



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: 2019

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Extern Ireland
Registered Capacity:	Four young people
Dates of Inspection:	7th and 8th March 2019
Registration Status:	Registered from 30th July 2017 to 30th July 2020
Inspection Team:	Sinead Diggin
Date Report Issued:	4th November 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 30th July 2011. At the time of this inspection the centre were in their third registration and were in year two of the cycle. The centre was registered without attached conditions from 30th July 2017 to the 30th July 2020.

The centre's purpose and function was to accommodate four young people from age ten to seventeen years. The centre is also available for younger children who may be completing overnights with their parents. The purpose of the centre was to offer a respite service to some of the young people that staff worked with in a community setting. Their model of care was described as being holistic taking in the needs of the child and the family and work with the young people from a framework called outcomes star. The outcome star is a self assessment tool used with young people and families that the project workers work with to determine the focus of work. This is then used as a way of measuring where the young person feels they are at that particular time and makes progress visible for them.

The inspectors examined standard 2 'management and staffing' and standard 7 'safeguarding and child protection' of the National Standards for Children's Residential Centres, 2001. This inspection announced and took place on the 07th and 08th March 2019.

1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Management within the service.
- ◆ An examination of the questionnaires completed by:
 - a) Thirty eight of the project staff
- ◆ An examination of the centre's files and recording process
 - Case supervision files
 - Supervision records
 - HR files
- ◆ 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 management
 - b) Two project workers

Statements contained under each heading in this report are derived from collated evidence.

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, the service director and the programme manager and the on the 3rd of July 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 12th July 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 078 without attached conditions from the 30th July 2017 to 30th July 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The organisation operated seven projects which were located in different geographical areas. The seven projects each had a designated service manager and all could avail of the centre for overnights for the young people which were planned in advance. The organisation had a structured management system in place and all staff were aware of the different roles. The centre manager had been with the organisation since 2003 and had progressed into different roles during that period of time. Their current role was service manager of a project within the organisation as well as manager of the centre since it commenced operation in 2011. The manager was suitably qualified and well established in their role. Through attending a team meeting, interviews conducted and records reviewed there was evidence of consistent leadership. The manager was not based in the centre but there was evidence that the manager visited the centre regularly, which included times when the young people were present and had oversight of care practices within the centre as well as oversight of centre records. The manager stated in interview that their responsibilities included chairing team meetings, supervision, completing reports for senior management, attending management meetings, monitoring their computer system in which all work and records generated are held.

The manager reports to the programme manager for children and families. Management meetings are held every six to eight weeks between service managers and programme managers within the organisation. The co-ordinators join the meetings twice a year. The manager completes monthly reports on some aspects of the service. Quarterly reports are completed on the service for Tusla. Senior management have access to all records which are completed and stored on the organisations' computer system.

Register

The centre had a register of all young people who stay in the centre and this was updated when the young people had overnights. Not all of the young people who stay in the centre are in statutory care and the register held specific information for young people in the care of the child and family agency.

Staffing

The centre is available for respite and all the projects within the organisation can avail of it. Each project has a co-ordinator and a staff team of project workers. Team members from the projects provide the staffing for the centre. Overnights are planned at three monthly planning meetings within each team and confirmed at monthly meetings. The project worker allocated would accompany the young person and provide cover along with a second project worker. Staff stated in interview that it was nearly always staff from the same project who would be the second staff member on shift. From a review of personnel files the majority of staff were experienced. There was evidence that staff complete an induction when they start work in the organisation which included completing shadow shifts at the centre.

The staff team across the different projects had a range of qualifications some of which included diplomas and degree's in social care, social studies, youth and community and psychology. The organisation had a HR department and staff personnel files were maintained in the administration offices. The inspector reviewed a sample personnel files from the projects and found they contained references which were compliant with relevant requirements with evidence that they had been verbally checked as well as up to date Garda clearance. A copy of staff qualifications were also maintained on files.

Staff interviews conducted evidenced that the project workers were clear in their role in how they worked with the young people and had a specific framework in which the organisation used. When young people were in the centre a plan would be put in place based on the particular needs of the young person at that time. This could range from completing an identified piece of work or general activities.

Supervision and support

The service had a policy on supervision which also applies to the centre. Supervision takes place every four to six weeks and from a review of records the inspector found that in general it was taking place in line with the policy. Supervision was provided by the service manager who supervised the co-ordinators who in turn supervised the project workers. All supervisors had received training. There were contracts on file.

Records displayed that there was a set agenda which included issues relating to clients or team, practice and procedure issues, training, performance and reflective practice, policy and procedure updates and staff care. Case supervision had also taken place in which updates and plans for future work was included. Actions to be taken were included with who was responsible and when it was to be completed by.

Team meetings take place each month. The inspector had an opportunity to attend a team meeting in which there was a set agenda. Staff at the meeting chose a particular young person they were working with and went through the outcome star which is the framework used to measure progress in their daily work. Each staff member talked through what they were working on with the young person for example preparing a young person for leaving care, family relationships, identity or health. Using the outcomes star, this was measured as to where the young person felt they were, at that particular time.

Every three months, planning days are held and staff will book in overnights in the centre for some of the young people they are working with.

Administrative files

The organisation used a database in which all staff input a record of their contact with the young person and case supervision notes. Staff could only access the records of the young person they were working with and management had access to all records for monitoring and auditing. Records specific to the centre were kept onsite and included communications book, register of young people who had stayed in the centre and fire register. The service manager had responsibility for the budget for their project which included the budget for the centre. The service manager stated that they received funding from Tusla, the Child and Family Agency and stated that the budget could be tight so it had to be carefully managed to meet the needs of the young people and the centre.

3.2.2 Practices that met the required standard in some respect only

Training and development

Training is tracked for staff in the organisation and held centrally on computer. An administrative staff was able to show the inspector what staff had completed and refresher training that was booked in.

The inspector reviewed training records for the staff and found that not all certificates to evidence that staff had completed some of the core training which included Fire safety, First Aid, a model of behaviour management and E-Learning in

Children's First; National Guidance for the protection and Welfare of Children 2017 were on file. This had been an issue raised in previous inspections. Management must ensure that training certificates are sought and maintained on the individual staff files. Following the inspection the programme manager sent correspondence to the inspector to evidence that direction was sent to management to ensure training was up to date and that training certificates were stored on staff files. Staff stated to the inspector that additional training relevant to their work was provided by the organisation. Staff could also source training themselves which they had done in the past.

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 manager and programme manager must ensure there is a system in place to ensure that each individual staff members training certificates are held on file.

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

The centre had a policy on safeguarding and child protection. The policy had recently been reviewed and the manager stated that the policies are reviewed every two years. There was guidance with regard to recruitment and selection of staff including obtaining professional references and Garda vetting. It also included mandatory training to be completed by staff in child protection. Other procedures included steps to be taken in the event of an allegation being made. The centre also had a safeguarding statement deemed to be compliant which was on display. In interview, staff referenced risk assessments that also accounted for other young people who would be present in the centre. The maximum amount of young people staying in the centre at one time is three and staff stated in interview that there were always two staff on shift. Checking in to say that staff and the young people had arrived at the centre, twenty four hour on call service as well as alarms on doors were also referenced by staff.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The manager and staff in interview confirmed that they had completed the E-Learning programme in Children's First 2017. As stated earlier in the report, certificates to evidence this must be maintained on staff files. In interview staff spoke about the steps to be taken should they have a child protection concern about a young person. They stated that they were not a mandated person and instead would discuss the child protection concern with the manager of the centre who is the designated liaison officer. One staff member stated that through the Tusla web portal a Child Protection and Welfare Report Form had been submitted via the designated liaison person. Staff work with young people in the community and also work overnights in the centre. Many of the staff held a professional qualification that would allow them in the future to be registered with CORU who are the health and social care regulators for professionals. Inspectors recommend that the organisation review their policy on mandated persons and what staff would qualify for this.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	Management must ensure there is a system in place to ensure that each individual staff members training certificates are held on file.	<p>Completed immediately following inspection and communicated to the inspector.</p> <p>This issue was followed up by email on 8th March 2019 to confirm that all staff had the required training despite some copies not being in the appropriate file. There is a system in place and this is being further enhanced through the ESS electronic personnel system.</p>	<p>Additionally, Extern have an electronic staff personnel system (ESS) and this is being developed to hold all training records into the future. The Practice Development Manager has reviewed training records and is working with the service managers to ensure compliance with each team regarding training and the records.</p>