



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	Extern
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	15th & 16th May 2023
Registration Status:	Registered from 30th July 2023 to 30th July 2026
Inspection Team:	Linda McGuinness
Date Report Issued:	11th July 2023

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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 30th 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 30th July 2020 to the 30th July 2023.

The centre was registered as a multi occupancy service to accommodate four young people from age ten to seventeen and formed part of a community-based support project for children and families. As part of their enhanced support programme the centre offered voluntary respite care to young people in the form of day sessions or overnight activity-based stays. The focus was to provide a social recreational break with an opportunity for learning life skills, independent living skills and development of pro-social behaviours. On occasion parents and young people availed of respite together with a focus on parental guidance and skills enhancement.

The programme of care was described as resiliency based, holistic and considered the specific needs of the child and the family. The organisation's ethos and model of care was underpinned by various theories in relation to child development and practice including resilience theory and social learning theory. There was a strategic organisational plan that included all services being underpinned by trauma informed practice with participation of service users to the core. Between January and May 2023, 88 young people from nine different geographical social work areas had availed of 129 overnight stays and 45 day sessions.

There were two young people availing of the service at the time of inspection. However a risk assessment determined that the presence of inspectors would be too unsettling for this group. The inspectors visited the premises prior to the arrival of young people and the staff team did individual work with them to provide the inspector with feedback.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Effective Care and Support	2.3

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, observed how 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 young people, 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 30th of July 2020 to the 30th 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 and to the relevant social work departments on the 8th of June 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 21st of 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: 078 without attached conditions from the 30th July 2023 to the 30th July 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

While young people visited for respite breaks and did not live in the house permanently, there was evidence that practice in the centre was child centred and focused on individual young people.

Inspectors found from interviews, a review of feedback forms and centre records that their views and preferences were considered. They were involved in menu planning, shopping, and activity planning. Due to the nature of the service, young people meetings did not take place but there was evidence of individual consultation. Rules or decisions that impacted young people were fully explained to them, such as the use of door alarms.

The centre had a written complaints policy and procedure in place which was last reviewed in August 2023. There was an effective system for the communication of policy updates to all staff and also a system to assess staff knowledge and application of policies in practice. The complaint policy set out two levels whereby there were level 1 complaints that could be resolved with local resolution by front line staff, and level 2 for unresolved or written complaints that were escalated to management for organisational review.

Staff were aware this policy and described the way different complaints were resolved locally or escalated if more serious. They also gave examples of improvements to practices upon review of complaints and confirmed that they were discussed in team meetings. Inspectors found that staff were very proactive in resolving minor issues promptly. The policy stated that all complaints were recorded however inspectors found inadequate recording of complaints that were at level 1 and managed by local resolution. These were reported on a daily basis to the service manager however this did not facilitate effective tracking and monitoring and requires review.

The service manager was in the process of establishing a new electronic system where this information would be captured. No complaints were recorded for this service since the last inspection in August 2022.

There was a system in place to record any dissatisfaction expressed by young people or their parents. This system also captured compliments and positive feedback. It was clear that feedback was welcomed and there were systems and mechanism in place to facilitate young people raising issues, for example, the presence of a suggestion box and notice board for comments. This was seen as a valuable source of information to reflect on service provision.

Young people were made aware of the complaints process at the first referral meeting to the service when they were visited by a project worker. They were also provided with written information in the form of a leaflet. Information on the centre's complaints process was provided to parents and was discussed with social workers during the referral process. One young person who provided feedback to inspectors stated that they could talk to the project workers if there was any issue they were unhappy with.

There was a lack of information about 'Tell Us' the complaints and feedback policy of the Child and Family Agency and staff in interview were not familiar with the policy or when it should be used. Inspector found one instance where a parent complained about an aspect of social work provision and should have been directed to the 'Tell Us' policy. All staff should be aware of the dedicated Tusla Portal for feedback and complaints and be able to direct families or young people to use this if required. Social workers should also inform families and young people using the service about the Tusla policy.

The service manager recently developed an online feedback mechanism for young people, families and professionals and the information received back was to be collated to inform future service improvements.

Social workers interviewed during the inspection reported that the young people liked visiting the centre and they had received no complaints. They commended the work of the project workers and stated outcomes were positive for their young people who had used the service. One stated that the young person's placement would not have remained stable without the service.

Young people who provided feedback said that the service ‘*made them feel more confident*’ and ‘*was a place where they would not be judged and could have a break*’. Others said they learned social skills and how to make friends. Parents described the service as responsive and flexible with really good communication.

There was an audit and risk committee who analysed complaints and compliments received across the service and they provided a detailed overview report which could inform service developments. While it was clear that information relating to complaints was analysed, there was a lack of evidence of discussions about this at team meetings reviewed by the inspector.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required.

- The service manager must ensure that all complaints and their outcomes are recorded in line with organisational policy to facilitate monitoring and oversight.
- The service manager must ensure that all staff are aware of ‘Tell Us’ the complaints and feedback policy of the Child and Family Agency and that relevant complaints are directed through this process.

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 centre was a large detached two storey house located in a rural location near a town. It was suitable for the provision of respite care for the number and needs of young people that used it. Inspectors found that the effectiveness of the programme was supported by an environment that was safe and comfortable. Community based staff members received a robust and thorough induction to using the centre and this ensured they have access to all required information including on call support. It was adequately lit, heated, and ventilated. There were three comfortably furnished spacious bedrooms with storage for personal belongings available for young people and their families. A fourth bedroom was available for staff use.

The centre provided a stimulating communal environment with facilities such as pool table, art equipment, board games, table tennis and a drum kit available to young people to support their preferred activities. A conservatory was converted to an art room with input from young people and their work was on display. One staff member established a library where young people and families could bring and take books. Young people were involved in setting up a beauty space where they could practice and learn new skills. At the time of this unannounced inspection the centre was clean and homely with domestic furnishings and appliances throughout the premises.

The organisation had applied for funding through various grants to upgrade aspects of the premises such as buying new mattresses, new carpets, and activity equipment. The funding for the service had not been increased since the centre opened and so improvements had to be prioritised as immediate or longer term when resources were available. The organisation must continue to liaise with Tusla to ensure there is adequate funding for the upkeep of the centre.

Staff members maintained the house on a day-to-day basis through cleaning schedules, a cleaner was employed once per week and deep cleaning services were provided at times throughout the year. Cleaning materials were stored securely and suitable cooking and laundry facilities were available in the house. There was an electronic group forum that included management where issues or incidents were reported and responded to immediately.

Inspectors reviewed feedback from young people, families, and professionals to the organisation as well as direct feedback from a child who stayed there during inspection. All reported liking the house and not wishing to make changes. Many returned for frequent visits. The staff interviewed during inspection provided positive feedback about working with young people in the centre and stated that the facilities and pleasant environment supported the work.

There was also an extremely large outdoor space and gardens with basketball and tennis facilities. Environmental risk assessments took place, and on occasion those parts of the grounds were out of bounds due to moss which made it slippery and potentially dangerous. This was removed in the weeks prior to inspection and staff and management reported that young people made good use of these facilities.

Due to the large size, specific areas of the gardens were maintained on a rolling basis. The organisation was supportive of a 'green' environmentally friendly philosophy and there were plans in place to involve young people in establishing bee friendly zones in the grounds.

There was evidence from review of records and through interviews with staff that maintenance work was completed in a timely manner. There was a dedicated handyman who was responsive to requests for maintenance and skilled professionals were sourced as required. A recent significant leak in the premises was reported and resolved within a two-day period.

Small electrical appliances were in good working order with no obvious signs of damage or wear and tear and were subject to Portable Appliance Testing (PAT).

Written confirmation from a chartered engineer was furnished to the inspectorate at time of registration that all statutory requirements relating to fire safety and building control were complied with. No structural alterations had taken place since then. The service manager undertook regular checks on the premises and any issues identified were resolved in a timely manner.

There were adequate precautions taken by the centre against the risk of fire. The service manager was the appointed fire safety representative. Staff received fire safety training however a sample of training records showed that some had not yet undertaken the required practical component as training had moved online during the Covid 19 pandemic. A plan was in place at the time of inspection for all staff to complete fire safety training including the use of extinguishers.

Fire evacuation plans were displayed in the centre and there was a designated fire assembly point in the grounds. Daily, weekly, and monthly internal fire checks took place as required. Fire evacuation procedures were discussed with young people at the start of each respite visit to the centre. There were adequate arrangements in place for detecting, containing, and extinguishing fires and for the maintenance of firefighting equipment by an external company.

The service had a health and safety policy in place. In line with legislation the centre had a written health and safety statement dated August 2022. This contained roles and responsibilities of those responsible for health and safety in the centre. This statement did not contain any possible risks associated with the large grounds although inspectors found that control measures were implemented when aspects of the premises was deemed to be unsafe. The service manager should review the health and safety statement to include all environmental risks and control measures.

Inspectors viewed a sample team and management meetings and found that improvements were required to evidence that health and safety and fire safety were consistently reviewed in the organisation. The service manager should ensure that there is evidence in team and management meetings that health and safety and fire safety are consistently reviewed in the organisation.

There were activity risk assessments developed to cover a range of activities that the young people engaged in with staff while on respite. There was a list of approved activity centres and this was monitored and updated to ensure there was public liability insurance. There was a lone working policy in place that staff were familiar with.

First aid kits were available in the centre and in designated vehicles. These were regularly checked and replenished by a designated staff member. There was a system in place to record any accidents or injuries in line with health and safety workplace legislation. There were no such incidents since the last inspection of this centre in

August 2022. The registered proprietor submitted evidence of adequate insurance in place until 30th April 2024.

Medicines were securely stored and there were systems in place for the administration and disposal of medication.

Centre staff used their own vehicles to transport the young people and the policy indicated that all appropriate paperwork must be provided to ensure safety and this was renewed annually. These included driving licences, tax, insurance, national car test (NCT) and a letter of indemnity.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

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

Actions required.

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The service manager must ensure that all complaints and their outcomes are recorded in line with organisational policy to facilitate monitoring and oversight.	<p>Informal complaints service users make are recorded in the service user database, these are monitored and reviewed at an organisational level. Outcomes of complaints are communicated to the service user.</p> <p>The service manager, in conjunction with our information technology department, is working on the creation of a service desk ticketing system for the respite facility. This technology-driven solution will allow staff members to effectively log complaints about maintenance, resource issues and suggestions, fostering an environment of transparency and proactive problem solving.</p> <p>The introduction of this system is designed to provide management teams with comprehensive visibility of all registered</p>	<p>This system is in place and monitored at an organisational level by Audit and Risk.</p> <p>As part of our preventive strategies to ensure issues do not recur, the manager will actively monitor the service desk ticketing system, responding promptly to issues as they emerge. Oversight of the ticketing system will be provided by the programme manager and discussed quarterly within supervision.</p> <p>When issues are addressed, feedback will be disseminated to the respective parties. To ensure transparency and inclusivity, the feedback will be made accessible to all staff via the service induction online team. Furthermore, this feedback will be shared with the organisation's Management team every quarter.</p>

	<p>The service manager must ensure that all staff are aware of ‘Tell Us’ the complaints and feedback policy of the Child and Family Agency and that relevant complaints are directed through this process.</p>	<p>issues and their subsequent resolutions. Our goal is to leverage this technology to ensure all actions are fully traceable and solutions can be implemented in a timely manner. The projected launch date for this advanced system is the first quarter of 2024.</p> <p>Currently, we are engaged in obtaining quarterly feedback from all teams that are actively utilise the facility. This invaluable input is then disseminated to the respective teams through our dedicated service induction team. This consistent feedback loop will allow us to continuously refine and enhance our services for the betterment of all individuals who use the facility.</p> <p>Service manager has developed an online feedback form for service users to complete at any time, this is fully anonymous and will be launched in September 2023. Within this feedback form is a link to the formal complaints process. The TUSLA</p>	<p>The site manager is responsible for communicating complaints, compliments, and feedback into the Induction team for all staff to have oversight and feedback. The programme manager to oversee this via supervision.</p> <p>Lastly, we have updated the Induction team page to include our compliments and complaints policy. This update also features a link to the Tusla Tell Us portal, providing an additional avenue for reporting and addressing concerns. These preventive strategies are designed to foster transparency, accountability, and continuous improvement in our operations.</p> <p>The Tusla ‘Tell Us’ information and portal link has been added to the On-line service induction for all staff. This will ensure awareness amongst the staff teams of the Tusla portal to share with service users and families.</p>
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		<p>‘Tell Us’ complaints portal has now been added to this form.</p> <p>Service users will receive an easy read leaflet explaining our complaint & compliment process. This leaflet has been updated to include details and a link to the Tusla ‘Tell Us’ portal. Service users and carers are reminded of this process at each case review meeting. This is to be implemented in July 2023.</p> <p>Service managers have been updated regarding the Tusla ‘Tell Us’ complaints feedback policy to share with their respective teams. The link to this has been placed in the service induction online team.</p>	
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