



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

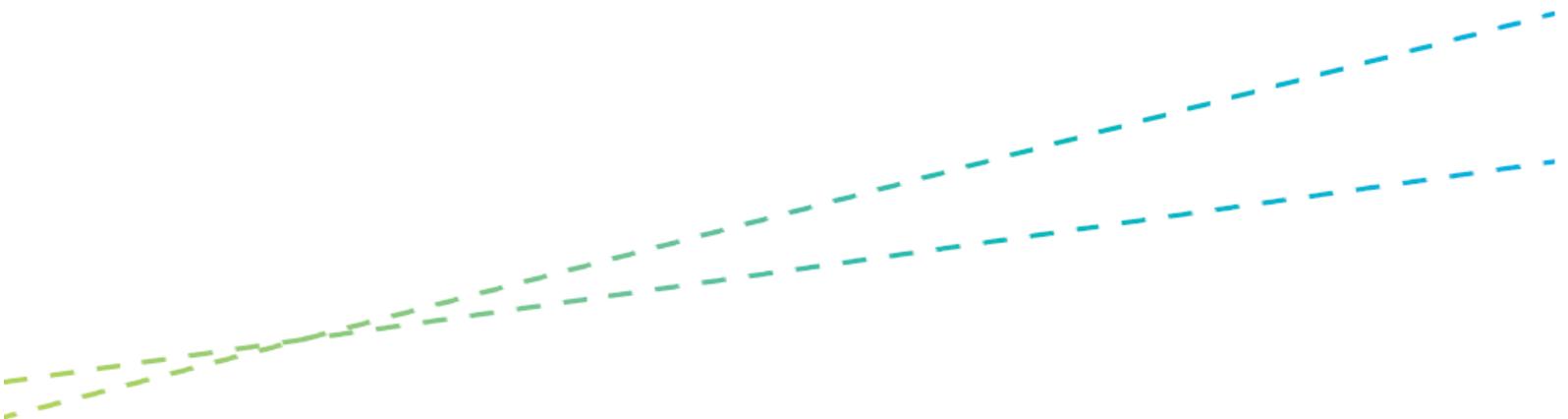
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 124

Year: 2017

Lead inspector: John Laste

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Fresh start
Registered Capacity:	Three young people
Dates of Inspection:	14th of November 2017
Registration Status:	Registered from the 22nd of December 2016 to the 22nd of December 2019
Inspection Team:	John Laste
Date Report Issued:	14th of March 2018

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1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. The centre was first registered on the 22nd of December 2016 and was previously inspected in March 2017. This inspection was unannounced and took place on the 14th of November 2016.

The centre was a community based residential service that provided care for young people. The principle goal of the service is to provide the essential life skills to the young people living there in order to prepare them to live in the least restrictive environment possible. This is done through providing a consistent structured environment while providing opportunities to empower the young people in making decisions that affect their lives. This is done in partnership with Tusla, The Child and Family Agency .The centre can accommodate up to three young people male or female. At the time of the inspection there were two young people both female in the centre.

1.2 Methodology

The inspection is based on a number of inspection techniques including;

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff

- b) The social worker(s) with responsibility for young person/people residing in the centre.
- c) The operations manager
- d) The clinical manager
- e) The chief executive officer and director

- ◆ An examination of the centre's files and recording processes

The young people's Daily logs

The young people's Care files

Management audit reports

Minutes of staff meetings

Staff rosters

Staff handover meetings

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively

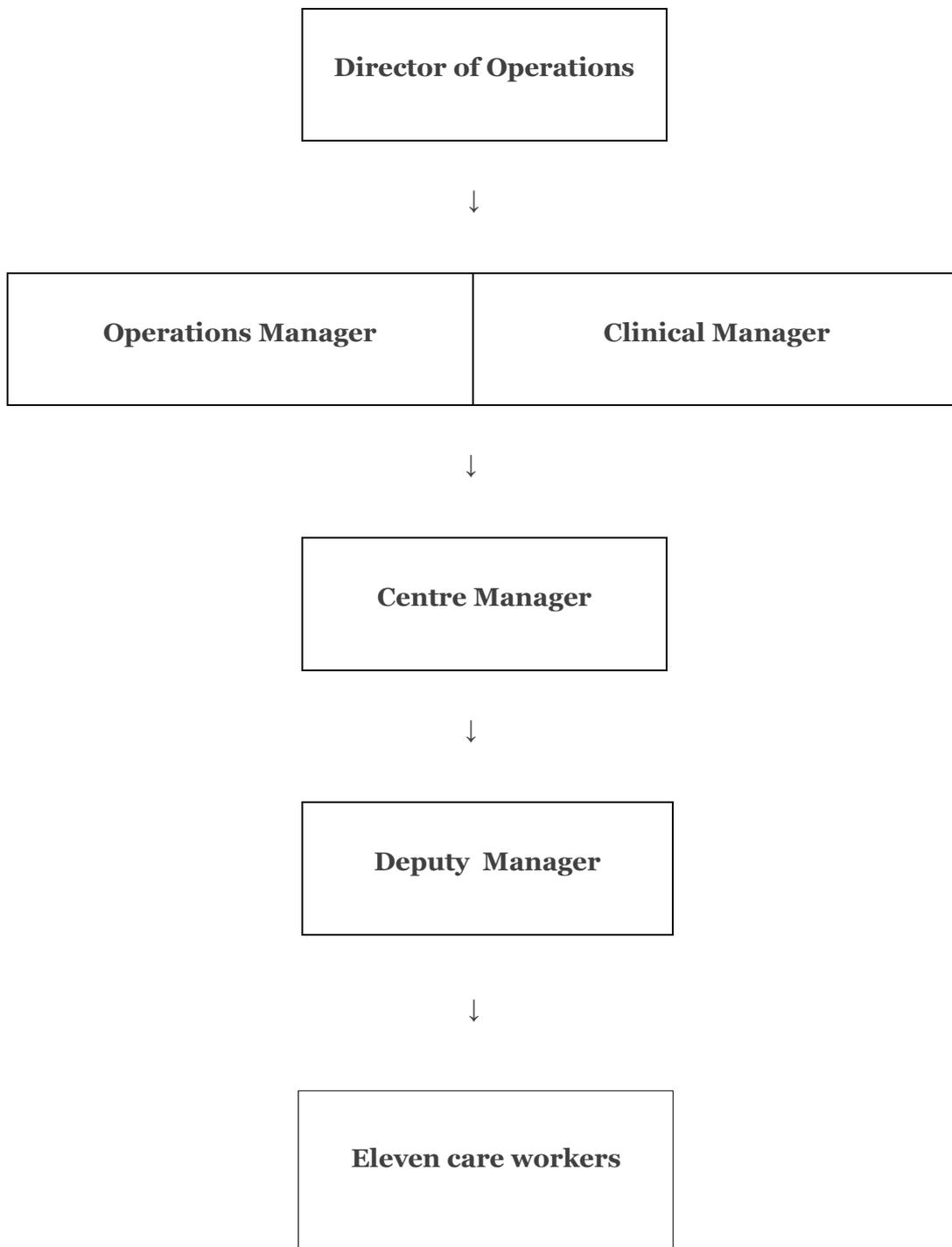
- a) The centre manager
- b) The operations manager
- c) Two supervising social workers
- d) The clinical manager
- e) Two staff members
- f) One young person

- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.3 Organisational Structure



2. Findings with Regard to Registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration. The draft report was sent out to the centre manager on the 7th of February 2018 and there were no items on the action plan to be completed and returned to the inspectorate. Confirmation that there were no factual inaccuracies in the text of the report was received by the inspector on the 5th of March 2018.

The registration panel has agreed that the centre should continue to be registered without conditions. As such the registration of this centre is the 22nd of December 2016 to the 22nd of December 2019.

3. Analysis of Findings

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

Young people's rights were reflected in centre policies and care practices. The young people attend and have a say in their child in care reviews. The young person who met the inspector during the inspection confirmed they were consulted about decisions that affected their lives. The inspector reviewed minutes of young people's weekly meetings which detailed consultation with young people about day-to-day living at the centre and provided an opportunity for them to raise any issues.

From a review of supervision records the inspector found that the staff team was receiving supervision in accordance with the centre's supervision policy. The supervision records examined showed that there was an effective link between supervision and young people's placement plans. Staff interviewed in the course of the inspection confirmed that they were receiving supervision on a regular basis.

There were two young people resident in the centre at the time of the inspection. The inspector reviewed the young people's care files and found that the young people had care plans on file. One of the young people was overdue a care plan review at the time of the inspection however the inspector was informed that a date for the review had been confirmed to take place prior to Christmas.

The young person told the inspector that they were included in decisions made about the running of the centre, for example activities, the weekly food shop and meals cooked in the centre. There was also the facility for young people to make phone calls in private. The inspector was informed that a representative of EPIC (Empowering Children in Care) the children's advocacy group had visited the centre in recent months. The young person confirmed this.

Complaints

The centre had a complaints policy in place. This policy distinguished between formal and informal complaints, both of which were recorded in a complaints register. The young person in interview said they knew how to make a complaint and they could identify people they could make a complaint to. There was evidence that complaints were responded to appropriately and addressed either by the staff team or by their social workers. There were four complaints logged, three of the complaints made by young people were expressions of dissatisfaction relating to the day-to-day living in the centre. These were addressed by the centre staff in an informal manner to the satisfaction of the young people. The one formal complaint was dealt with by the young person's social worker in a prompt fashion to the satisfaction of the young person.

Access to information

The centre has a written policy on young people's access to information. Staff members interviewed were aware of the young people's right to access information held on file. The young person who spoke to the inspector said that they were aware of their right to access information about themselves and were facilitated to do so by staff. Both young people in residence at the time of inspection had viewed their records and there was evidence on file of the young people had been offered access to their records.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

Required Action

No action required.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual Care in group living

The inspector found the atmosphere in the centre to be friendly and hospitable. It was observed that the staff treated young people with respect and as individuals. Young people in turn were observed to be respectful towards staff in their interactions with them. The inspector found that the young people have the opportunity to develop their interests and hobbies.

The inspector spoke to one of the young people in the centre who was positive about the centre and the service provided to them. The young person was aware of the keyworker's role and found it helpful to have someone to discuss issues with. The inspector observed that the young person was cared for in a manner that takes account of their wishes, preferences and individuality. The inspector did not get to meet the other young person as they were out at school. This young person's social worker informed the inspector that this had been a very positive placement for the young person and was focussed on their aftercare plan which was progressing.

Provision of food and cooking facilities

The inspector observed that there were adequate quantities and varieties of food available at meal times and the young people's preferences were taken into consideration. Young people had easy access to food and were encouraged to prepare meals. Both staff and the young people ate their meals together where possible, in a very homely and relaxing fashion.

Race, culture, religion, gender & disability

The centre facilitated the young people in participating in community events and engaging in local activities. Each young person's religious denomination was taken into account and where young people and their family wished to pursue their religious belief this was accommodated.

Managing behavior

There was a clear written policy on managing behaviour. The inspector was satisfied that each young person had an appropriate Individual Crisis Management Plan (ICMP) which clearly identified unsafe behaviour and set out the response required by staff. The plans set out the approach or intervention that worked in supporting the young people. The inspector observed the relationships between the young people and the staff team which was very positive.

There was a clear sanctions policy in place. Sanctions were only administered when there was unacceptable conduct, and the inspector found that no inappropriate sanctions were administered during the period under review. Where a sanction was applied it was a natural consequence for the young person.

Absence without authority

The inspector found that the centre was following the Joint Protocol between Child and Family Agency and An Garda Síochána and each young person had an Individual Absent Management Plan under the protocol. In the previous year there had been two incidents of absences from the centre. Both of these were attributed to one young person and these absences were for short periods of time. The protocol was followed in both cases and the relevant people notified.

Restraint

The team were trained in the use of a specific approved intervention system and in the use of physical intervention techniques. This training included the use of physical restraint and therapeutic intervention approaches. Training records showed that all staff members were regularly updated in these techniques. There were two recorded incidents of physical intervention since the centre opened in December 2016. The incidents were documented and the relevant people informed. The inspector reviewed both incident report forms and found that both physical interventions were necessary to ensure the safety of the young person and the safety of others. Life space

interviews were carried out after the events and the young person returned to the routine.

The inspector found that the physical intervention incidents were recorded separately. All incidents and significant events were reviewed monthly as routine, post crises response reviews were held for restraint incidents. Young people's Individual Crisis Management Plans were review after serious incidents.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

No action required

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

The centre had written policies and procedures on safeguarding, including policies on professional boundaries, supervision of young people and complaints, with good practice guidelines for staff. There was also evidence that standards of care including records were being monitored by internal and external management.

The inspector was informed by the manager that there had been no changes in staffing since the previous inspection in April 2017. The audited staff files at that time showed that all staff members had been vetted prior to working with the organisation. The inspector found that all of the staff had a recognised social care qualification.

Staff interviewed by the inspector confirmed that they had received induction and there was evidence of ongoing staff training. The inspector reviewed the staff training records and found that the centre had an extensive ongoing training programme for staff. All staff had received the required training in behavior management, child protection, first aid and fire safety with a schedule set out for other relevant training such as medication management, communication skills, professional boundaries and leadership skills.

There were risk assessments on file for both young people and there was evidence that these had been reviewed on a regular basis. Staff interviewed during the inspection had an understanding of safeguarding children and were familiar with the centre's policy on appropriate professional relationships between staff and young people. Staff in their questionnaires and interview spoke of a culture of openness in the centre whereby staff could address issues with each other in a confident manner.

Inspector found that the staff in the centre promoted and supported the young people's contact with parents, siblings and significant others where appropriate. Staff outlined to the inspector ways in which they supported young people to have contact with their families which included driving young people to and from access visits. Contact arrangements were individualized for each young person in accordance with their care plans. The inspector observed that the centre was spacious and had number of areas where young people could meet with their families in private.

Each young person had an allocated social worker. The inspector found, through review of case files, in talking with a young person and external professionals that social workers visited young people regularly and met with them in private. There was documentary evidence of regular phone and email contact to the centre by social workers to enquire about the young people and to provide relevant information to the centre.

The inspector conducted a walkthrough of the premises during the inspection and found that it was in a good decorative state overall, and there were measures in place to ensure that the physical environment was safe.

The inspector found from an examination of the centre rosters that there were adequate numbers of staff working in the centre at the time of inspection. There were a number of safeguards in place in the centre at night time including an alarm system and live night staff on duty. The night staff maintained records of night time checks carried out on the residents. The night staff were suitably qualified for the position.

3.7.2 Practices that met the required standard in some respect only

None Identified.

3.7.3 Practices that did not meet the required standard

None Identified.

Child Protection

Standard

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

3.7.4 Practices that met the required standard in full

The organisation had a written child protection policy which was in accordance with Children First: National Guidance for the Protection and Welfare of Children (2011). The centre manager was the designated liaison person and members of the staff team were familiar with the role of the designated person. The staff interviewed by the inspector were clear on their obligation to report child protection concerns to the centre manager.

There was one child protection concern on file which was appropriately reported by staff and followed up by the centre manager with the relevant supervising social work departments and the centre had received responses to the child protection notifications.

The manager informed the inspector that the centre staff had all completed the updated training in children first and copies of the training certificates were provided to the inspector.

Required Action

No action required.

4. Action Plan

Standard	Issues Requiring Action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
N/A	N/A	N/A	N/A