



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 037

Year: 2017

Lead inspector: Paschal McMahon

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

Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Daffodil Care Service
Registered Capacity:	Four young people
Dates of Inspection:	2nd of August 2017 3rd of November 2017
Registration Status:	Registered from the 16th of September 2016 to the 16th of September 2019
Inspection Team:	Paschal McMahon Lorraine O'Brien
Date Report Issued:	Final report issued 2nd of February 2018

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.4 Children's Rights	
3.7 Safeguarding and Child Protection	
3.10 Premises and Safety	
4. Action Plan	19

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 on-going 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

The centre was first registered in September 2010 to provide care to four young people of mixed gender aged 13 to 17 years on admission. The centre was previously inspected on the 20th and the 21st of September 2016 and an action plan was devised to address issues requiring action following the inspection and all issues identified were met in full at that time. The centre has had three cycles of the registration process and at the time of this inspection was registered from the 16th of September 2016 to the 16th of September 2019.

This report reflects the findings of two inspections; one announced inspection that took place on the 2nd of August 2017 and an unannounced inspection that took place on the 3rd of November 2017. There were four young people in residence at the time of the inspections. One the young people was under 12 years of age and had been admitted after the centre was granted derogation to their registration to permit them to admit the child. The theme of the first inspection was to specifically assess the centre's adherence to the TUSLA policy for the placement of children 12 years and under in residential care and to ensure good quality age appropriate care was provided to the child. The second inspection was to review the centres practices in relation to all young people resident in the centre and to test the application of standard 4, standard 5, standard 7 and standard 10 of the National Standards for Children's Residential Centres (2001): Children's Rights, Care of Young People, Safeguarding and Child Protection and Premises and Safety.

1.2 Methodology

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

- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) The assistant director of services
 - c) One of the social workers with responsibility for a young person residing in the centre
 - d) Three young people residing in the centre
 - e) Other professionals e.g. Guardian Ad Litem, General Practitioner's and therapists.

- ◆ An examination of the centre's files and recording process.

- ◆ 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) Two social care workers
 - c) Three young people
 - d) Four social workers with responsibility for the children residing in the centre.

- ◆ Observations of care practice routines and the staff/child'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, and the relevant social work departments on the 11th January 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 24th of January 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 037 without conditions from the 16th of September 2016 to the 16th of September 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

The inspectors met with the young people who spoke positively about their life in the centre. They were aware and took part in meetings with staff, their social workers and family to look at their care plans. The rights of the young people were respected and promoted and there was evidence that their right to make choices was promoted and respected. The inspectors found their views and ideas were sought in everyday communications with staff and through key work meetings.

The young people engaged in a number of activities of their choice. Their bedrooms were decorated in an age appropriate manner and had sufficient space for playing and storing their personal items. Staff encouraged and facilitated the children to engage in activities of interest to them for example activities involving sports and music. The inspectors found a specific music room was set up in a garage outside of the house where the young people could learn and play a drum kit and a number of different guitars. Music was used by staff and the young people as a communication tool and a forum for them to express themselves.

The young people confirmed to the inspectors that they were aware of their rights and were supported by staff in exercising them. The young people had input into their care plan reviews by completing a consultation form prior to the review meeting and attending the meeting where appropriate.

At the time of both inspections the centre were granted derogation to their registration to permit them to admit a child under 12 years of age. The theme of the first inspection was to specifically assess the centre's adherence to the TUSLA policy for the placement of children 12 years and under in residential care and to ensure good quality age appropriate care was

provided to the child. One inspector carried out the visit and found that the child was regularly consulted through monthly care plan reviews. The inspector spoke to the child and found that they were clear of the plans in place to meet their care needs in an age appropriate way. There was evidence of consultation through key working records, daily logs and social work meetings. The child had a choice in relation to how their bedroom was decorated, the food they ate and the activities they engaged in. Overall the inspector found that good quality age appropriate care was provided to the child.

Complaints

The centre had a written policy on complaints that adequately outlined the procedure for making a complaint. The appeals process for young people to utilise if they were not satisfied with the outcome of a complaint was also clearly explained.

The young people's booklet outlined information on making a complaint and the young people interviewed were clear of their right to complain. The young people had exercised their right to make a complaint and the inspectors found that details of the complaints were clearly recorded on the centres complaints logbook and on the young people's files. The complaints evidenced that the young people were able and encouraged to raise issues that were of concern to them. Feedback was given to the young person within a short timeframe. The inspectors found that there was a system in place to monitor the incidents and outcomes of all complaints as the detail and outcome of the complaint were recorded and reviewed by the centre manager.

3.4.2 Practices that met the required standard in some respect only

Access to information

There was evidence on file that the young people were informed of their right to access their records on admission. However, the inspectors were informed that none of the four current residents, one of whom had been in the centre for two years had accessed their records. The inspectors require that the centre manager must ensure that access to information by young people is actively and consistently promoted and evidence young people being offered access to their records.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency had met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

Required Action

- The inspectors require that the centre manager must ensure that access to information by young people is actively and consistently promoted and evidence young people being offered access to their records.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full.

Individual care in group living

The manager and staff interviewed demonstrated a good understanding of the individual needs of each young person. The inspectors interviewed three of the young people in the centre and they were positive about the centre and the service provided to them. They were aware of their key worker's role and found it helpful to have staff that they could discuss issues with. The atmosphere in the centre was friendly and hospitable, and inspectors observed that the staff treated young people with respect. Young people in turn were observed to be respectful towards staff in their interactions with them. There were photographs on display throughout the centre of the current residents and each young person had their own bedroom which they had decorated to their own taste. Staff and young people told the inspector that birthdays and other significant events were celebrated at the centre.

Provision of food and cooking facilities

The kitchen in the centre was spacious and well equipped. Inspectors found the meals provided at the centre to be nutritious providing the young people with a healthy and well-balanced diet. The inspectors found written records and observed that the young people's preferences were taken into consideration and they were involved in weekly menu planning. The social aspect of mealtimes was recognised and young people were encouraged to eat with the staff at mealtimes.

Race, culture, religion, gender and disability

The centre had a policy on recognising diversity. The centre supported the young people in understanding the reasons why they were living in the centre through key working, and respected and supported their ongoing relationships with their family in participating in community events and engaging in local activities. In the young person's handbook it stated the young people's chosen religion and ethnic background would be respected and promoted. Each young person's religious denomination was taken into account and where young people and their family wished to pursue their religious belief this was accommodated.

Managing behaviour

There were written guidelines and policies for staff on how to respond to challenging behaviour. Inspectors found the care team had completed the centres behaviour management training programme with the exception of three relief staff. The team were encouraged to consider the underlying causes of challenging behaviour and had developed practice guidelines and interventions for each young person based on their knowledge of the young people. Each young person also had an up-to-date individual crisis management plan (ICMP) which served as a risk assessment that guided staff in their response to a young person's crisis behaviour.

The centre's overall approach to working with young people was guided by the STEM (Systemic Therapeutic Engagement Model) model of care. The STEM model incorporated a number of philosophies and approaches and provided a framework that supported young people to engage in positive interventions which focus on achieving strengths based outcomes through the use of daily life interactions. During the inspection the staff members

interviewed demonstrated a good understanding of the model and how the principles of STEM informed the overall approach to care in the centre, and were able to provide practical examples of how the model of care was effective in their work with the young people.

Staff occasionally employed consequences for inappropriate behaviour. Consequences sometimes involved young people participating in a specific piece of individual work where there was a clear learning outcome. There was evidence that that the young people received rewards for positive behaviour. All consequences for behaviour were recorded and monitored by the centre manager. The inspectors found that consequences employed by staff were reasonable and fair.

The centre had an anti-bullying policy in place. Prior to inspection there had been a number of recorded incidents of bullying amongst the centre residents. Three of the four social workers interviewed were satisfied with the timing of the centres interventions and strategies to address these incidents. One social worker was of the view that there could have been earlier intervention in some cases. The inspectors found from interviews with the manager and staff that bullying behaviour had been addressed and young people confirmed that they were satisfied that complaints they had made in relation to bullying had been responded to appropriately. There was evidence on file of actions taken in response to bullying incidents including individual work with young people. There were also examples of restorative practices with the young people and evidence that the centre was making efforts to address bullying in a planned and pro-active manner.

Restraint

The centre utilised an approved method of physical restraint based on a therapeutic crisis intervention approach and care staff who undertook physical restraints were appropriately trained to do so. There were eight recorded restraints undertaken by staff in the previous ten months prior to the inspection. All restraints were recorded and reviewed according to the centre policy and the relevant professionals were notified of these incidents.

Absence without authority

The centre staff reported and managed absences from the centre in accordance with the Garda / Tusla Joint Protocol for Children Missing from Care. An absence management plan was developed for each young person and there was evidence that these had been reviewed.

There were no incidents of unauthorised absences from the centre in relation to the young people in placement at the time of inspection.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 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 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

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

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had policies on child protection and safeguarding practices including policies on staff recruitment and vetting, complaints, staff supervision, professional boundaries and working alone. The inspectors reviewed the files of three staff members that were employed in the centre since the previous inspection and found that they had been appropriately vetted before taking up duties at the centre. During the inspection the inspectors advised the centre manager that accompanying emails verifying references should be placed on staff members files. This matter was brought to the attention of the assistant director of services who addressed this issue post inspection. At the time of inspection three relief staff did not have

the required core training in child protection, behaviour management, fire safety and first aid. Centre management must provide the inspection service with a schedule of training for these relief staff along with timeframes for completion of this core training.

The inspectors examined a sample of staff supervision records and found that clear records of supervision were maintained and supervision was linked to the young people's placement plans and the centres model of care. Staff members spoke of an open management system and expressed confidence in their ability to approach management or colleagues if they had a concern about attitudes or bad practice. The young people interviewed by the inspectors were aware of their rights and said they felt safe, supported and encouraged by staff.

3.7.3 Practices that did not meet the required standard

None identified.

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.

3.7.4 Practices that met the required standard in full

None identified.

3.7.5 Practices that met the required standard in some respect only

The manager was the designated liaison person for reporting child protection and welfare concerns, and they were clear about their role and responsibilities. All full time staff members working in the centre had received training in child protection. The inspectors found there was evidence that the staff and management team were working to put in place measures to reduce the level of risk to the young people. The inspectors noted that not all staff were clear in regards to the centres child protection policy and found no evidence of safeguarding and child protection policies and procedures being reviewed at staff meetings. Inspectors require that safeguarding and child protection policies should be reviewed and discussed regularly at team meetings.

3.7.6 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must provide the inspection service with a schedule of training for relief staff along with timeframes for completion of this core training.
- Centre management must ensure all staff are familiar with the centres safeguarding and child protection policies and procedures.

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

Accommodation

The inspectors were satisfied that the accommodation was fit for purpose. The centre was in good structural repair and decorated to an acceptable standard that created a pleasant and homely atmosphere. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. There was adequate space within the centre for the young people to have visits from other professionals and their social workers in private. The young people had their own bedrooms and they were found to be decorated in an age appropriate manner.

The centre manager provided evidence that the centre was adequately insured.

Maintenance and repairs

Maintenance requirements were carried out routinely by the centre manager and were reviewed by the organisation's external auditor as part of the audit of the centre. The audit on file indicated that the overall state of the building was in good repair and identified some

minor issues requiring attention. A maintenance schedule was in place to address issues in a timely fashion and the inspectors found that issues were promptly resolved.

Fire Safety

The centre provided the inspectors with written confirmation that the statutory requirements relating to fire safety and building control were complied with. The centre had a nominated fire and safety officer. The inspectors found that the emergency alarm and fire alarm systems had not been serviced within the timeframes specified in the service contracts. The inspectors were informed that issues had arisen with the service contractors and their ability to meet their contractual commitments and documentation provided to the inspectors confirmed this. The centre has since changed providers and inspectors were provided with evidence that new service contracts are now in place.

A maintenance contract was in place for the servicing of fire safety equipment. All fire doors had intumescent strips/seals and automatic closure in the event of a fire occurring. The building had the required fire extinguishers and fire blanket and firefighting equipment. A copy of the certificate of inspection for fire extinguishers and fire blankets had been inspected and maintained dated 7/03/17.

A review of the fire safety compliance and related documentation were kept in a standalone register in line with the 'HSE Fire Safety Guidelines and Requirements, Fire Safety Register'. It evidenced that daily visual inspection of the central alarm system were undertaken by care staff. Staff was also undertaking a daily visual inspection of the means of escape from the centre. Fire prevention and evacuation procedures were being carried out by the team. Full time staff members received training in fire prevention, and there was evidence on file of regular fire drills taking place.

3.10.2 Practices that met the required standard in some respect only

Safety

The centre had an up to date health and safety statement which was signed by staff. All new staff members received health and safety information as part of their induction. The centre manager was the health and safety officer for the centre and a social care worker was assigned the role of health and safety representative who carried out weekly health and safety checks in the centre. The inspectors reviewed the safety statement and noted that

while the statement identified general risks, a site specific risk assessment was not in place, an issue that requires attention. All full time staff members were trained in first aid techniques. Vehicles used to transport the young people were roadworthy and insured and were subject to weekly checks which were recorded. A copy of staff driving licences were held on the personnel files. Medications were safely stored in a secure cabinet and the administration of medication was properly recorded in line with the centres policy.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre had 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

- Centre management must ensure that a site specific health and safety risk assessment is developed for the centre.

2. Action Plan

Standard	Issues Requiring Action	Response with timeframes	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.4	The centre manager must ensure that access to information by young people is actively and consistently promoted and evidence young people being offered access to their records.	<p>Each young person admitted to the centre is provided with a welcome book, which outlines the records that are maintained by the centre and how these can be accessed by the young person.</p> <p>As issues arise in the centre, the staff team remind the young people of their rights to access information, and how this information is accessed. This is completed through several forums, including young person's meetings and through individual work reports. Young people are encouraged to review and sign their daily logs.</p>	<p>The organisation is currently reviewing their Policies and Procedures and will include the proactive promoting of accessing records. This review is scheduled to be completed by April 2018.</p> <p>Access to information by young people will be actively and consistently promoted and evidenced by the keyworking team.</p>
3.7	Centre management must provide the inspection service with a schedule of training for relief staff along with timeframes for completion of this core training.	The centre manager completed the schedule in January 2018. Training schedule has been forwarded to the inspectorate.	The centre manager completes a training audit on all centre staff on a quarterly basis and provides all staff with the training schedule.

	Centre management must ensure all staff are familiar with the centres safeguarding and child protection policies and procedures.	The centre manager has scheduled a review of the centres safeguarding and child protection policies and procedures to take place on 25.01.2018	The centre reviews organisational policies and procedures as a standing item at team meetings. In addition, the organisation prioritises the review of policies based on current presentation and as policies are revised by the organisation.
3.10	Centre management must ensure that a site specific health and safety risk assessment is developed for the centre.	The organisation is reviewing the current suite of documentation in use and has revised the monthly health and safety audit, to ensure that it addresses any health and safety risks specific to the centre. This revised audit is now in place across all centres.	The revised monthly health and safety audit has been implemented.