



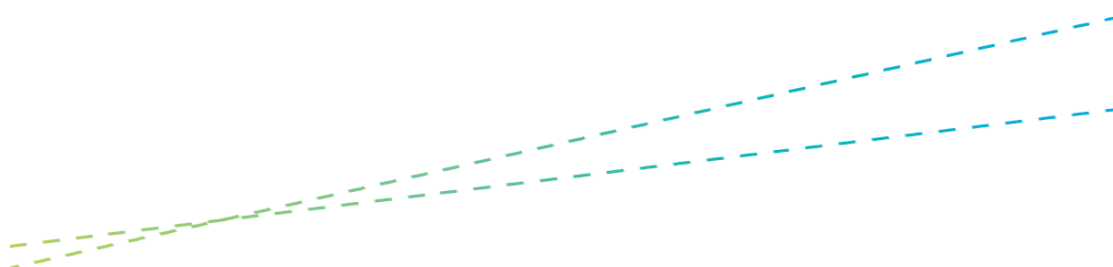
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 078**

**Year: 2021**



## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Extern</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced themed inspection</b>
<b>Date of inspection:</b>	<b>15<sup>th</sup> and 16<sup>th</sup> September 2021</b>
<b>Registration Status:</b>	<b>Registered from 30th July 2020 to 30th July 2023</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>1<sup>st</sup> December 2021</b>

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# 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 30<sup>th</sup> July 2011. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from the 30<sup>th</sup> July 2020 to the 30<sup>th</sup> July 2023.

This centre is part of a community-based support project for children and families. The centre offers respite care to children and on occasion with their parents as part of the enhanced support programme. The centre was registered to accommodate four young people of both genders from age ten to seventeen on admission. The programme of care was described as resiliency based, holistic and considered the specific needs of the child and the family. Assessments were undertaken using evidence-based tools designed to support positive change and greater wellbeing and measured on a scaling system to evidence clearly defined progress and change. The assessment tools were completed as part of conversations between the young people, the families and their key worker/project worker to determine the focus of work.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	Standards 5.2 and 5.3 only

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. Due to the emergence of Covid-19 this review inspection was carried out with a blend of an onsite visit, a review of documentation and several telephone

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

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management and centre manager on the 6<sup>th</sup> October 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The initial findings of this inspection were that the centre did not meet the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5 Care practices and operations policies. However, supporting documents to evidence progress that had been made in implementing the CAPA were reviewed by the inspectors and the centre was subsequently found to be in compliance. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 16<sup>th</sup> November 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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: 078 without attached conditions from the 30<sup>th</sup> July 2020 to the 30<sup>th</sup> July 2023 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 6: Person in Charge**

**Theme 5: Leadership, Governance and Management**

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

Following a review of centre records and interviews with staff the inspectors found that guidance was provided and evidenced in the respite centre. There were clearly defined governance structures in place and staff interviewed were aware of the various roles and responsibilities of the internal and external managers of the respite service and of the wider organisation. The person in charge reported to the programme manager who in turn reported to the acting director of services.

Staff interviewed were clear on the escalation procedure where concerns arose about the practice of managers and other staff within the organisation. At the time of the inspection the organisation had issued an updated complaints and compliments policy. The policy included an appeals process, systems for monitoring, reporting and reviewing complaints and outlined the key principles of learning and safety in the management of complaints.

There was an appropriate service level agreement in place for the provision of services with clear lines of financial accountability evidenced to inspectors.

The centre had a nominated person in charge who had oversight of the general operation, maintenance and management of the centre. The person in charge was appropriately qualified and experienced to undertake the role and had managed the respite centre for ten years. There were assistant service managers who held responsibility for the work undertaken by members of their respective teams who utilised the centre. The work of individual staff members was overseen through supervision records, team meetings and through audits conducted by senior managers.

The residential centre was used as part of the wider organisational package of support offered to children, young people and their families. There was a residential

policy document in place to guide the work within the centre. The inspectors found that the policy was not up to date or in line with new legislation, national policy or in line with the National Standards for Children's Residential Centres, 2018 (HIQA). The policy document reviewed by the inspectors was dated March 2015. This policy document also referenced Children First Guidelines, 2011 and made no reference to Children First: National Guidance for the Protection and Welfare of Children, 2017. Inspectors were informed by the service managers that this policy document was currently under review by the organisation and there were plans in place to update the organisation's policies to include policies and procedures that were specific to the provision of respite care in the centre. However, the inspectors found that a previous inspection in 2020 had identified that the organisation was required to update their policies in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and this action remained outstanding at the time of this inspection. The service manager and programme manager must ensure that this policy document is updated as a matter of priority and is reviewed on a regular basis to determine what is relevant to the service, how it impacts on practice and to address any gaps in compliance. Service managers must ensure that staff receive appropriate training when new policies are developed and/or reviewed and updated.

There was a clear comprehensive written policy in place that outlined the organisations risk management framework. This was dated April 2021 and the date of next review was identified as November 2023. It outlined the importance of risk assessment, risk management and review and monitoring of risks within the organisation to ensure robust governance systems. There was a clear system in place for the escalation of risk within the organisation. While there was a comprehensive risk management framework in place, the inspectors found there were two separate risk calculation systems in operation. The managers interviewed acknowledged this and advised the inspectors that an organisational review was underway with the intention of implementing a standardised risk calculation system across the organisation's programmes and services. The service manager and registered provider must ensure that this review is prioritised for action with a training component for staff to ensure they are clear on the risk calculation system in operation.

Following an on-site review of health and safety risk assessments the inspectors found that the risk assessments on file were dated 2019. An updated version of these health and safety risk assessments was provided to the inspectors following the on-site visit. The service manager must ensure that all risk assessments available to staff in the centre are updated regularly and previous risk assessments are archived.

Furthermore, in relation to the management of risks associated with the placement of children in the centre, the centre had a Child Safeguarding Statement that was displayed in the centre, however, this statement was dated February 2019 and while the organisation had an up-to-date Child Safeguarding Statement on their website the service manager must ensure that the updated document is available to staff, their families and other professionals visiting the centre. Staff interviewed by the inspectors were not familiar with the safeguarding statement, the specific risks of harm/abuse that children may be exposed to while engaged in the service or the mitigation measures in place to minimise such risks. The inspectors were informed that the Child Safeguarding Statement was not submitted to Tusla's Child Safeguarding Statement Compliance Unit to ensure it's compliance with the requirements of the legislation and this was recommended by the inspectors to the service managers. The centre managers must ensure that staff have a clear understanding of the purpose of the Child Safeguarding Statement and the risks and mitigations measures in place in the centre to protect children from harm as defined under the Children First Act 2015.

The inspectors found that risk, child protection and safeguarding were standing items on the agenda for team meetings and discussions in relation to such matters were evidenced on the meeting records. Staff interviewed were clear on what constituted child abuse, how to recognise it and how to make a report to Tusla. They advised that they were not mandated persons under the Children First Act, 2015. Interviews with staff also evidenced there was considerable confusion in relation to the role of the designated liaison person and who in the organisation was or was not a mandated person. The inspectors were informed by management that there was only one mandated person in the organisation and this person was identified as a counsellor in the wider organisation. Following a review of the qualifications of staff members involved in the respite service, this is in contravention to the Children First Act 2015.

The inspectors acknowledge that not all employees within the organisation hold the required qualifications as set out in the Act, however, most staff involved in this respite centre are specified as mandated persons for the purposes of the Act and are staff members who work directly with children and families. The registered provider must ensure they review the Children First Act, 2015 and that all staff who meet the criteria under the Mandated Persons section of the Act be advised of their position and responsibilities under it. The registered provider must also ensure that additional training is undertaken with staff and managers to ensure they are familiar with the requirements of the Children First Act, 2015 and Children First: National Guidance for the Protection and Welfare of Children, 2017.

Inspectors examined the protocols and procedures in place for the management of risk associated with Covid-19. There was evidence from interviews with staff and a review of risk assessments that the organisation had clear procedures and protocols in place for the management of the Covid-19 virus in line with government and public health guidelines. The centre had comprehensive cleaning schedules in place and adequate supplies of PPE and hand sanitizing products. There were guidelines and contingency plans in place to manage situations where young people or staff were unwell or were a close contact of someone confirmed as Covid positive.

The organisation had a national on-call system in place after 5pm and at weekends to assist staff to manage incidents and risks that occurred when they worked in the centre. Staff were familiar with the system for on-call and they found it was an effective and responsive service and provided staff with reliable after hours support and advice.

The person in charge and the assistant service managers formed the internal management structure. The inspectors found that the internal management structure in place was appropriate to the size and the purpose and function of the respite centre.

There were arrangements in place to provide managerial cover when the service manager took periods of leave. Staff interviewed were aware of these arrangements. There were very few occasions when the person in charge had to delegate managerial duties but when required they did re-assign tasks. The inspectors found there was a written record of managerial duties and they were delegated to appropriately qualified members of staff.

**Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.**

The inspectors reviewed the centre's statement of purpose. This document contained limited information about the centre programme, the service delivery model, the management and staff who work in the centre and the arrangements for the wellbeing and safety of children and young people who avail of respite in the centre. The managers informed the inspectors that the statement of purpose was currently under review. The service manager and registered provider must ensure that the statement of purpose and function is reviewed and updated to include the information as required under standards 5.3.1 and 5.3.2 of the National Standards for

Children's Residential Centres, 2018 (HIQA) and contains within it a planned review date as part of the residential centre's governance arrangements.

Staff interviewed by the inspectors were familiar with the service offered in the centre and its purpose and function. Staff were familiar with the model of care employed in the centre and the assessment tools implemented to support the interventions. Staff outlined the information provided to young people and their families about the service and were made aware of the service offered in the centre as part of the organisation's overall package of care and intervention. As part of engagement with the service, children and families volunteered to participate in the programme and all aspects of the service provision was discussed at engagement stage. There was evidence of clear consultation processes in place with both young people and their families in relation to service provision and desired outcomes.

Senior management had not developed written information for children and families specifically on the centre's statement of purpose and function as the service was offered as part of the overall intervention and was not a stand-alone service. However, there was written information about the overall programme that included the option of respite intervention.

The service manager had produced an induction video for all staff using the centre and this provided instruction to staff on their roles and responsibilities while using the centre. The inspectors viewed this induction video and found it to be informative and comprehensive setting out clear protocols and procedures for the operation of the respite centre.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 5</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.3</b>
<b>Practices did not meet the required standard</b>	<b>Standard 5.2</b>

## **Actions required**

- The service manager and program manager must ensure that the policy documents relevant to the centre are updated as a matter of priority and are reviewed on a regular basis to determine what is relevant to the service, how it impacts on practice and to address any gaps in compliance. Service managers must ensure that staff receive appropriate training when new policies are developed and/or reviewed and updated.
- The service manager and registered provider must ensure that the review of the risk calculation system is undertaken as soon as possible with a training component for staff to ensure they are clear on the risk calculation system in operation.
- The service manager must ensure that all risk assessments available to staff in the centre are updated regularly and previous risk assessments are archived.
- The service manager must ensure that the updated Child Safeguarding Statement is publicly available in the centre to staff, parents and other professionals.
- The registered provider must ensure they review the Children First Act 2015 and that all staff who meet the criteria under the Mandated Persons section of the Act be advised of their position and responsibilities under it. The registered provider must also ensure that additional training is undertaken with staff and managers to ensure they are familiar with the requirements of the Children First Act 2015 and Children First National Guidance for the Protection and Welfare of Children 2017.
- The service manager and registered provider must ensure that the statement of purpose and function is reviewed and updated to include the information required under standards 5.3.1 and 5.3.2 of the National Standards for Children's Residential Centres 2018 (HIQA) and contains within it a planned review date as part of the residential service's governance arrangements.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The service manager and program manager must ensure that the policy documents relevant to the centre are updated as a matter of priority and are reviewed on a regular basis to determine what is relevant to the service, how it impacts on practice and to address any gaps in compliance.</p> <p>Service managers must ensure that staff receive appropriate training when new policies are developed and/or reviewed and updated.</p>	<p>The service manager and programme manager have updated the respite policy. This draft policy is being issued to staff w/c 15/11/2021 for consultation. A final policy will be forwarded to the Audit &amp; Risk Committee of the board in Dec 2021 for review and approval before forwarded for approval from the Board Jan 2022.</p> <p>All policies undergo staff consultation when being developed to ensure they are fit for practice and also to clarify any issues / understanding early on. Key practice policies, once approved by the Board, are then included in the training schedule for roll-out each quarter by the Practice Development Unit. All policies, once signed off by the Board, are sent to staff via an 'All staff' email within 5 days. The policies are stored on the internal intranet site for access by all and they are</p>	<p>All policies have a review date built into them. The Quality and Audit manager will oversee the policies and review dates to ensure timely review and updating.</p>

		<p>shared and discussed within team meetings. Additionally staff are provided an opportunity to raise any queries or questions on policies via line management at team meetings. Staff are required to sign that they have read and understood the policy. Our new HR IT System, due to be deployed in January 2022, will have this review and sign-off function for policies imbedded.</p>	
	<p>The service manager and registered provider must ensure that the review of the risk calculation system is undertaken as soon as possible with a training component for staff to ensure they are clear on the risk calculation system in operation.</p>	<p>All staff have been trained in the risk calculation system for session delivery and risk management of young people mixing in groups as well as attending overnight respite. This is core training completed within the first six months of post and updated as and when changes and updates are made. A review of Risk Assessment Policy is currently underway with a completion date of February 2022. Once ratified by the board any changes in policy and the subsequent changes required in the training will be made by Practice</p>	



		Development Unit and delivered to staff by way of update / refresher training within 4 months.	
	The service manager must ensure that all risk assessments available to staff in the centre are updated regularly and previous risk assessments are archived.	These were updated on-site at the point of the inspection. The normal update of these on site was delayed as some staff were remote working due to COVID19.	This is completed annually (or sooner if required) by the Service Manager as part of their checks. The Programme Manager will review with the service manager all paperwork and checks are updated and completed via supervision and site checks.
	The service manager must ensure that the updated Child Safeguarding Statement is publicly available in the centre to staff, parents and other professionals.	This was corrected in the week of the inspection. The Safeguarding Statement is publicly available on the organisation web site.	This is completed annually (or sooner if required) by the Service Manager as part of their checks. The Programme Manager will review with the service manager all paperwork and checks are updated and completed via supervision and site checks.
	The registered provider must ensure they review the Children First Act 2015 and that all staff who meet the criteria under the Mandated Persons section of the Act be advised of their position and responsibilities under it. The registered	Following engagement with Tusla National Office there is an updated protocol in place regarding Mandated Persons. All relevant staff have been notified of same and their responsibilities under the Act. The names of Mandated staff within the organisation	We are currently appointing a Head of Safeguarding for Services which is at Programme Manager level (Grade 7). This role will have a key function to oversee all aspects of delivery in the context of Safeguarding. There will be an audit and

	<p>provider must also ensure that additional training is undertaken with staff and managers to ensure they are familiar with the requirements of the Children First Act 2015 and Children First National Guidance for the Protection and Welfare of Children 2017.</p>	<p>are displayed in a public place within each Project office.</p> <p>All mandated persons will complete training with Tusla Children First Department relating to mandated persons. All staff are required to complete the TUSLA Children's First training every three years. Staff are also required to refresh on the Child Safeguarding policy training every three years.</p> <p>The safeguarding training is being updated to include the specific focus on the roles and responsibilities of Mandated persons ahead of being rolled out to staff in early 2022.</p>	<p>quality aspect to the role to ensure all policy, procedure and systems are reviewed and update to remain current and compliant with all legislative requirements and in keeping with best practice. Closing date for completed applications was Tuesday 2nd November 2021. The post is being interviewed on 16<sup>th</sup> November 2021 and subject to the outcome at the interviews will be filled as soon as possible thereafter.</p>
	<p>The service manager and registered provider must ensure that the statement of purpose and function is reviewed and updated to include the information required under standards 5.3.1 and 5.3.2 of the National Standards for Children's Residential Centres 2018 (HIQA) and contains</p>	<p>The service manager and programme manager have updated the Centre Statement of Purpose &amp; Function. A copy has been shared with Tusla Alternative Care Inspection and Monitoring Service</p>	<p>The Statement of Purpose &amp; Function will be reviewed annually with its next review date being October 2022.</p>

	within it a planned review date as part of the residential service's governance arrangements.		
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