



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 139**

**Year: 2018**

Alternative Care Inspection and Monitoring Service  
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## 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>One young person</b>
<b>Dates of Inspection:</b>	<b>4<sup>th</sup> and 5<sup>th</sup> December 2018</b>
<b>Registration Status:</b>	<b>Registered from 3<sup>rd</sup> August 2018 to 3<sup>rd</sup> August 2021</b>
<b>Inspection Team:</b>	<b>Sinead Diggin Sharon McLoughlin</b>
<b>Date Report Issued:</b>	<b>4<sup>th</sup> March 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 on 3<sup>rd</sup> August 2018. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from 3<sup>rd</sup> August 2018 to 3<sup>rd</sup> August 2021.

The centre's purpose and function was to accommodate for one young person of both genders from age thirteen to seventeen years on admission. Their model of care was described as providing a therapeutic support residential service using STEM (systemic therapeutic engagement model) as a framework for how they provide care. 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 inspectors examined standards 2 'management and staffing' and 5 'planning for children and young people' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 4<sup>th</sup> and 5<sup>th</sup> of December 2018.

## 1.2 Methodology

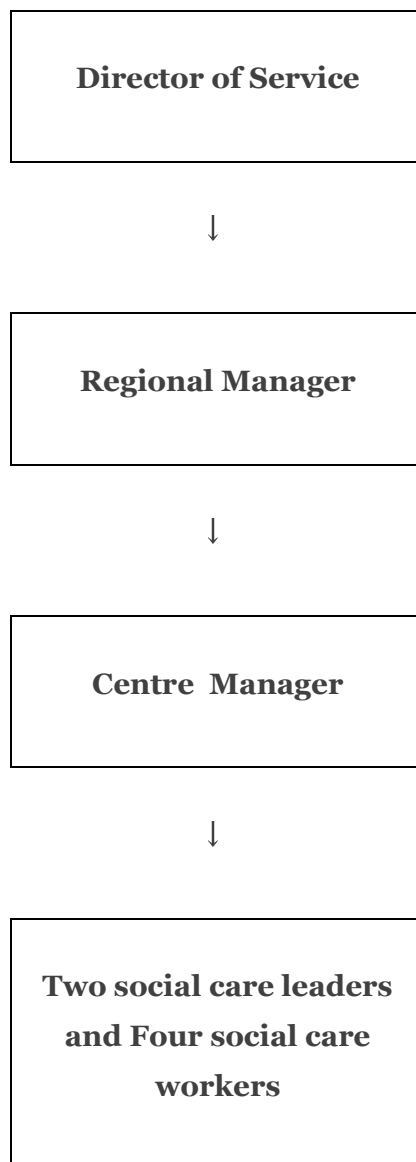
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of pre-inspection questionnaire completed by the Director of Service.
- ◆ An examination of pre-inspection questionnaire completed by the Regional Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Six of the care staff
  - b) The social worker with responsibility for young person/people residing in the centre.
- ◆ An examination of the centre's files and recording process.
  - Care files
  - Supervision records
  - Handover book
  - Team meeting minutes
  - Management meeting meetings
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) Three staff members
  - c) 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 13<sup>th</sup> February 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 22<sup>nd</sup> February 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: 139 without attached conditions from the 3<sup>rd</sup> August 2018 to 3<sup>rd</sup> August 2021 pursuant to Part VIII, 1991 Child Care Act.



## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### 3.2.1 Practices that met the required standard in full

##### **Management**

The centre had a full time manager who had been in post for three months since the centre first opened. They had a recognised qualification and a number of years experience working in social care and residential care. The manager stated to inspectors that they received an induction which included visiting other centre's within the organisation to observe the daily running of the centre. The manager stated that they were assigned another centre manager as a mentor to them for the initial months. The induction also included in house training in which all the staff team were involved. The manager worked nine to five Monday to Friday. They described their role as managing the day to day running of the centre which included overseeing centre paperwork, care plan's, placement planning, managing petty cash and providing supervision to the staff team. The manager stated that they also completed weekly governance reports and attended monthly regional management meetings. Inspectors found from reviewing centre records and minutes of meetings, good oversight both from the manager and regional manager.

The manager is line managed by the regional service manager. There had been recent changes in external management and so the current regional manager had only taken responsibility as external line manager two weeks prior to the onsite inspection. The regional manager also had responsibility for four other children's centres within the organisation. The manager stated to inspectors that there was daily contact with the regional manager and that they had visited the centre in the two weeks since they were appointed as regional manager for the centre. There was evidence that the previous regional manager also visited the centre and had regular contact.

In interview with the regional manager they stated that in the two weeks since they had commenced, they had reviewed some of the centre paperwork and had found some areas in which they intended to make change. The regional manager stated that

they would be working with the manager and staff team on developing placement planning and awareness of how to manage and respond to significant events. The regional service manager referred to the organisation's model of care and that the language in daily paperwork needed to be reflective of this. The manager and staff had only completed an introduction to the organisation's model of care STEM and had not received the full training required. Staff interviews reflected that there was not complete understanding of how the model of care would be used in daily practice. This was a new centre with a whole new staff team and inspector's view that all staff should have been fully trained in the model prior to the centre opening. Management must ensure that all staff are fully trained in the framework of STEM as matter of priority.

### **Register**

At the time of the inspection there was only one young person residing in the centre and the register contained all the required information. 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 had a system in place for notifying significant events (SEN's ) and professionals were notified in a prompt manner. At the time of inspection there were four significant events recorded in the register, one of which was the admission of the young person to the centre. There were no behavioural issues recorded and the manager stated to inspectors that the young person had not displayed any issues that would warrant notification. The organisation had a significant event review group (SERG) in which all managers attend on a monthly basis.

### **Supervision and support**

The centre had a policy on supervision and inspectors found that supervision had been taking place in line with their policy. The manager had training in supervision and had a template in which they worked from. Inspectors reviewed a cross section of staff supervision records and found that there were supervision contracts on file which were signed and dated. Supervision records reflected that there were effective links with placement planning for the young person. There was evidence that the regional manager also had oversight of supervision.

The manager is supervised by the regional manager. Three supervisions had taken place to date, two of which were from the current regional manager. Areas of development were recorded. The manager also had support from a mentor who is a manager from another centre within the organisation.

Team meetings take place fortnightly and all staff were expected to attend. Minutes of the meetings reflect that there were set agendas, tasks assigned with review and timeframe included. There was also a section for the young person's voice. There was evidence that external management had attended some meetings. Handovers occur daily. One inspector had the opportunity to observe a handover in which verbal feedback of the last shift was given. A plan was made for the day including any appointments and tasks to be completed. The organisation also had a programme in place as an external support available for staff.

### **Training and development**

All but one member of staff had training in Child Protection. The manager stated to inspectors that the staff member had been sick when the training had been provided but they would complete it when the next opportunity arose. Staff had also completed the E-Learning in Children's First; National Guidance for the Protection and Welfare of Children 2017. Other core training completed included First Aid, Fire Safety training and Therapeutic Crisis Intervention (TCI). Additional training included manual handling and administration of medication. The manager stated that no extra training specific to the current young person's needs had been necessary but if additional training was required they could request it.

### **Administrative files**

The administrative files reviewed by inspectors were organised and easy to navigate. There was evidence of oversight in the records from internal and external management. The manager stated that the petty cash was adequate to meet the needs of the young person and the centre, any additional money required would be provided.

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

### **Staffing**

There was six staff working in the centre, two of which were social care leaders. The manager stated that the organisation were currently recruiting staff and there will be an additional staff member assigned to the centre. The two social care leaders had additional responsibilities such as overseeing the rota. All staff had a qualification relevant to their role. The manager informed inspectors that the staff worked thirty three hours as part of the rota but had the option of increasing their weekly hours in other centres within the organisation. In interview inspectors were informed that only one social care worker worked as part of the rota during the hours of 9-5 pm.

The manager was included as the second staff member on shift until 5 pm. At 5 pm a second staff member came on shift when the manager had finished for the day. Inspectors raised this with the regional manager as the Alternative Care Inspection and Monitoring Service had not been aware that single cover was occurring in the centre. The regional manager stated that the director of service, in conversation with the private placement team, had agreed that one staff plus the manager was acceptable.

Staff interviewed stated to inspectors that there had been occasional times when they were the only staff member working but a plan would have been put in place to take the young person outside the centre on an activity. It is the expectation of the Alternative Care Inspection and Monitoring Service that there are at least two members of staff working on shift in addition to the manager. Management must ensure that there are always two staff working on shift in addition to the manager. The centre had recently commenced operation and inspectors found that overall the staff team were only now beginning to develop as an established team.

Inspectors reviewed a cross section of staff personnel files and found that all staff had been appropriately vetted.

### **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 16, Notification of Significant Events.*

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*

## **Required Action**

- Management must ensure that all staff are fully trained in the framework for providing care as a matter of priority.
- Management must ensure that there are always two staff working on shift in addition to the manager.

## **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 a policy on admissions to the centre describing the process. The centre accepts referrals nationally and referrals are received through the Child and Family Agency's children's residential services. The manager stated that referrals are sent to the proprietor and then the regional manager will look at the suitability of the placement for this centre. The manager stated that they are involved in the decision. At this stage a pre-admission risk assessment is completed by the manager. At the time of the pre-admission risk assessment, no other young people were in the centre. A transition plan was put in place in consultation with the social worker which included the manager meeting with the young person and their family. A strategy meeting with all professionals involved also took place prior to the young person's admission to the centre.

The centre had a young person's handbook which included among others a contract, access to information and fire evacuation procedures. There was a copy of this on file which was signed by the young person and a social care worker. At the time of inspection all professionals agreed that this was a suitable placement for the young person. The manager stated that the young person was progressing in the placement and careful consideration would have to be given if another young person was referred to the centre.

The centre also had information about the centre available to the young person's family and social workers.

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

There was an up to date care plan on file which was completed shortly after the young person moved to the centre. The young person attended their child in care review. There was evidence on file of individual work that had taken place in preparation for their review.

The plan included the young person's needs and the actions to be taken to meet those needs. Monthly placement plan reviews had taken place with the social worker and included the manager and social care leader as well as the young person. The placement plan's were updated and looked at a review of the placement, family access, Individual Crisis Management Plan's (ICMP), Absence Management Plan (AMP) as well as education, health and any emotional and behavioural issues. A review of placement plan's meetings reflected what areas need to be addressed, goals of the placement, intervention's required, who is responsible and if the goals were achieved. The manager stated to inspectors that case placement planning training had taken place to assist staff in completing plans for the young people.

### **Contact with families**

There was evidence of regular communication between centre staff and the young person's family. They were welcomed by the staff to visit in the centre and this has taken place. There was evidence that staff updated the family on the young person's care and any issues that may have arisen. The young person can have family access in their home and a plan around this is put in place in consultation with the social worker.

### **Supervision and visiting of young people**

There was evidence of the young person's social worker visiting with the young person regularly. There was also another service linked with the young person and they have visited the young person since moving to the centre. EPIC (Empowering Young People in Care) had also been to visit the centre and met with the young person.

## 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.

As stated above the young person has been visited by their social worker on a regular basis and can meet with the young person in private. The young person has an up to date care plan and regular meetings have taken place between the social worker and staff and inclusive of the young person. Contact records reflected that the social worker was involved in decisions made relating to the young person's care.

### **Emotional and specialist support**

Inspectors found through interviews conducted that staff had an awareness of the emotional needs of the young person. At the time of inspection no psychological assessment had been completed. This had been included as part of the actions in the care plan review but at the time of inspection the manager had no new information as to when this would begin. Key working and individual work had taken place which were both planned and unplanned and covered areas in family access, family relationships, school and safety including internet safety. There were copies of individual worksheets on file which had been filled in and completed with the young person.

### **Preparation for leaving care**

At the time of inspection the young person was not yet sixteen years of age but inspectors noted that the young person was engaged in activities and clubs that would aid them in preparation for leaving care.

### **Discharges**

The centre had a discharge policy. The centre had only been in operation for a short period of time and there had been no discharges since they commenced operation.

### **Aftercare**

The young person was under sixteen and so aftercare was not yet part of the care plan.

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

The centre maintained a care file on the young person which contained all the relevant information including their history and progress to date. The records were written to a good standard and were well maintained. There was evidence that the young person's voice was included and there was consistent oversight by the manager and external management.

#### **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).***



## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	Management must ensure that all staff are fully trained in the framework for providing care as a matter of priority.	<p>All staff received an introduction to Systemic Therapeutic Engagement Model (STEM) training on 7th August. Staff have been provided with an induction manual which they are required to complete within a ten-week timeframe.</p> <p>The centre has a STEM leader and STEM is discussed in supervision, handovers and fortnightly team meetings. In addition, the manager and STEM leader attends STEM regional meetings every month where STEM is reviewed in the region.</p> <p>The organisation has scheduled formal training in the STEM framework in both March 2019 &amp; June 2019. This has allowed sufficient time for staff to be exposed to and become familiar with concepts and language within the STEM framework. All</p>	<p>The organisation is committed to a modular 1:1 induction into the STEM framework during the staff members' induction period followed by formal training in the STEM framework.</p> <p>Staff have been scheduled to complete full STEM training course commencing the 11<sup>th</sup> of March 2019 with a second full course scheduled to commence 10<sup>th</sup> of June 2019.</p>

	<p>Management must ensure that there are always two staff working on shift in addition to the manager.</p>	<p>Centre staff have been scheduled to attend who have not completed previously.</p> <p>Daffodil Care Services ensure appropriate staffing levels are rostered on shift at all times and tailored as appropriate to ensure.</p>	<p>As per response the centre will ensure appropriate staffing levels are rostered on shift. Recruitment is supported through our HR department, CORE.</p>
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