



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: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Extern Ireland</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced inspection</b>
<b>Date of inspection:</b>	<b>29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup> August September 2022</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>2<sup>nd</sup> November 2022</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 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 30<sup>th</sup> July 2011. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 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
2: Effective Care and Support	2.3
6: Responsive Workforce	6.4

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 where possible will observe 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. 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

At the time of this inspection the centre was registered from the 30<sup>th</sup> July 2020 to the 30<sup>th</sup> July 2023. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the registered provider, senior management, centre manager on the 21<sup>st</sup> September 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 centre manager returned the report with a CAPA on the 18<sup>th</sup> October 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: 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 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

This centre was in a rural location with its own gated entrance to ensure privacy for the young people availing of the service. The layout and design of the centre was found by inspectors to be suitable to provide safe and effective care for the children and young people who availed of the residential programme.

There were four bedrooms available for young people to use. These were all located on the ground floor of the house. Each young person had their own bedroom for the duration of their stay and inspectors found that these bedrooms were large, spacious and well maintained. There were storage facilities in each room for the young people to store their personal belongings.

The centre provided ample opportunities, both indoors and outdoors for young people to play, develop skills, be creative and rest. There were two large rooms upstairs where young people had access to a well-being space, a pool table, a table tennis table, as well as numerous board games and musical instruments for young people to play. Downstairs there was a large TV room equipped with bean bags and couches for rest and there was an art/creative space also available. The centre had secure and private garden space for young people to avail of if they wished, as well as a basketball/tennis court. Inspectors found all areas of the house and outdoor recreational areas to be safe and secure. The grounds outside required an end of year tidy up with weeding needing to be undertaken. Inspectors were advised that there was an annual clean up completed at the end of the summer programme. Given that the summer programme has just been completed, the annual clean up was to begin in the weeks following inspection. Inspectors recommend that this clean up also incorporate cleaning the windows on both floors of the premises. The inspectors

observed that cigarette butts were discarded by staff at the front entrance of the premises and this was not in line with written guidance and centre procedures in relation to staff who smoke. Inspectors recommend that the centre manager remind staff members of their responsibility in this regard.

The centre was in good structural repair, it was spacious, clean and tastefully decorated. Inspectors were advised of a rolling maintenance programme where rooms were chosen annually for a decorative upgrade as required. The inspectors found that the young people's bedrooms required repainting and the staff bedroom required a new carpet. During the inspection, management confirmed that these rooms would be prioritised for refreshing/repainting next.

Centre management employed the services of a cleaning company to ensure that the premises was cleaned to a high standard. In addition, each staff member were responsible to ensure that rooms they used during overnights with young people were cleaned prior to their departure. Staff, in interview, confirmed that this process was effective to maintain high standards. There was evidence of the young people's creative projects displayed on the walls in various rooms throughout the centre. Inspectors found that staff and centre management encouraged feedback from young people staying in the centre and were creative in finding ways for young people to share their viewpoints.

Equipment used in the centre was appropriate and was well maintained. There was a yearly portable appliance testing (PAT) completed and this was evidenced on electrical equipment in the centre. The centre was adequately lit, heated and ventilated and bathroom facilities were sufficient in number and ensured privacy for the young people and staff staying in the centre. The centre had systems in place to record maintenance issues via a maintenance log and secure computer-based chat group. In interview, staff were familiar with both methods in to ensure maintenance issues were recorded and addressed efficiently.

The centre had systems in place for detecting, containing and extinguishing fires, and for the maintenance of firefighting equipment. There was evidence of daily and weekly fire checks conducted by staff along with mandatory fire drills when young people came to avail of the service. There were contracts in place with external fire companies for the maintenance of fire equipment and emergency lighting and evidence on file that they had been checked regularly. The fire panel used in the centre was zoned to identify the location of the fire incident. Exits were clearly

marked and illuminated with thumb locks on each exit door and break glass key locks beside upstairs windows to enable safe egress.

The centre had a site-specific health and safety statement which outlined the duties of the registered provider and staff, identified hazards and risks with appropriate control measures in place. There was an identified person responsible for health and safety and the health and safety statement was reviewed annually in line with health and safety legislation. The centre manager had a lead role in relation to all fire safety and health and safety and had completed the Institution of Occupational Safety and Health (IOSH) training. There was a register of health and safety risk assessments completed for both environmental risks and risk associated with activities for each young person. These were all risk assessed in line with the risk management framework and had an identified date for reviewing each of the risks. Inspectors found that all reasonable measures were taken to prevent accidents and reduce the risk of injury. Staff were knowledgeable about the processes to be engaged should an accident occur. There were appropriate systems in place to record and report accidents. The centre had two medication cabinets that were appropriately secured, one was used for controlled medications and one used for generic medications. For medications that required refrigeration, there was a locked fridge in the office. First aid kits were available on both floors of the centre.

Inspectors were provided with an up-to-date copy of the insurance for the operation of the centre. The centre had the use of fleet vehicles which were appropriately taxed and insured. All staff members were required to submit their driving licences and complete a declaration form prior to being permitted to use the fleet vehicles on an annual basis.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None

**Regulation 6: Person in Charge**  
**Regulation 7: Staffing**

#### **Theme 6: Responsive Workforce**

**Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.**

Training for staff was organised centrally by the organisation and the centre had a planned training schedule that was distributed to staff on a bimonthly basis. Inspectors reviewed the training calendar and found it to be comprehensive addressing both core and mandatory training in addition to meeting training needs identified by staff, for example, working with children and young people with autism, attachment and trauma informed care. Training was a standing item on the team meeting agenda and inspectors found evidence that training needs were discussed in supervision on a regular basis. Staff interviewed confirmed they were supported and encouraged to attend core training and additional training that may be beneficial to the work they were undertaking with young people. A review of supervision files demonstrated that staff were encouraged to continue professional development and

maintain competence in practice areas. A sample of supervision files evidenced that staff participated in an annual appraisal and as part of this process, each staff member had an annual personal development plan drawn up.

Inspectors reviewed the training records and found that all mandatory and refresher training was up to date.

Inspectors were advised that fire safety training had been moved online throughout the course of the Covid-19 pandemic and to date the onsite practical training in the use of firefighting equipment had not recommenced. **Consequently, while all staff had undertaken the theory aspect of fire safety training, they had not been refreshed in the practical training of fire safety since 2020.** There was no risk assessment undertaken to address any potential risks of staff not having completed this practical element of the training. The centre manager and registered provider must ensure that on site fire safety training resume as soon as possible and staff must complete practical training in use of firefighting equipment. Where staff have not completed practical training within a two-year timeframe a risk assessment must be completed to address any potential risks.

The company had recently undertaken a training needs analysis and this was extended to all areas of the company. Staff were asked for feedback on training needs they had identified themselves as well as managers being asked to note training needs they had recorded in supervision and annual appraisals. There was evidence that the company was responsive to training needs identified by staff.

The company had a formal induction for each member of staff when they commenced employment and each project within the company also had its own specific induction. The centre manager was clear on the induction policy and described a robust process to the inspectors. A review of supervision records evidenced the induction provided to new members of staff and to staff who changed roles within the company.

Training certificates were stored electronically on staff personnel files and were easily accessible to the human resources department and to management for tracking and monitoring staff training.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.4</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager and registered provider must ensure that on site fire safety training resume as soon as possible and staff must complete practical training in use of firefighting equipment. Where staff have not completed practical training within a two-year timeframe a risk assessment must be completed to address any potential risks.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
6	The centre manager and registered provider must ensure that on site fire safety training resume as soon as possible and staff must complete practical training in use of firefighting equipment. Where staff have not completed practical training within a two-year timeframe a risk assessment must be completed to address any potential risks.	<p>The Learning &amp; Development Dept have been sourcing quotes from providers for the return of in-person fire safety training to include practical training in the use of firefighting equipment. Dates are being finalised with the provider to deliver training to all staff involved in the provision of respite overnights.</p> <p>Pending the full roll-out of the training a risk assessment is being undertaken by the centre manager in conjunction with the programme manager to identify, monitor and manage any risks. This will be completed by 31<sup>st</sup> October and reviewed monthly (or sooner if required) until such time as staff are fully refreshed/trained in the practical aspects including use of firefighting equipment.</p>	This issue arose due to restrictions on in-person training as a result of Covid-19 public health guidelines. In-person training has been restarted in 2022. Should such a situation arise again a risk assessment will be undertaken to assess, monitor and manage any identified risks.