



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

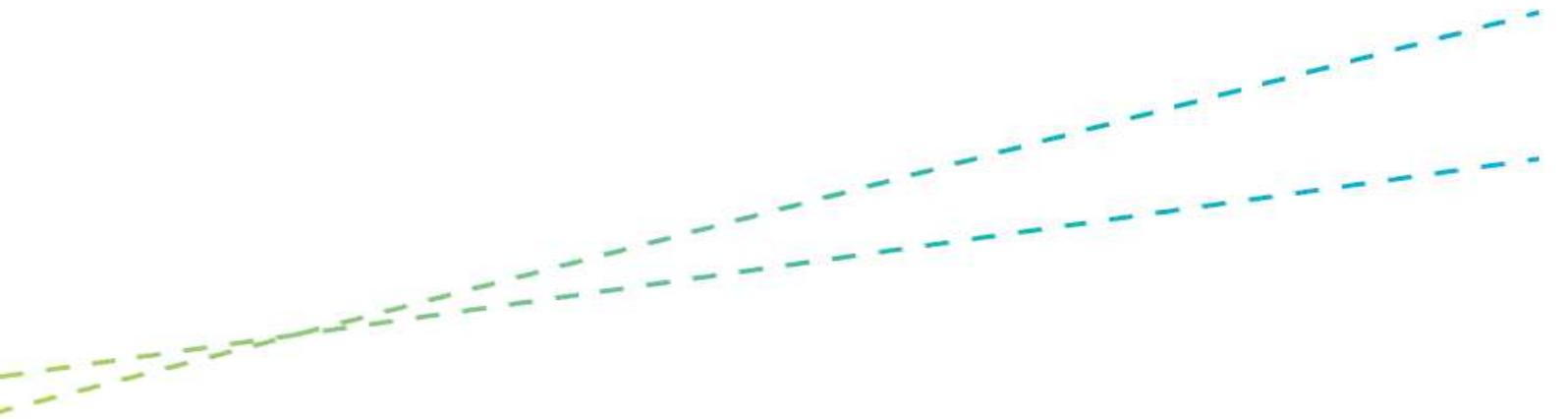
Registration and Inspection Service

Children's Residential Centre

Centre ID number: **078**

Year: **2017**

Lead inspector: **Linda Mc Guinness**

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Extern Ireland
Registered Capacity:	Four young people
Dates of Inspection:	11th, 23rd, 25th May, 9th and 22nd June.
Registration Status:	Registered from 30th July 2014 to 30th July 2017 no conditions attached
Inspection Team:	Linda McGuinness, Mary Flaherty
Date Report Issued:	30th August 2017

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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 Methodology

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 ongoing operation of the centre in line with its registration. This inspection was announced and took place over the following dates: 11th, 23rd, 25th of May, 9th and 22nd June, 2017. It was a themed inspection focusing on Standard 2, aspects of Standard 5, Standard 7 and Standard 10.

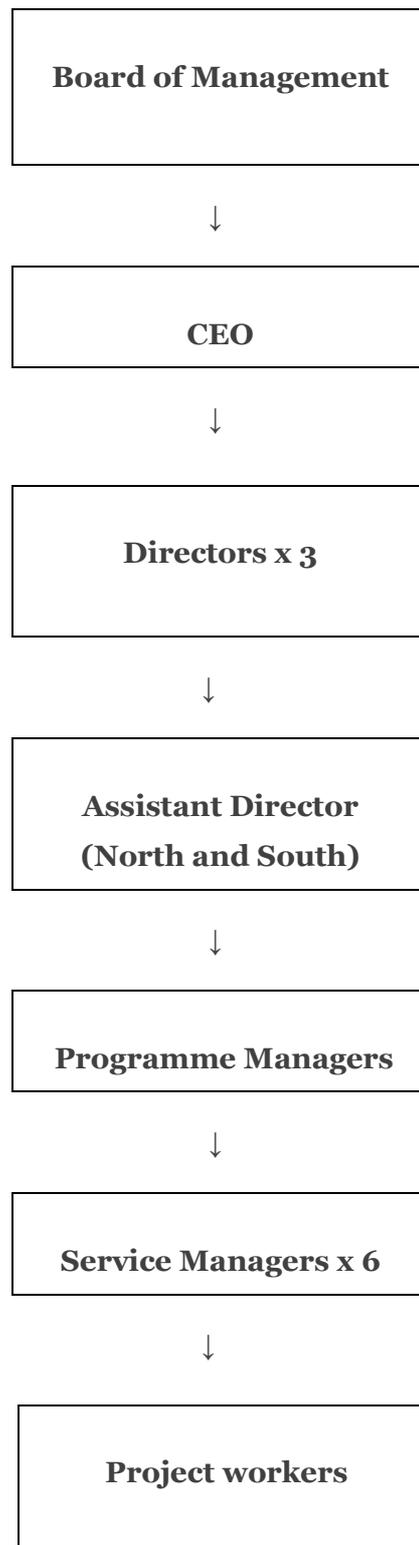
The report is based on a range of inspection techniques including:

- ◆ An examination of selected sections of the centre's files and recording process
- ◆ An examination of pre-inspection questionnaires/documents completed by the centre manager
- ◆ An examination of 33 questionnaires completed by staff and management who use the centre
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The assistant director of care
 - c) Three care staff
 - d) Two of the young people residing in the centre on a weekend they were there as a family unit
 - e) Social work team leader with responsibility for 4 young people who have accessed the centre in 2017
 - f) Parent of two of the young people who access the centre frequently as part of the Intensive Home Support Service (IHHS)
 - g) The training and development officer
- ◆ Observations of care practice and the staff/young person's interactions.
- ◆ Observation of a staff hand-over meeting
- ◆ Observation of a team meeting

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.

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration. As such the registration of this centre remains from 30/07/2017 to 30/07/2020.

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

There was a clear management structure in place within the organisation and all staff interviewed were familiar with this. The centre manager has been with the organisation for the past fifteen years and has worked in different roles including project worker and co-ordinator of various services within the agency. This person is experienced and appropriately qualified and has been managing this service since 2009. Inspectors found from analysis of records, interviews with managers staff and young people and attending a planning meeting that there was good leadership and supports in place.

The manager has an office in a location away from the centre but inspectors found evidence that they were present in the centre regularly. There were effective mechanisms in place to ensure accountability. The manager had full oversight of admissions, discharges, all risk assessments and planning meetings. They attended team meetings and reviewed centre records. There was evidence of management oversight of all operations of the centre. Governance in respect of operational issues was good with regular management meetings taking place approximately every 6 weeks. There were effective communication structures in place and the web based system facilitated ease of access for oversight of systems and records. One issue which could be improved is the written record of when a deficit is identified by senior management. The remedial actions required and actions taken are not necessarily recorded. Therefore this would not facilitate tracking of patterns of improvements or continuing concerns.

The management meetings alternated with co-coordinator meetings and there was good evidence of the records of these forums. There was a clear agenda, review of outcomes from the last meeting, any actions required and persons responsible identified.

All documents for the individual young people were signed by the coordinators for each of the individual projects that use the centre. All records were held on a central cloud based system and the manager has daily access to this system to facilitate oversight. Any issues are picked up and addressed with the individual project coordinators.

Inspectors found that there was a very strong emphasis on outcomes for young people using the service. Formal evaluations of each placement took place which was linked to service development and an aim for higher level outcomes through learning and strategic planning. One example of this was the newly developed Intensive Home Support Service (IHHS) which was closely aligned to this centre.

There is a post within the organisation for a quality and audit officer whose role is to work alongside the assistant director to ensure that systems processes and procedures are effective and in keeping with best practice. The focus of the role is described as action planning and piloting change. Inspectors found that some recommendations made in previous inspection and monitoring processes not been attended to and remained partly met in this inspection. This points to a governance deficit in respect of this issue and must be addressed at senior management level. The inspectors recommend that the quality and assurance officer takes formal responsibility for identifying follow up required after inspection/monitoring processes and raising the issue with senior management for action.

There was regular review of the policies and procedures and this fed into wider service development plan. The policies broadly cover a number of projects but then there are specific references to each centre.

There is a balance score card system in place to promote accountability which facilitates review of set goals and an assessment of if they were achieved. Plans were put in place to record compliments to the staff or management team. Furthermore the centre manager sends a feedback sheet specifically for this centre every quarter to all teams who use the facility to complete. This information is used to inform service development and improvements.

Register

There is a register of all young people who come to stay in centre and this is subject to oversight by centre manager. This register is completed on a daily basis. Not all young people who stay in the centre are in the care of the Child and Family Agency.

The register now has specific reference to young people who are placed in the care of Tusla.

Notification of significant Events

In general there are low levels of significant events being notified from this centre. This is probably related to a robust pre admission risk assessment and a careful analysis of the 'mix' of young people. The centre manager receives the written documentation of any significant event from the individual coordinator with responsibility for the placement. They then, review, sign and notify all relevant persons in a timely manner in line with policy.

The centre manager informed inspectors that they do not always receive responses from social work departments in responses to these notifications and that they intend to outline this expectation more clearly at initial social work point of referral.

Supervision and support

The centre manager is supervised by one of the programme managers approximately every four weeks in line with policy. The dates are set out for the entire year in advance. There were good records of this supervision process which are held in hard copy and also on the computer based system. There are standard items on the agenda for this supervision process to include team issues, HR issues and follow up, recruitment, college applications, and oversight of any issues arising.

Inspectors also reviewed a sample of 8 staff supervision files for supervision which took place in 2016 and 2017. Supervision policy states that it will be provided every 4 to 6 weeks and the files reviewed were in the line with this timeframe with the exception of long term sick leave/maternity leave. A recognised model of supervision is implemented across the agency.

There was a supervision contract on each file which was signed by both parties. Supervisor and supervisee training is provided. There were good records of all supervision which took place. There was evidence of review of cases and links to young people's plans. It was clear through the records that there was a thorough review of performance and that direction and feedback was given when improvements were required. There was good links to training and evidence that staff members requested specific training and were facilitated with this where possible.

Workplace pregnancy risk assessments were linked to the supervision process. Staff members were encouraged and supported to conduct exit interviews which is in line

with the Ryan report. Supervision was linked to a staff member's probation period for that duration and there was detailed review of performance to include strengths and areas requiring support and improvement.

Where incidents had taken place involving staff and young people there was detailed debriefing and analysis of the incident for learning. In two incidences, supervision recorded issues of concern relating to application of *'Children First, National Guidance for the Protection and Welfare of Children'* and consultation/listening to young people. Both these issues were dealt with openly and transparently and were linked to ongoing training and supervision. Any disciplinary procedures were appropriately recorded and person's responsible for actions were clearly identified. There was managerial oversight of the supervision records.

Team meetings take place regularly and one of the inspectors attended a planning meeting. This was found to be a supportive, child focused meeting with focus on individual cases, training, specific programmes for young people, new staff induction and shadowing, allocation of cases, exit interviews and risk assessments. The team dynamic was positive and it was clear there was flexibility from the team and positive feedback and support from management.

When on site in the centre inspectors viewed the site specific information pack which included procedures for each day (including completion of the centre register), induction, key safety, site guidance and rules, booking processes and practical information. There was a clear document which laid out procedures 'before you arrive' and when 'on site'. Staff indicated they found this to be helpful and clear guidance. There was a daily communication book on site to facilitate efficient transfer of information for people who may not cross paths in the working day.

The staff members interviewed by inspectors stated that the centre manager is supportive and available to them and there are good structures in place for the running of the programmes.

There was evidence of good communication between staff and between staff and management through a variety of forums. A social media messaging group application was set up to facilitate prompt and effective communication. Each group was established by management, with clear, strict guidelines as to the setting up and use of the App. It is in line with data protection, using only initials and excluding personal details. No photos permitted and no group apps are set up for young people.

3.2.2 Practices that met the required standard in some respect only

Staffing

This centre is unique in that it is staffed from the separate projects to whom the respite centre is available. In essence each of these projects has a staff team and a coordinator and staffing of the centre for each of the nights it is used takes place at a monthly strategy meeting. Inspectors were provided with details for 63 staff members including service managers and co-ordinators. Qualifications across the staff teams varied from leaving certificate education to social care diplomas/degrees, outdoor pursuits, early childhood, youth and community work, teaching, coaching, psychology and psychotherapy, social work, counselling and addiction studies.

There is a dedicated HR department who are responsible for staff vetting. The administration department look after advertisements and recruitment processes and the centre manager then follows up with verification of references. Inspectors viewed a sample of 7 staff files found that the copies of the files did not have all the required information. This was partly due to the fact that and that some were held in head office and not on individual files. This makes auditing of the files difficult and hard to determine full compliance with requirements. The centre manager forwarded on some information that was absent on the day of the staffing review of this inspection. Garda vetting, verification of qualifications and references was raised as an issue at the time of last inspection. Centre management must complete a thorough review of all staff files to ensure there are no deficits in respect of any of the above.

Staff retention is not an issue across this organisation with many of the workers in employment in excess of 10 years. The inspectors attended a planning meeting and found that team dynamics were positive and communication was excellent. This was confirmed through interviews conducted over the course of this inspection and reviews of supervision records. Team building days are organised to support effective team working and communication.

There was evidence that staff members were involved in service development and service improvement with sub groups being set up to look at issues such as recording or the model of care.

Training and Development

Inspectors interviewed the social care manager and the newly appointed training and development officer in respect of staff mandatory and other support training to staff teams. Whilst the role of the training and development officer was new and yet to be

fully established inspectors found that there have been some historical deficits in respect of mandatory training for staff.

When new staff start in the organisation, there has been an initial 6 month induction period identified within which all mandatory training will be completed. The organisation has found it difficult to access Tusla run Children First training as only 2 or 3 places have been made available intermittently. This has meant that some staff have been working in the centre without formal '*Children First - National Guidance for the Protection and Welfare of Children*' for some time. To mitigate against this deficit, there was evidence that the teams had induction in the organisations child protection and safeguarding policy. They were unclear if they could provide 'Children First' in –house training and had been researching a 'train the trainer' programme. This issue was discussed further with the centre manager and the assistant director. This issue arose at the time of last registration renewal and must now be addressed as a matter of priority. All staff who work and spend overnights in the centre must have received this mandatory training.

Centre management must ensure that all mandatory training in respect of Children First, Therapeutic Crisis Intervention (TCI), first aid and fire safety training is completed upon appointment and without the significant delays that have happened to date.

Extra funding has been sought for additional training. There are excellent links to other Tusla run and voluntary serves in the community and they have built up links to other agencies and make best use of resources. Staff training is also linked to needs of young people and to staff supervision.

Other training that has been provided to date has included motivational interviewing, human rights and diversity, risk assessments & report writing, health and safety, drug and alcohol awareness, mental health awareness, supervisee and supervisor training amongst others.

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

- The centre management must ensure that each staff file contains verification that all vetting requirements have been fully met.
- Centre management must ensure that all staff receive training in Children First – National Guidance for the Protection and Welfare of Children 2012 without delay

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 primary purpose and function for the service is to support young people who are at risk of entering care, secure care or custody. The aim is to work with them towards remaining at home where possible. The model of care is based on a 'whole family' approach which recognises and builds upon the families existing strengths so involvement of parents and significant others is encouraged. This organisation accepts referrals nationally and this centre accepts referrals from all projects but

priority is given to the two projects in this geographical region. Social work departments make a referral to the organisation and an initial meeting takes place with both the social worker, the young person and their parent/guardian. A short period of 'buy in' time is given for the young person to consider the service on offer as it is vital they agree to participation in the programme. A second meeting takes place at which point the young person's parent attends with them and the social worker. The concerns of all are listened to and a proposed intervention programme is devised. If accepted this programme is reviewed bi-monthly thereafter.

Referrals to this centre are built in to each young person's individual plan if it is felt that a period of respite from home/foster home or residential placement is required. There is a 'gatekeeper role' within Tusla which is held by a Principal Social Worker in the geographical area. The referrals and waiting lists for the Janus project are managed and prioritised according to need by the gate keeper then as part of the planned intervention overnights are offered.

Comprehensive risk assessment processes take place prior to placing young people in the centre. This includes collective risk assessments if young people are to be placed together and also individual risk assessments.

Following the on-site inspection inspectors interviewed social worker of four of the young people accessing the service. They confirmed that there is a thorough planning process and that it is collaborative process involving them young people and their families.

There was evidence of thorough induction and transition to the centre for young people. Initially there is full supervision by staff members and with a ratio of 1:1. As the staff get to know young people and their presenting behaviours and issues individual plans are developed for their time in the centre. One inspector attended a planning meeting where there was a thorough check in about each young person referred and a discussion about how visits to the centre can support their overall plan. Time was spent on a 'matching process' of staff and young people so they are placed with staff that can cater to their needs and interests. Inspectors visited the centre at the weekend when two young people were staying in a family group with their parent. They all had a clear understanding of the reason for their placement in the centre and how it was intended to support their overall plan of full reunification of their family.

The social worker inspectors interviewed stated that they were satisfied that the placements were suitable and have been a positive experience people and their parent. They were hopeful of long term positive outcomes from the interventions provided in this centre. They said that the young people had made significant progress during the course of the programme.

Contact with families

Family involvement in young people's plans is encouraged and seen essential to the positive outcomes for young people. Families are involved in planning meetings and parents are assigned individual support workers to link in with them the model of care is focused on changing their lives by meeting them at their point of need. It is based on a 'whole family' approach which recognises and builds upon the families existing strengths. Parents are encouraged to learn new skills to address the behaviours of concern and much work is being done towards repairing damaged relationships.

The parent who met with inspectors when they visited the centre felt that the interventions and support had changed the family dynamic and her two young people had returned home to live with her. This particular programme was a bespoke arrangement which was set up in consultation with the social work department and where 24 hour support and weekend in this centre was provided to the family. Each family member had a 'keyworker' and new skills were being taught to support them to reunify and live together again. All family members spoke positively about the programme and the supports they are receiving although also acknowledging it was not without its challenges. The parent expressed some anxiety about the supports being withdrawn and hoped for an extension. It would be best if this could be clarified and a phased transition takes place to ensure the best chance for a continued positive outcome.

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.

This organisation primarily provides a service to young people who are not in the statutory care of the Child and Family Agency. The inspection focused on a number of young people who had been in state care. The primary social work communication

was usually between the staff where young people were in full time placements. Nonetheless social workers provided all information required and there was evidence of good communication in respect of planning for young people.

Children's care and case records

There is an online cloud based system to record and maintain records. This facilitates ease of access nationally as young people often move across the projects. It also facilitates oversight by management and promotes good governance and accountability. There are administrators employed to assist with issues such as referrals and bookings and all documentation was well maintained and kept securely.

Project workers complete key working notes, progress reports, risk assessments and exit interviews and store to the relevant part of their on line file. Files contained all relevant information and there was evidence of meaningful consultation with young people. Inspectors reviewed a sample of files of young people in statutory care of the Child and Family Agency and found that there was evidence of effective planning, regular review, targeted key working, family involvement, consultation and evaluation of progress.

During the inspection process a pre planned management meeting/workshop had taken place to focus on recording and how it links to the content and objective of placement plans etc. The persons responsible for regular audits of records were clearly identified and there was a focus on the quality and quantity of records. There is a system in place to fully audit 1 to 2 keyworker files per month. The administrator has a role to also check the databases etc and report any issues arising to management. Staff had attended report writing training. Social workers interviewed were satisfied with the quality of the records being maintained, the progress reports and the timeframes for notification to their department.

Emotional and specialist support

The purpose and function for this centre is a respite service that supports the overall plan of maintaining or returning young people home. The overall plans are devised through consultation with the young person, their family and social workers. It was evident from review of the records and through interviews and observation that the team were keenly aware of the emotional needs of young people and their families. Therapeutic work was evident through key working and recreational activities and these goals were clearly outlined in young people's plans. It remained the responsibility of social work departments to refer young people to other specialist support services if required.

One inspector attended the planning meeting which was found to be child focused and related to the current issues for young people. Specific actions were noted and persons responsible were identified to address these tasks. Involvement of young people in their plan was key to achieving positive outcomes. The records reviewed by inspectors showed that the workers had an insight into the emotional needs of young people and carefully considered the meaning behind behaviours. They looked for creative strategies to address issues of concern.

Preparation for leaving care

Each case was planned for individually and where young people were due to leave care the records showed that this was the primary focus of the work. There were in depth discussions with all professionals about the timing of transitions home/aftercare and what supports were required. Young people were involved in the developing the leaving care plan as required and all supports were put in place as outlined under this standard.

Discharges

Inspectors found that discharges from this centre are always done in consultation with the relevant social work department and as much preparation takes place for discharge as for admission. There are regular reviews of young people's individual plans and a formal process for evaluating outcomes. Each young person is prepared for their review meetings by their allocated project worker and parents are involved. They then plan a 'closing meeting' in advance. Unplanned discharges are rare and the teams do whatever they can to continue to engage young people.

The Tusla 'gatekeeper' signs off on discharges from the centre after a set timeframe. Traditionally the organisation has found that the social work response to the evaluation and analysis of placements has been poor but the 'gatekeeper principal social worker' has now come behind this process and is supporting its full implementation. This will feed into service development and service improvement.

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 25 and 26, 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)

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

There was a recently updated child protection and safeguarding policy in place. There is formal induction in this policy and the relevant procedures as part of the induction process. There were some deficits in vetting which require attention as noted earlier in this report.

There was however evidence that the safeguarding policy was being implemented in practice. There was an issue in respect of a young person attempting to contact a staff member on social media and another instance where a staff member did not act in line with 'Children First'. Both these issues were dealt with promptly and robustly and where required disciplinary action/training was implemented. This was strongly linked to staff supervision and the process was managed and recorded in a

transparent way. There is a protected disclosures/whistle blowing policy and an on call system in place.

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.

Child Protection

There is a recently updated child protection policy in place which is consistent with 'Children First – National Guidance for the Protection and Welfare of Children'. All staff members are trained in this as part of their induction to the centre. Nonetheless as referenced earlier in this report staff members could in theory be working in the centre for up to six months without formal training in 'Children First'. While there are control measures (such as one trained person assigned on each shift) this represents a significant deficit in respect of child protection which must be addressed as a matter of urgency.

Inspectors reviewed the Standard Report Form monitoring file from 2014 to 2017. This is a lever arch file divided in to subsections per year. It is further divided into subsections separating those young people who are in the care of the Child and Family Agency and those who come from home. When staff have a concern about information a young person passes on or they become aware of they complete a standard report form and send to the Principal Social Worker from where is placed as opposed to the geographical area. These standard report forms are notified for all young people who use the service and are not specific to this centre. Inspectors noted that there no records on the standard report form file of any follow up or outcome to any of the notifications.

3.7.3 Practices that did not meet the required standard

None identified

Required Action

- Centre management must ensure that safeguarding and child protection policies refer to training of staff in 'Children First' before they commence work in the centre.

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 centre is located in a rural area in Kildare and while is not accessible by public transport it is a suitable and pleasant premises for the purpose it is registered for. The staff team facilitate young people and families with lifts to and from the centre. Each young person has their own room (although siblings can share) and access to either a nearby bathroom. The centre is in good structural repair and the gardens are clean, tidy and in general well maintained. The house is leased and some sections of the garden are not accessible for use by the organisation.

The daily rules and routines in place ensure that the house is kept clean and tidy and inspectors found it extremely welcoming and homely. The centre is adequately insured as required.

Maintenance and repairs

Inspectors reviewed the maintenance logs held on site. This outlines the detail of the issue of concern requiring attention, who was informed and when they were notified. The record then notes what actions were taken and the date of completion. There was evidence that entries to the log were responded to promptly. The centre is free to use by the projects in the geographical region however projects from other regions pay a nominal fee which goes towards the upkeep of the house

Safety

There is a designated health and safety officer as required. Health and safety audits take place regularly and are recorded. One issue of concern was a risk associated with bathrooms which are not in use and water is not used for long periods. There are systems in place to manage any associated risks. Inspectors saw evidence that health and safety was dealt with robustly through the comprehensive risk assessments. These risk assessments take place for the premises the 'mix' of young people and all activities. These are also discussed and followed up at management meetings.

There are adequate systems in place for reporting accidents, injuries and safety hazards. There was evidence that all relevant persons are notified promptly. The health and safety statement was updated on 20th March 2017 and was signed by all staff members as read and understood.

Medication is stored safely and administration of medication training was provided to staff teams. Centre vehicles are leased and at the time of inspection all 141 registered cars were being replaced with new 171 models.

Fire Safety

There is a fire safety policy and fire prevention policy in place along with a management of fire safety procedures handbook. Fire safety is a priority and is included in the risk assessments for the centre and in the site specific guidance. All staff members using the premises sign to state they adhere to the guidance in respect of fire safety.

Inspectors noted the dates of six monthly and annual testing of fire fighting equipment which is serviced by an outside company. There is on site weekly and monthly testing of equipment and the means of escape routes are checked daily. The emergency lighting is checked monthly most recently on 5/5/17. A daily fire alarm log is completed when people are using the house.

There is a fire register in place which includes fire safety assessments which have taken place each year from 2011.

Fire safety training takes place every 3 years however some feedback from questionnaires indicated a need to review this more frequently and inspectors concur with this view. Inspectors were informed that fire safety training was scheduled for April and May 2017.

The centre has written confirmation that all statutory requirements in respect of fire safety and building regulation have been complied with.

3.10.2 Practices that met the required standard in some respect only

None identified

3.10.3 Practices that did not meet the required standard

None identified

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The centre management must ensure that each staff file contains verification that all vetting requirements have been fully met</p> <p>Centre management must ensure that all staff receive training in Children First – National Guidance for the Protection and Welfare of Children without delay</p>	<p>Completed. Each staff member has to be Garda vetted prior to an offer of employment with Extern. Staff are then asked to resubmit this vetting every three years. These records have been kept on file collectively by support services. During the inspection this was discussed with the HR department and the Support services department. It was agreed that all proof of Garda vetting would be printed out and placed on personal files for each individual. This was completed immediately and was in place prior to the inspection being completed.</p> <p>All staff employed by Extern are trained in the Extern Child protection policy within their induction period. They are also trained in Children First. There has been no way to access Children First training other than via TUSLA. At the point of employment TUSLA</p>	<p>Support services are aware all Garda vetting records are to be printed and sent to HR for personal file.</p> <p>HR department are aware they need to receive this info and place on file as part of the recruitment process.</p> <p>There has been discussion between the L&D manager and the inspectors who have handed over details of the TUSLA training officer. The L&D manager has been in contact with them and it is hoped the L&D Manager will be able to access training from TUSLA to be</p>

		<p>would be informed that there is new staff who need to be trained. However Extern have to wait for a place on the TUSLA training and are offered just 1-2 places for staff on occasions it is running.</p> <p>There has been a Learning and Development Manager (L&D) in post since April 2017 who has been in contact with TUSLA to discuss this and to try to be trained fully in Children First in order to train Extern staff within their induction period and ongoing refreshers.</p>	<p>trained as a trainer in Children first.</p> <p>This will then be immediately placed into the Extern Core training and rolled out to all new staff, and ongoing refreshers every three years.</p>
3.7	<p>Centre management must ensure that safeguarding and child protection policies refer to training of staff in 'Children First' before they commence work in the centre.</p>	<p>Completed. The Centres conditions of use cover the Child Protection policy and will be updated to advise staff must be trained in this prior to completing overnights.</p> <p>Within a Management meeting following the inspection it was reiterated to the management team what core training all staff require prior to them completing any overnights, this includes Children First and Child protection policy.</p>	<p>The Centres conditions of use will be updated by September 2017 to advise staff must be trained prior to completing overnights.</p>