An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 189

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Extern ROI**
Registered Capacity:	**Four Young People**
Type of Inspection:	**Announced**
Date of inspection:	**23rd, 24th and 25th May**
Registration Status:	**Registered from 11th March 2021 to 11th March 2024**
Inspection Team:	**Lorna Wogan** **Sinead Tierney**
Date Report Issued:	**24th August 2022**

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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 and Regulation 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 11th March 2021. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 11th March 2021 to 11th Mach 2024. This was the first inspection of the centre as residential respite provision did not commence until January 2022.

The centre was registered as a multi-occupancy respite residential centre to accommodate four young people, both male and female, from age ten to seventeen on admission. Young people and families could avail of overnights voluntarily as part of an overall enhanced community-based support programme. The respite provision ranged from one overnight stay to a maximum of three overnights.

The programme of care was described as resiliency based, trauma informed, holistic and considered the specific needs of the child and the family. The focus of the overnights was for a social recreational break, providing opportunity for learning life skills, independent living skills and development of pro-social behaviours.

The respite residential facility provided overnights to young people who were engaged in the organisation's community-based support programmes and were living at home with parents or in a stable care arrangement. Overnights in the centre could also be accessed as an individual 'time out' package, providing brief respite to young people whose existing placements were at risk. This respite was voluntary and accessed through a social worker or other statutory service providers. The centre could also be utilised to provide a break to parents and young people together, within a relaxed homely environment. This was to encourage positive family interaction and opportunity for staff to provide support to the family, to provide parental guidance where necessary and to promote skills enhancement for family members.

There were no children on respite breaks in the centre at the time of the inspection. The centre had provided 11 nights respite residential provision to young people since the commencement of operations in January 2022. Low occupancy levels were attributed to Covid-19 and the distance of the centre from the community-based support programmes operated by the organisation.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2 and 5.3

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, and where possible will observe how professional staff work with children and each other and discuss 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. 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, service manager on the 19th July 2022 and to the relevant social work departments on the 19th July 2022. 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 suitability and approval of the CAPA was used to inform the registration decision. The interim assistant director of services ROI returned the report with a CAPA on the 3rd August 2022. 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: 189 without attached conditions from the 11th March 2021 to 11th March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Ensuring the organisation had a robust child safeguarding policy was a key management and leadership priority thus the inspection team examined this priority area as part of this inspection. Following a concern that arose in 2020 in relation to child safeguarding procedures within the wider organisation an inter-jurisdictional Child and Adult Safeguarding Policy was developed in December 2021 and approved by the Board in February 2022. Additionally, at the time of the inspection the organisation was developing a Child Safeguarding procedural document in relation to the identification, reporting, management and oversight of child safeguarding concerns. Children First Advice and Information Officers within Tusla had reviewed the draft Child Safeguarding procedural document and the Child and Adult Safeguarding Policy and had provided guidance to the organisation to ensure both documents were aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. The Child Safeguarding procedure document was due for completion by end of July 2022. The centre must finalise their Child Safeguarding Policy and Procedure document as a matter of priority and ensure training is provided to all staff members on their Child Safeguarding policy and procedures.

Following interviews with staff and managers and on review of the organisation's Child and Adult Safeguarding Policy the inspectors found that the reporting practices at local level in relation to child safeguarding concerns were not consistent with the reporting procedure set out in the above policy. Staff and managers interviewed by the inspectors outlined that all child safeguarding concerns were reported jointly with the designated liaison person (DLP), who was the programme Manager. This occurred whether the staff member was a mandated person under the legislation or not. There was no provision for joint reporting outlined within the policy. The reporting flow chart within the policy document indicated that staff who were not mandated persons had to report up through three layers of management before their concern was received by the Head of Safeguarding before it was reported to the

statutory agency. Additionally, the responsibilities of the Head of Safeguarding and the DLP outlined within the policy for reporting concerns were not aligned to the flow chart set out in the policy itself. The written policy outlined that a mandated person cannot use the Head of Safeguarding or their DLP to report safeguarding concerns or allegations on their behalf but must report the concern directly to the statutory agency and notify the Head of Safeguarding of the mandated report. This was contrary to the current practice outlined to the inspectors of reporting jointly with the DLP. The organisation must ensure that local reporting practices are in line with written policies and the Child and Adult Safeguarding Policy itself must be updated to ensure the procedures outlined are clear and consistent throughout the document. Another issue that arose for the inspectors was the lack of clarity in relation to where the list of mandated persons was maintained and in relation to the staff members in the team that were mandated persons and those that were not. The director of services stated they had recently centralised the list of mandated persons and were planning to incorporate the list onto their electronic information management system that could be accessed by all managers as required.

The inspectors found there was an organisational child safeguarding statement displayed in the centre and this was deemed satisfactory by Tusla's child safeguarding statement compliance unit. The service director informed the inspectors that they were currently developing child safeguarding statements specific to each community-based support programme and additional training for staff on the child safeguarding statement would be included in the planned training on the revised child safeguarding procedures when finalised and approved by the Board of Trustees. There was evidence that the organisation was making good efforts to review, update and strengthen the safeguarding systems and child safeguarding practices that included the recent appointment of a Head of Child Safeguarding to ensure oversight and implementation of the organisations child safeguarding procedures. Staff interviewed were aware of the requirements under the legislation to report any child safeguarding concern to Tusla and their legal obligations to report as mandated persons. They were familiar with the procedure to submit such concerns to Tusla through the on-line portal.

One key element of safeguarding is safe and robust recruitment practices. On review of a sample of seven personnel files and subsequent verification in relation to staff vetting the inspectors were satisfied that the required references and staff qualifications were maintained on the personnel files. The managers interviewed informed the inspectors they do not seek verification of staff qualifications and only require a copy of the Conferring parchment. The Alternative Care Inspection and

Monitoring Service advise that it is best practice to verify staff qualifications with the relevant colleges in addition to the current vetting procedures.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 3.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The director of services must forward the Child Safeguarding Policy and Procedure document to the inspectorate when completed in July 2022.
- The senior leadership executive team must ensure that child safeguarding reporting procedures in place are in line with all written policies.
- The senior leadership executive team must review the Child and Adult Safeguarding Policy to ensure the reporting procedures and the roles and responsibilities of staff identified are clear and consistent throughout the document.

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.

The inspectors found there were clearly defined governance arrangements and structures in place that set out the lines of authority and accountability. The leadership structure comprised of a Board of Trustees, a CEO, a senior leadership executive team, programme managers, service managers, assistant service managers

and project workers. The CEO was on leave at the time of the inspection and there were alternative management arrangements in place for the duration of their absence.

The service had an organisational map that outlined the management structure. Each local project had their own management structure that set out how they linked into the wider organisational structure. The programme manager was the named person in charge with overall executive accountability, responsibility and authority for the delivery of the respite residential centre. The programme manager had responsibility for a number of services and programmes operated by the organisation. Additionally, there was a service manager appointed who was responsible for the day-to-day operation of the centre and reported to the programme manager. The programme manager and the service manager were experienced practitioners and were suitably qualified to undertake their respective roles. The inspectors found there was an internal management structure in place appropriate to the size and the purpose and function of the centre.

There were systems in place to reassign management duties when the programme manager was on leave. However, there was no written record maintained of when and to whom such duties were delegated and of the key decisions made during their absence as required under the National Standards for Children's Residential Centres, 2018 (HIQA).

There was evidence of a range of governance meetings within the organisation at the various levels of management. There was evidence of set items on the agenda of operational meetings such as safeguarding, whistleblowing, complaints, risk management and health and safety which were all current areas of practice where there were significant change and developments to support the ongoing learning, quality and safety.

Staff interviewed were familiar with the local and external management structure. Staff confirmed that local project managers and external managers were accessible to them and supported them in their work. There were systems in place for communication across the organisation through newsletters and feedback from management meetings. Staff interviewed were confident that managers were well informed about the operation of the community-based programmes and the respite residential services. Staff and managers interviewed displayed a good understanding of their specific roles and responsibilities and confirmed they received written job

descriptions, contracts and had undertaken induction training on appointment as well as induction training specific to the respite residential service.

The organisation was commissioned by Tusla Child and Family Agency to provide services and there were appropriate service level agreements in place that were reviewed regularly with the commissioning body. There were also regular meetings at local level between the directors and service managers and Tusla's area managers/principal social workers in relation to specific families and young people referred to or engaged with the services.

In relation to the organisation's policies and procedures the inspectors found that there was a body of work to be completed to update the organisational policies however there was evidence that this work had commenced. Many of the organisational policies had not been updated since 2017/2018. A number of key policies such as the whistleblowing policy and the complaints policy were recently updated and policy training was provided to staff. The inspectors recommend that a schedule is developed that identifies and prioritises the policies that must be updated and set a clear timeframe for completion and implementation.

The organisation had a risk management framework in place and supporting structures in place for the identification, assessment and management of risk. The risk management policy was currently under review following recommendations arising from an external audit of the organisation's risk management systems. Staff had recently received training on risk management and were able to describe to the inspectors the systems in place for identifying and measuring risk. An organisation risk register was maintained and a specific audit and risk committee informed the Board of Trustees of all organisation risks and mitigation measures in place. At the time of the inspection the organisation was in the process of developing risk registers for each service and high risks identified within services would be then incorporated into the organisational risk register.

Overall, there were comprehensive risk assessments relating to the environment and the activities undertaken by the young people when on respite. However, the inspectors found that the site-specific environmental risk assessments were not reviewed annually as required and the activity risk assessments had not been reviewed for a considerable length of time. The programme manager must ensure there is an annual review of all site-specific risks in line with health and safety legislation. There was evidence on file that the service manager planned to develop a health and safety strategy for the centre. To ensure the service meets the

requirements of the Safety, Health and Welfare at Work Act 2005 the centre must have in place a written health and safety statement and a named health and safety representative. Maintenance reports from the fire safety engineers were not on file in the centre and must be secured as a matter of priority.

There were holistic risk assessments completed in relation to the young people's presentation and behaviours when they were referred initially to the community-based support programmes. The inspectors found some anomalies within this electronically formatted risk assessment template in relation to assessing risks relevant to young people. Risks identified and measured for young people were not always an accurate evaluation of their presenting risks due to the way the template was formatted. The managers must ensure the electronic template for undertaking the holistic risk assessment is reviewed and amended to ensure risks identified and measured are accurate and relevant to the young person.

Where residential respite was considered for young people, there were a number of additional risk assessments undertaken prior to the planned respite break. The holistic risk assessment was used to inform these assessments. There were templates for undertaking a residential risk assessment, a group residential risk assessment and a group dynamic risk assessment. Following a review of these risk assessments the inspectors found that the risk assessment templates did not adequately identify individual emotional/behavioural risks for the young person and how such risks may escalate when on a residential respite placement or in the context of being with other young people overnight. The forms did not evidence the level of risk in line with the rating matrix used by the organisation or the additional control measures that may be required to manage identified/potential risks. The inspectors recommend the service managers review the residential risk assessment templates to ensure they are effective and fit for purpose.

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

Overall, the inspectors found the centre was operating in line with its purpose as a respite service. The inspectors found the written statement of purpose was not sufficiently detailed to meet the requirements of the standards. The statement required further detail in relation to the number of children catered for at any single time, the age range, the management and staff employed to provide respite care and the arrangements for the well-being and safety of the children who avail of respite in

the centre. The centre had not made the statement of purpose available for young people and their families in an accessible format.

The organisation had a well-developed comprehensive respite and overnight policy that was approved by the Board of Trustees in February 2022. This document outlined key practice values, theories underpinning practice, practice expectations and information on managing behaviours and risk assessment and risk minimisation. The service manager had developed a comprehensive induction document for the centre that was recently updated in May 2022. Both these documents were accessible to staff in the staff office. Staff confirmed that the service manager undertook a thorough induction for each respite break and was on site to guide staff again through the operational procedures to ensure they were familiar with all aspects of the house prior to the respite provision.

Staff and managers interviewed were able to describe the approach to working with the young people and the key theories that informed their practice. Staff were also familiar with the overall aims and objectives of the respite provision. Staff had recently participated in trauma informed practice training. They found this training was informative and beneficial to them in understanding behaviour that challenges. Staff confirmed they had undertaken mandatory training and their behaviour management training was up to date. There was a quarterly training programme for staff to participate in mandatory training and there were systems in place to track staff training. Mandatory staff training was discussed and reviewed by the service manager at team meetings.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 5.2** **Standard 5.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The programme manager must ensure that where they delegate some or all of their duties to one or more appropriately qualified staff members, a written record is kept of when, and to whom, such duties have been delegated and the key decisions made.
- The senior leadership executive team must ensure that operational policies and procedures are developed, reviewed and updated and a schedule is developed with clear timeframes for updating all operational policies.
- The programme manager must ensure the centre has a site-specific safety statement, a named health and safety representative and that all site-specific risk assessments are reviewed annually in line with the requirements of the Safety, Health and Welfare at Work Act 2005.
- The service manager must ensure that the maintenance reports from the fire safety engineers are secured on file at the centre.
- The programme managers must review the templates used to identify, measure and control risks associated with the young people's presentation and behaviour to ensure they effective and are fit for purpose.
- The programme manager must ensure the centre's statement of purpose is further developed in line with the requirement s of the National Standards for Children's Residential centres. 2018 (HIQA).
- The programme manager must ensure the statement of purpose is made available to young people and their families in an accessible format.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The director of services must forward the Child Safeguarding Policy and Procedure document to the inspectorate when completed in July 2022. The senior leadership executive team must ensure that child safeguarding reporting procedures in place are in line with all written policies.	Director of Services, ROI for Extern, has forwarded same on Tuesday 19th July 2022. The final Safeguarding policy and procedures have been reviewed and agreed by Children First Advice and Information Officers, in Tusla. The Policy covers both ROI and NI information as an overarching policy. There are however individual procedures for each jurisdiction. We can confirm everything is connected and in line throughout the policy and procedures with the Head of Safeguarding managing and auditing that function and reporting to Strategic Leadership Team, Audit and Risk Committee and Board of Trustees.	This policy will be reviewed regularly as set out by the policy. This policy will be reviewed regularly as set out by the policy. Training is being developed for all staff and is being rolled out in the Autumn 2022 All management grades are receiving DLP and DDLP training on the 13th Oct 2022.

	The senior leadership executive team must review the Child and Adult Safeguarding Policy to ensure the reporting procedures and the roles and responsibilities of staff identified are clear and consistent throughout the document.	These changes have been implemented and are reflected in the policy and procedure documents that were forwarded to the Alternative Care Inspection and Monitoring Service on the 19th July 2022.	All mandated staff and DLP are displayed in all Extern offices and shared on a MS Teams folder and reviewed quarterly or when changes in personnel occur. These documents will be regularly reviewed as per review dates or in the case of changes to legalisation etc, to ensure they are fit for purpose and staff at all levels are aware of their roles in managing safeguarding concerns.
5	The programme manager must ensure that where they delegate some or all of their duties to one or more appropriately qualified staff members, a written record is kept of when, and to whom, such duties have been delegated and the key decisions made. The senior leadership executive team must ensure that operational policies and procedures are developed, reviewed and updated and a schedule is developed with clear timeframes for updating all operational policies.	A proforma is currently being developed by Extern to ensure that when a member of management is on leave that any duties that are delegated are recorded and reviewed upon the managers return. Line managers will also be made aware of same. Proforma developed by 31st August 2022 A system is being developed by Extern's Head of Quality & Audit, who is ensuring all policies and procedures are located on Externs SharePoint system under the relevant departments, i.e., Finance, HR, Operations etc. The policies will be saved	Once this form is developed and in place this will be rolled out across the organisation and will be an expectation which will be include in Extern Quality Assurance Toolkit. As per corrective action these policies will be reviewed within the prescribed timescales. Staff will receive notification of any changes or also be part of any consultation of policy changes.

		with the relevant review dates provided. It is the responsibility of the relevant Director to ensure that policies are reviewed within the relevant timescale. This will be completed by 31st Oct 2022	
	The programme manager must ensure the centre has a site-specific safety statement, a named health and safety representative and that all site-specific risk assessments are reviewed annually in line with the requirements of the Safety, Health and Welfare at Work Act 2005.	A site-specific safety statement has been developed and was forwarded to the inspectors on 3rd August 2022. The name of the health and safety representative is set out on the safety statement. The Service Manager and the Programme Manager will review site-specific risk assessments annually with the programme manager having overall responsibility for sign off. This will be next reviewed July 2023.	It is clearly outlined in the site-specific safety statement that it will be reviewed annually. Where necessary for example following significant changes to the building, incidents or changes to legislation, a review will take place to ensure it is fit for purpose.
	The service manager must ensure that the maintenance reports from the fire safety engineers are secured on file at the centre.	Remedial work is required on the premises to update current fire panel (still operational) due to panel showing a fault despite all systems working normally. Quotes being sought to replace the current panel and to replace the complete system.	

		Action completed by 30th Sept 2022. No maintenance log will be issued until works completed to rectify fault.	
	The programme managers must review the templates used to identify, measure and control risks associated with the young people's presentation and behaviour to ensure they effective and are fit for purpose.	Extern are currently reviewing the Risk Assessment policy and forms associated with same. This will be included as part of this review process to ensure site specific potential risks are identified and addressed by staff. This will be completed by 31st October 2022.	Once they are in place there will be review system and audits conducted by our Quality Assurance department.
	The programme manager must ensure the centre's statement of purpose is further developed in line with the requirement s of the National Standards for Children's Residential centres. 2018 (HIQA).	The statement of purpose has been further developed and has been forwarded to the inspectorate on the 3rd August 2022.	Required action completed.
	The programme manager must ensure the statement of purpose is made available to young people and their families in an accessible format.	The statement of purpose will be shared with all teams to issue to all service users utilising the respite facility. This will also be stipulated in the induction training that all staff must give service users a hard copy of the statement of purpose prior to any respite overnights or sessions in the	Staff to write up in notes that statement of purpose was given to service user and/or their families prior to visiting centre.

		respite facility.	