



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: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</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</b>
<b>Date of inspection:</b>	<b>24<sup>th</sup> and 25<sup>th</sup> April 2023</b>
<b>Registration Status:</b>	<b>Registered from 11<sup>th</sup> March 2021 to 11<sup>th</sup> March 2024</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Sinead Tierney</b>
<b>Date Report Issued:</b>	<b>27<sup>th</sup> June 2023</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 11<sup>th</sup> March 2021. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 11<sup>th</sup> March 2021 to 11<sup>th</sup> March 2024. This was the second inspection of the centre, although registered, the 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 from age ten to seventeen. 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 service maintained a record of all respite provision. The records showed that the centre was used primarily at weekends. Low occupancy levels during the weekdays were attributed to 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
2: Effective Care and Support	2.3
3: Safe Care and Support	3.3
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 observed 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 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 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, and the centre manager on the 29<sup>th</sup> May 2023. 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 12<sup>th</sup> June 2023. 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 11<sup>th</sup> March 2021 to the 11<sup>th</sup> March 2024 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.**

The premises were found to be suitable to provide safe and effective care for the young people who engaged in the respite programme. There was adequate communal space for both indoor and outdoor recreational facilities. The outdoor spaces were safe, secure and the grass areas were well maintained. The centre was maintained in good structural condition. There was a system in place to record all maintenance requirements and staff confirmed that maintenance issues were responded to in a prompt manner. The inspectors found there were no major maintenance issues identified on the maintenance logbook. The furnishings and facilities were adequate and sufficient for the number of young people that availed of the respite service at any one time. The centre was adequately lit, heated, ventilated and had suitable facilities for cooking and laundry. Each young person had their own bedroom with shower and toilet facilities ensuite. The young people had access to appropriate storage space in their rooms where their personal belongings could be kept safely.

There were systems in place to ascertain feedback from young people and project workers who availed of the facility. Overall, this feedback was positive, the managers interviewed stated the feedback informed the ongoing development of recreational facilities in the premises when resources permitted. There was a comment box located in the centre and the project workers encouraged the young people to leave a comment about their stay. The project workers interviewed by the inspectors stated the feedback from the young people was positive and they enjoyed return trips to the centre for respite breaks. They stated that the young people welcomed the level of privacy the centre afforded them with large ensuite bedrooms and the spacious communal areas.

There was evidence that project workers informed every young person on each respite stay of the measures in place to ensure everyone's safety while on the premises. The project workers confirmed that they maintained close supervision of the young people at all times when on the premises. The project workers and managers stated that young people were expected to be in the line of sight of staff at all times apart from when they were in their bedrooms.

A comprehensive on-site induction was facilitated by the service manager for all project workers who intended to use the premises. Additionally, the service manager re-issued the induction pack to the project workers each time a booking was confirmed by them to ensure they had access to all current and relevant information about the operation of the centre.

Cleaning schedules were set out for project workers prior completing a respite programme. While the inspectors found that communal areas and bedrooms used by the young people were clean and well maintained, areas of the building not in regular use required a deep cleaning.

A new fire alarm system was installed in the premises since the last inspection in 2022 however a copy of the fire alarm installation certificate was not on site or any records of maintenance checks on the emergency lighting system and the fire alarm system by the fire safety company. The inspectors found that fire extinguishers were not subject to an annual maintenance check since April 2020 and one of the CO<sub>2</sub> extinguishers, while appropriately sealed, appeared to be empty. The service managers informed the inspectors that a maintenance check on the fire-fighting equipment was scheduled to be undertaken the week of the inspection. An installation certificate dated 3<sup>rd</sup> May 2023, for the firefighting equipment was forwarded to the inspectors as requested.

Routine internal fire safety checks on fire doors, the fire alarm system, smoke alarms, emergency lighting and fire extinguishers were not evidenced on the centre's fire logbook. The inspectors found that one fire exit door at the side of the house had swollen slightly and could not be easily opened. Additionally, there were two large refuse bins outside the fire exit which obstructed the exit route. There was a build-up of leaf mould outside this fire exit door that must also be cleared away. The service manager must ensure that fire exits doors are regularly checked and maintained and that fire exit routes are unencumbered. The service manager must ensure that the centre fire logbook records regular internal fire safety checks on the premises. The

service manager must also forward the current maintenance certificate for the fire-fighting equipment.

Young people were taken through the fire evacuation procedures on each stay. This was evidenced as undertaken on the respite report records reviewed by the inspectors. Staff training records reviewed by the inspectors evidenced that staff had undertaken fire safety, manual handling and first aid training.

The service had a health and safety policy in place. There was a site-specific health and safety statement developed and displayed in the centre. The service manager was responsible for all matters relating to health and safety on the premises and staff interviewed were aware of the reporting procedures regarding health and safety issues. The inspectors found that the safety statement did not identify any risk assessments relating to the environment. There was an access route to a lake behind the premises. The inspectors found that staff interviewed had different understanding of the guidelines around access to the lake. The inspectors recommend a risk assessment is undertaken in relation to the lake that young people can access from the grounds and incorporate it into the site-specific safety statement.

The service manager and programme manager stated they undertook regular checks on the premises to ensure it was maintained in good structural condition however these health and safety audits were not evidenced on the centre records. The programme manager stated they do not currently have an audit tool or framework to undertake a site-specific health and safety audit on the premises. The service manager and programme manager must ensure that health and safety audits on the premises are undertaken in line with the service health and safety policy.

There were procedures in place for the safe storage of cleaning materials and there was a secure cabinet in place to store medicines. First aid boxes were located on site, in centre vehicles and available to staff if using their own vehicles to transport young people.

There were activity risk assessments developed to cover a range of activities that the young people were engaged in while on respite. Since the last inspection these activity risk assessments were transferred to the electronic record management system therefore easily accessible to all staff. There was evidence they were subject to review at least annually and the risk assessments on file were up to date. Staff had completed training in risk management and lone working and the service manager was confident that all project workers could undertake a dynamic risk assessment.

There were systems in place to record accidents or injuries that may occur on site. An accident logbook was maintained in the office and there was an electronic system to input accident details on the young person's records. The service manager informed the inspectors that no accidents or injuries had occurred on site over the past twelve months.

There were systems in place to evidence that all staff were legally licensed to drive and to ensure that they had valid car insurance, indemnity on insurance, valid car tax and NCT/MOT as required. A sample of files reviewed by the inspectors showed that all documents were evident apart from evidence of car tax. The service manager must confirm that the system for evidencing car tax is maintained up to date for all project workers using their own vehicles for the purpose of their work.

The service provided evidence of adequate insurance against accidents or injury to young people being maintained in the centre.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>Regulation 13</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 2.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The service manager must ensure that areas of the premises not in regular use are subject to a periodic deep cleaning process.
- The service manager must ensure that a copy of the fire alarm installation certificate is maintained on site along with evidence of maintenance checks on the emergency lighting system and the fire alarm system undertaken by the fire safety company.
- The service manager must ensure that the centre fire logbook records the regular internal fire safety checks on the premises. The service manager must

ensure that fire exits doors are regularly checked and maintained and fire exit routes are unencumbered.

- The service manager must ensure the centres site specific safety statement identifies any potential risks relating to the environment with a specific risk assessment undertaken in relation to the lake located at the back of the premises.
- The service manager and programme manager must ensure that health and safety audits on the premises are undertaken in line with service policy.
- The service manager must confirm that the system for evidencing car tax is maintained up to date for all project workers using their own vehicles for the purpose of their work.

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

#### **Regulation 16: Notification of Significant Events**

### **Theme 3: Safe Care and Support**

#### **Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.**

The project workers and managers informed the inspectors that there was an open culture within the service. The project workers confirmed they could bring concerns or report incidents to their managers and identify areas for improvement at team level. Where incidents occurred, these were discussed at team level within the relevant community programme. Where there were any issues or concerns relevant to the respite premises this would be relayed back to the service manager. There were no reported critical incidents within the respite residential service in the twelve months prior to the inspection.

There was an on-call system in place to advise and support project workers should an incident occur at weekends or out of office hours. Those interviewed by the inspectors stated that parents and social workers (where involved) were informed if there was an incident. The on-call policy set out a criterion of critical incidents that must be reported should they occur. Additionally, the inspectors found there were clear recording and reporting procedures in place where an incident occurred that gave rise to a child welfare or child protection concern. This was set out in the child safeguarding policy. However, the inspectors found there was no template for recording and reporting critical incidents outside of the reporting form for child welfare/protection concerns or accidents. The programme manager and the service

manager must liaise with the directors and develop a system for recording and reporting significant events that are outside the current recording and reporting procedures for accidents, injuries and child welfare or child protection concerns.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</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 3.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required:**

- The service manager and programme manager must develop an incident management policy for the recording, reporting, management and review of incidents.

#### **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.**

The inspectors found there was a named person in charge who had overall responsibility and authority for the delivery of the residential respite service. Staffing resources were sufficient to ensure safe and effective care. Young people were provided a maximum of two days respite at any one time. Two staff were always present in the centre to supervise up to three young people on respite. Where a group of four young people were on respite an additional third member of staff was required.

There was a service induction policy that was dated February 2021. Induction training consisted of company induction and local induction. The induction programme assisted staff to understand the culture, values and objectives of the service and to provide staff with the knowledge and skills to understand their role and responsibilities within the service. Staff were also provided with copy of the staff handbook and the suite of policies and procedures on induction. Staff additionally received on-site induction training within the respite residential centre and this was confirmed by staff interviewed. This induction process was undertaken by the service manager.

The service had a staff probation policy that was updated in February 2023. Staff were required to complete all their mandatory training within the first six-month probationary period. Service managers maintained a list of staff training and attendance at mandatory training was audited by the service managers.

The service had a learning and development policy dated June 2021. The policy supported professional development and performance. Mandatory training for project workers was set out within the policy. The inspectors sampled eight staff training records and found that all but one staff member had their mandatory training completed and up to date. The inspectors found there were systems in place to notify staff of any gaps in their mandatory training or when refresher training was required. The inspectors received evidence that this staff member had completed the outstanding mandatory training. The training records reviewed by the inspectors also evidenced that staff completed training on the services child safeguarding policy which was updated in 2022. At the time of writing this report all staff had completed Introduction to Children First, Tusla's e-Learning programme. Additionally, there was evidence that staff were trained in a recognised behaviour management intervention programme and this training was up to date.

The centre had a performance appraisal policy dated June 2021. The policy outlined that staff appraisals were undertaken between January and March annually. Both staff interviewed had their annual appraisals completed in line with the policy and the managers reported that all staff appraisals were completed by end March 2023 in line with the policy. Professional development plans were formulated in the appraisal forum with goals and objectives set out with staff. Staff interviewed reported the organisation were open to sourcing additional training as required outside of mandatory training. Staff stated that the supervision process further supported continuous professional development and ongoing training needs.

<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>Standard 6.4</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



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The service manager must ensure that areas of the premises not in regular use are subject to a periodic deep cleaning process.	An external cleaning company will be contracted to complete a deep clean of the premises on a quarterly basis. The procurement process for this contract began on the 1/6/23 and will be completed by the 16/6/23.	The service manager will visually review the premises on a monthly basis to check the standards of hygiene and cleanliness.
	The service manager must ensure that a copy of the fire alarm installation certificate is maintained on site along with evidence of maintenance checks on the emergency lighting system and the fire alarm system undertaken by the fire safety company.	Fire certificate and maintenance log has been provided and is kept on site. Completed on the 1/6/23. Maintenance checks on emergency lighting and fire alarm are evidenced in the fire logbook which is kept on the premises. Completed on the 31/5/23.	Service Manager will monitor same going forward on a monthly basis and records of same will be forwarded to our Support Services/Estates department. Programme Manager will also review processes on a quarterly basis.
	The service manager must ensure that the centre fire logbook records the regular internal fire safety checks on the premises. The service manager must ensure that fire exits doors are regularly	Internal fire safety checks are carried out on a monthly basis and recorded on the fire logbook available in the premises. This includes alarm check, emergency lighting, fire extinguishers and emergency	Service Manager will monitor same going forward on a monthly basis and records of same will be forwarded to our Support Services/Estates department. Programme Manager will also review

	<p>checked and maintained and fire exit routes are unencumbered.</p> <p>The service manager must ensure the centres site specific safety statement identifies any potential risks relating to the environment with a specific risk assessment undertaken in relation to the lake located at the back of the premises.</p> <p>The service manager and programme manager must ensure that health and safety audits on the premises are undertaken in line with service policy.</p> <p>The service manager must confirm that the system for evidencing car tax is maintained up to date for all project workers using their own vehicles for the purpose of their work.</p>	<p>exits. Commenced 31/5/23. Fire doors will be checked on a monthly basis and recorded in the logbook along with any maintenance.</p> <p>The service manager has completed an environmental risk assessment for the premises and a specific risk assessment in relation to the lake. This is included in the safety statement for the site. Completed 9/6/23.</p> <p>All health and safety audits are completed and recorded on site, a copy of which is sent to Extern support services on a monthly basis. Completed on the 31/5/23.</p> <p>It is a policy requirement that each staff member must evidence an up-to-date car tax through the organisation's mileage claim system application used by their staff for claiming mileage. The system has been rectified and is now requesting tax certs and renewal of same prior to</p>	<p>processes on a quarterly basis.</p> <p>The specific safety statement and environmental risk assessments are reviewed on an annual basis and updated as appropriate.</p> <p>Service Manager will monitor same going forward on a monthly basis and records of same will be forwarded to our Support Services/Estates department.</p> <p>Programme Manager will also review processes on a quarterly basis. If a project workers car tax has not been evidenced and approved by their line manager, they cannot claim for their mileage. IT will monitor same for any potential issues with system but no further action expected.</p>
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		expiration. Completed 2/6/23.	
<b>3</b>	The service manager and programme manager must develop an incident management policy for the recording, reporting, management and review of incidents.	<p>An easy guide has been developed in March 2023 and is being fully implemented with staff. This includes step by step instructions for staff on how to manage incidents. A flow chart of how to record incidents is now available on site located in the office. The organisation has a safeguarding governance group, chaired by its head of safeguarding, who meet on a regular basis to review critical incidents.</p> <p>Work is also underway to develop a critical incident policy to provide immediate guidance for staff in managing same and aftermath support for staff following an incident.</p>	A critical incident policy is currently being developed and will be going to Extern's board for approval in September 2023.
<b>6</b>	N/A		