcare leader
 - d) Two staff members
 - e) One young person
 - f) The lead inspector

- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 20th of June 2018. There were no issues or actions to be addressed at the time. The centre manager returned the report on the 3rd of July 2018 with a satisfactory response stating there were no factual inaccuracies within the report.

The findings of this report and assessment by the inspection service deem the centre to be continuing to operate in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 132 without conditions attached from the 20th of November 2017 to the 20th of November 2020 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 20th of November 2017 to the 20th of November 2020.

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 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 reported to and was supervised by the regional manager who oversaw the work of the centre as external line manager, they in turn reported to the assistant director of services who answered 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 at least once a month. The regional manager was in daily contact with the manager and visits on a weekly basis. The centre manager provided a weekly management report which is copied to all the external line managers. The inspector interviewed both the manager and the regional manager who confirmed the governance process. A sample of the managers reports were reviewed by the inspector. These reports 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 work of the centre. The inspector could see that the regional 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 organisation and management of care at the centre was good and that the scrutiny of the centre was of a good standard. Practice audits were carried out by the organisation's quality

assurance manager and the centre manager was provided with a report which outlined clearly any issues arising. The manager then provided a corrective action after conducting a root cause analysis. There was also be a preventative action to ensure no reoccurrences. A sample of what they called a non-conformity report was reviewed by the inspector and found it to be comprehensive, focused and analytical. The inspector found good evidence of the effective management of staff and of good quality supports for the staff team.

Register

A register of those who live in the centre was maintained by the centre manager. The inspector was satisfied that the admission details of the young people 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 ten significant events reported for one young person. These were all school related. The centre manager explained that the young person was having some difficulties in school but was attending and the staff team was working with the school principal on this. The young person had no recorded significant events relating to behaviour in the centre at the time of the inspection.

There were seven incidents of absconding from the centre reported through the significant event process. These all involved the second young person who was putting themselves at significant risk, going missing for several days at a time necessitating Garda alerts being issued. The inspector was satisfied that the centre manager, the young person's social worker, guardian ad litem and An Garda Síochána were reviewing these incidents and planned for the young person's safety resulting in the young person being placed in a more secure placement. There was evidence on file that significant events had been reported to the social work department and the lead inspector. There was 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. The centre managers provided feedback and learning points to the staff teams where relevant.

Staffing

The inspector reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the two young people 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 mostly qualified and experienced bar one staff member was required to complete an add-on course to bring their qualification up to the required standard. The centre manager informed the inspector that a course was being sourced for the staff member. The inspector recommends that this matter be addressed as soon as possible.

There was a good balance of newer staff with more experienced staff in the centre. The centre had access to relief staff. The audit of staff personnel records showed that the required references and Garda vetting were taken up for all staff (including the relief panel) prior to taking up their positions. All new staff members received formal induction training.

Supervision and support

The 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 young people. 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. All supervisors had received the relevant supervision training. Supervision contracts were reviewed periodically in line with the organisation's policy.

Training and development

The inspector found evidence of attendance at certified training in fire prevention, occupational first aid, health and safety, therapeutic crisis intervention, and child protection in the last year. New team members were required attend induction

training. The staff interviewed related that they had good access to training opportunities within the organisation. All staff had the required training completed such as Children First, fire safety, first aid and an approved therapeutic crises intervention and prevention programmes. There was a training schedule in place for staff members to be up-dated and refreshed in the training programmes where required.

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 regional manager were monitoring the quality of records. Centre reports and daily logs were signed off by the manager and line management. Quality of record keeping was a part of the company's quality assurance audit and feedback on the audit was given to the manager and staff. Relevant records relating to the young people were kept in perpetuity and the management understood the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

3.2.2 Practices that met the required standard in some respect only

None identified.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

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

-Part III, Article 5, Care Practices and Operational Policies

-Part III, Article 6, Paragraph 2, Change of Person in Charge

-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

-Part III, Article 16, Notification of Significant Events.

Required Action

None identified.

3.5 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 inspector found that the supervising social workers and centre manager were satisfied that the placements were suitable to meet the needs of the young people. The centre had a clear policy and procedure process for the admission of young people. Young people and their families could visit the centre prior to admission and the process was sensitive to each young person's needs.

The centre provided each young person with age appropriate written information describing all aspects of the centre. Keyworkers met the young people and go through the information relating to their placement. They also explained the centre rules and routines to the young people and their family where possible. A review of the young people's files showed that the centre had received adequate information regarding the young people. The centre management in consultation with the social worker risk assessed each placement and the impact the placement may have on other young people at the centre.

Statutory care planning and review

The inspector reviewed compliance with the regulations on care planning. Care plans were completed within the required time frame for the two young people in compliance with the regulations. At the time of the inspection one of the young people in the centre was under the age of thirteen. A derogation to the centre's registration had been granted by the registration panel. Monthly reviews had taken

place as required under the derogation conditions. The care plans reviewed were comprehensive and took into account the young people's educational, social, behavioural and health requirements. The placement plans were developed based on the young people's care plans. The inspector spoke to one of the young people resident in the centre and they said that they and their family were consulted in the process of the drawing up of the care plan and that they had received a copy of the plan.

Contact with families

The manager informed the inspector that the young people had contact with family and friends where this was in their best interest and welfare. This was confirmed by supervising social workers and the young person interviewed. Access with family and friends was facilitated by the centre. The centre actively worked to support the young people in rebuilding relationships with their families where they may have broken down. Parents and families were encouraged to take an active role in the young people's placement where possible. The centre ensured that families were kept informed of young people's progress and notified of all significant events.

Supervision and visiting of young people

The social workers of the young people visited them regularly and signed the young people's logs routinely. The centre logged each visit by a social worker on the young people's files and there was ample space in the centre for social workers to meet the young people in private. Social workers interviewed by the inspector confirmed this and that the centre welcomed all visits to the centre by outside professionals.

Social Work Role

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.

The inspector carried out telephone interviews with the two young people's social workers and a Guardian ad Litem (GAL). They informed the inspector that the centre kept them well informed on all aspects of the young people's care. The centre

provided social workers and GAL with copies of significant event notifications and regular telephone contact was also maintained by centre staff.

Emotional and specialist support

Inspector found that staff demonstrated a good knowledge and understanding of the emotional and specialist needs of the young people in placement. The inspector was satisfied that the young people had access to a range of specialist supports. The centre had a key-work system in place and the inspector found that the keyworkers had a good insight into the young people's emotional needs and they were committed to meeting 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. One young person was having difficulty in adjusting to the residential care setting and was assigned a mentor specifically rostered so as to be available to support the young person on a daily basis. The young person interviewed by the inspector said they felt comfortable to talk to their key workers or other staff members.

Discharges

The centre has a policy on discharges which includes both planned and unplanned discharges. As this was a newly registered centre there had been no young people discharged at the time of the inspection visit, however the inspector has been informed that one young person has since been discharged in a planned way as there was a requirement for a more secure setting for the young person. The inspector interviewed the young person's social worker who confirmed the necessity for the young person to be moved due to their absconding and risk taking behaviour.

Aftercare

The inspector was satisfied that through their placement plans young people were being prepared for leaving care. One of the young people who had reached the appropriate age had been allocated an aftercare worker and an aftercare plan was on file. The inspector interviewed the aftercare worker who said that meetings had taken place with the young person but the young person's level of engagement in the process was not good. The aftercare worker was complimentary of the staff at the centre for their efforts to get the young person involved in the aftercare plan and in particular the input from the young person's nominated mentor

The young people were linked in with the children's advocacy group EPIC (Empowering People in Care) and information regarding the group was in evidence around the living areas in the centre.

Children's case and care records

The inspector examined aspects of the care 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 were stored in secure fire retardant cabinets. Records were written in an appropriate professional manner. The care files contained copies of the young people's birth certificate and other relevant documentation.

The key working and daily records evidenced that the young people'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 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 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.