



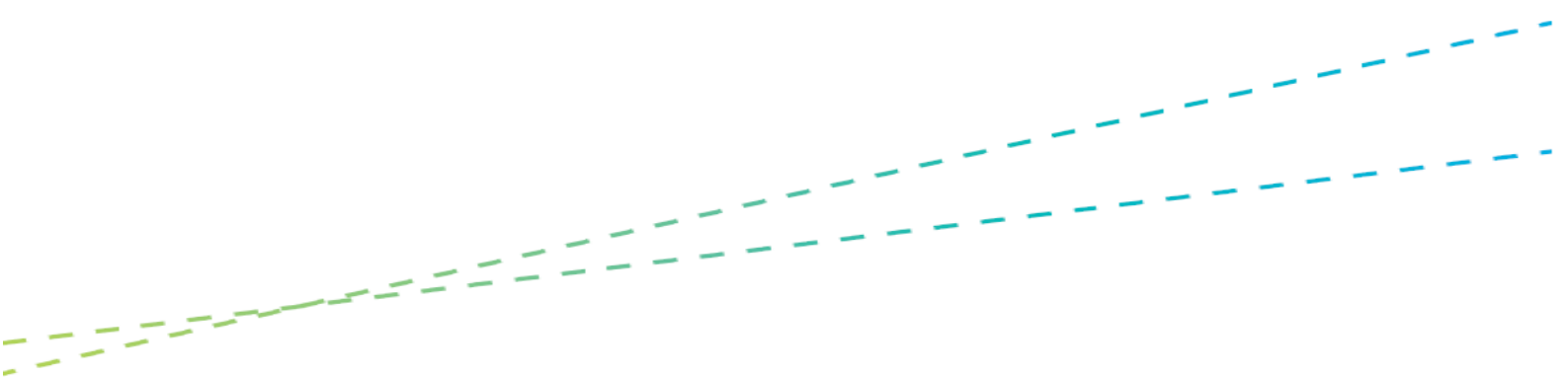
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 078

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Extern
Registered Capacity:	Four young people
Type of Inspection:	Announced remote inspection
Dates of Inspection	02nd, 03rd and 06th July 2020
Registration Status:	Registered from 30th July 2020 to 30th July 2023
Inspection Team:	Sinead Diggin Cora Kelly
Date Report Issued:	23rd December 2020

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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 their first registration on the 30th of July 2011. At the time of this inspection the centre were in their fourth registration and were in year three of the cycle. The centre was registered without attached conditions from 30th July 2017 to 30th July 2023.

This centre is part of a wider organisation in which project workers work in communities with children and their families. The centre offers respite care to children and on occasion with their parents. The centre was registered to accommodate four young people of both genders from age ten to seventeen on admission. The centre could also accommodate younger children who were completing overnights with their parents. Their programme of care was described as being holistic, taking in the needs of the child and the family and work from a framework called outcomes star. The outcome star is a self-assessment tool used with children as well as their families that determines the focus of work. This is then used as a way of measuring where the child or young person feels they are at that particular moment in time and therefore makes progress visible for them.

1.2 Methodology

The inspectors examined aspects of the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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 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.

Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection reviewed Theme 5 of the National Standards for Children's

Residential Centres, 2018. The inspection was carried out through a review of documentation and telephone interviews.

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.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 18th of September 2020. 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 centre manager returned the report with a CAPA on the 2nd of October 2020. 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 30th July 2020 to 30th July 2023. pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulations 5 Care practices and operational policies

Regulation 6 (1 and 2) Person in charge

Theme 5: Leadership, Governance and Management

Standard 5.1 - The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The centre is not a mainstream residential centre but a centre that offers respite care to children and young people, who are on occasion accompanied by a parent. Some of the children and young people who availed of the centre were in the care of Tusla. The organisation operated seven projects each of which were located in separate geographical locations. All projects had an allocated service manager and all could avail of the centre for young people to have overnights which were planned in advance through the centre manager. The wider organisation had a structured management system in place and through interviews conducted, project workers were familiar with the designated roles. The centre manager had been working within the service for several years and had progressed into various roles over that period of time. Their current role was service manager of one of the projects as well as manager of this centre.

Inspectors found that the centre had received hard copies of the National Standards for Children's Residential Centres, 2018 (HIQA) and this was verified by the manager. They stated that staff would not be familiar with these standards and inspectors found this to be the case in staff interviews. Extern have previously spoken with the Alternative Care Inspection and Monitoring Service and confirmed that not all elements of the standards would be relevant to a respite house. They stated that they have raised this with the Inspectorate previously and sought clarification as to the standards specific to respite facilities versus a residential centre.

In interview, the programme manager stated that they were familiar with the National Standards for Children's Residential Centres, 2018 (HIQA) but as the centre was primarily a respite centre for children and families availing of the service, not all the standards would be relevant. They stated that they planned to review and see what was relevant to the centre.

The organisation had a set of policies and procedures for the entire service. There were no separate policies specific to the centre. However, they were incorporated into the overall policy documents. In interview and from questionnaires reviewed, project workers did name some policies in relation to Children's First 2017, safeguarding, lone working, complaints and managing challenging behaviour. The centre manager stated that the policies and procedures were reviewed and updated every two years or as required and that they were part of the policy group who reviews organisational and residential policies. They confirmed that any policy review is brought back to the different teams for consultation and feedback.

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-centered, safe and effective care and support.

At the time of the inspection the centre manager was appropriately qualified, had substantial experience and had been working in the organisation for eighteen years. In addition, they were managing the centre since it commenced operation in 2011. From a review of records submitted it was evident that the manager demonstrated strong leadership and effective support to the project team through guidance and support, team meetings and through supervision. Project workers and senior management were satisfied that leadership and support was provided. The purpose of the centre did not require a full time manager on-site but regular visits and inspection of the premises had taken place. The programme manager also visited and met with the manager there periodically. Project workers had to keep records of time in the centre which was uploaded on to the organisations IT system and overseen by the manager. Any incidents were reported directly to the manager for their review and comment.

There were clear lines of authority and accountability with the centre manager reporting to the programme manager. There was a service level agreement in place with the Child and Family Agency. The programme manager stated that meetings took place with Tusla Area Managers and formal reports were also completed.

All project workers had a job description and inspectors found they were clear in respect of their roles and responsibilities. There was evidence that regular supervision had been taking place in line with their policy. Project workers confirmed during interview that management were available to them for support and

guidance. Through interviews conducted and questionnaires reviewed, project workers referenced that there was an on-call service available to them should the need arise. Staff members stated that they would receive an induction and complete a shadow shift prior to using the centre. Young people were consulted on whether they would like to have an overnight in the centre and had an opportunity to visit the centre prior to this.

The centre had an organisational risk register. Project workers stated that risk assessments were completed each time an overnight was planned. They consulted their own line manager on overnights planned with put in place for the time in the centre, an example of this may be completing a piece of work on independent living skills.

The organisation had included risks associated with the current Covid 19 pandemic and control measures were put in place for the safety of all young people and project workers while present in the centre. Practice guidelines devised by management were provided in line with government health advice. Cleaning schedules were in place for each visit to the centre, both on arrival and departure. Protective masks were provided if social distancing was not guaranteed. Only one young person would be present in the centre with staff during this time to minimise risk.

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

Inspectors found that the organisation had a clearly defined statement of purpose and function of the centre. There were arrangements in place to review the statement of purpose and function in line with the organisations policy review. There were versions of the statement available in information booklets for young people, social workers and family members. Staff members interviewed during inspection were familiar with the content of the purpose and function.

The model of care was described as being holistic in nature, taking into account the needs of the young person and family. Staff members work from a programme called outcomes star. From interviews conducted project workers were confident in how the model worked and the benefits of using the framework.

Standard 5.4 - The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors found from review of meeting minutes, questionnaires and supervision records as well as interviews with management and staff that there was a focus on the safety and quality of work being provided to young people.

There was evidence that the management monitored the records that were completed by project workers. Senior management can access all records as a way of monitoring and auditing.

Significant events of any kind were notified to the centre manager. Any incident reported to the manager is then forwarded to the line manager of the project worker. Social workers are also notified of any significant event that may occur at the centre. The programme manager informed inspectors that they are made aware of any significant events relating to the centre. Inspectors viewed a significant event that had occurred at the centre and found that immediate action was taken, and investigated appropriately. For the purpose of learning, significant events may be brought back to team members for discussion.

Children, young people and families are informed about the complaints procedure when the project worker first meets them and a project worker stated that they would also be made aware of their right to contact the project workers line manager. There is a comments box in the centre if a young person wishes to use.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.1 Regulation 6.2
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.2 Standard 5.3 Standard 5.4
Practices met the required standard in some respects only	Standard 5.1
Practices did not meet the required standard	None Identified

Actions required

- The centre manger must ensure that project workers are familiar with the National Standards for Children’s Residential Centres, 2018 (HIQA).
- The centre manger must ensure that policies and procedures in the centre are consistent with the National Standards for Children’s Residential Centres, 2018 (HIQA).

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The centre manger must ensure that project workers are familiar with the National Standards for Children’s Residential Centres, 2018 (HIQA).</p> <p>The centre manger must ensure that policies and procedures in the centre are consistent with the National Standards for Children’s Residential Centres, 2018 (HIQA).</p>	<p>A copy of the National Standards for Children’s Residential Centres, 2018 (HIQA) will be circulated to all staff teams that use Savannah House for respite. Team Managers to share with all staff delivering respite and discuss at upcoming team meeting(s) to ensure receipt of and understanding of same.</p> <p>Timescale – document issued to all teams by 02/10/2020. All teams to review and confirm receipt & understanding by 02/11/2020.</p> <p>Savannah House is not a residential unit with a separate residential staff team. It is a house used for respite by staff teams in projects within Extern. All these teams deliver services which include respite overnight provision and are bound by</p>	<p>Reference to the National Standards for Children’s Residential Centres, 2018 (HIQA) will be explicit in the Savannah House Induction information. Induction is currently a requirement for new staff to complete prior to the delivery of any overnight respite. Existing staff are now required to refresh their Savannah House induction every 2 years or sooner in the event of significant changes to policy, procedure or practice.</p> <p>As outlined in the Inspection Report, the Savannah House manager stated that the policies and procedures were reviewed and updated every two years or as required and that they, in their role, are part of the residential/practice policy review group.</p>

		<p>practice policies and procedures for same. Extern understand that the policies and procedures in place are consistent with the National Standards for Children's Residential Centres, 2018 (HIQA). Staff in Extern demonstrate understanding of the relevant legislation, regulations, policies and standards for the care and welfare of children in their care, which is appropriate to their role, and this is reflected in all aspects of their practice.</p>	<p>The Manager confirmed that any policy review is brought back to the different staff teams for consultation and feedback.</p>
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