



**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 003

Year: 2017

Lead inspector: Martina Byrne

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Fresh Start
Registered Capacity:	4 young people
Dates of Inspection:	7th – 8th February 2017
Registration Status:	Registered from 8th of April 2017 to 8th of April 2020
Inspection Team:	Martina Byrne & Gary O'Connell
Date Report Issued:	27 July 2017

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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 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 Methodology

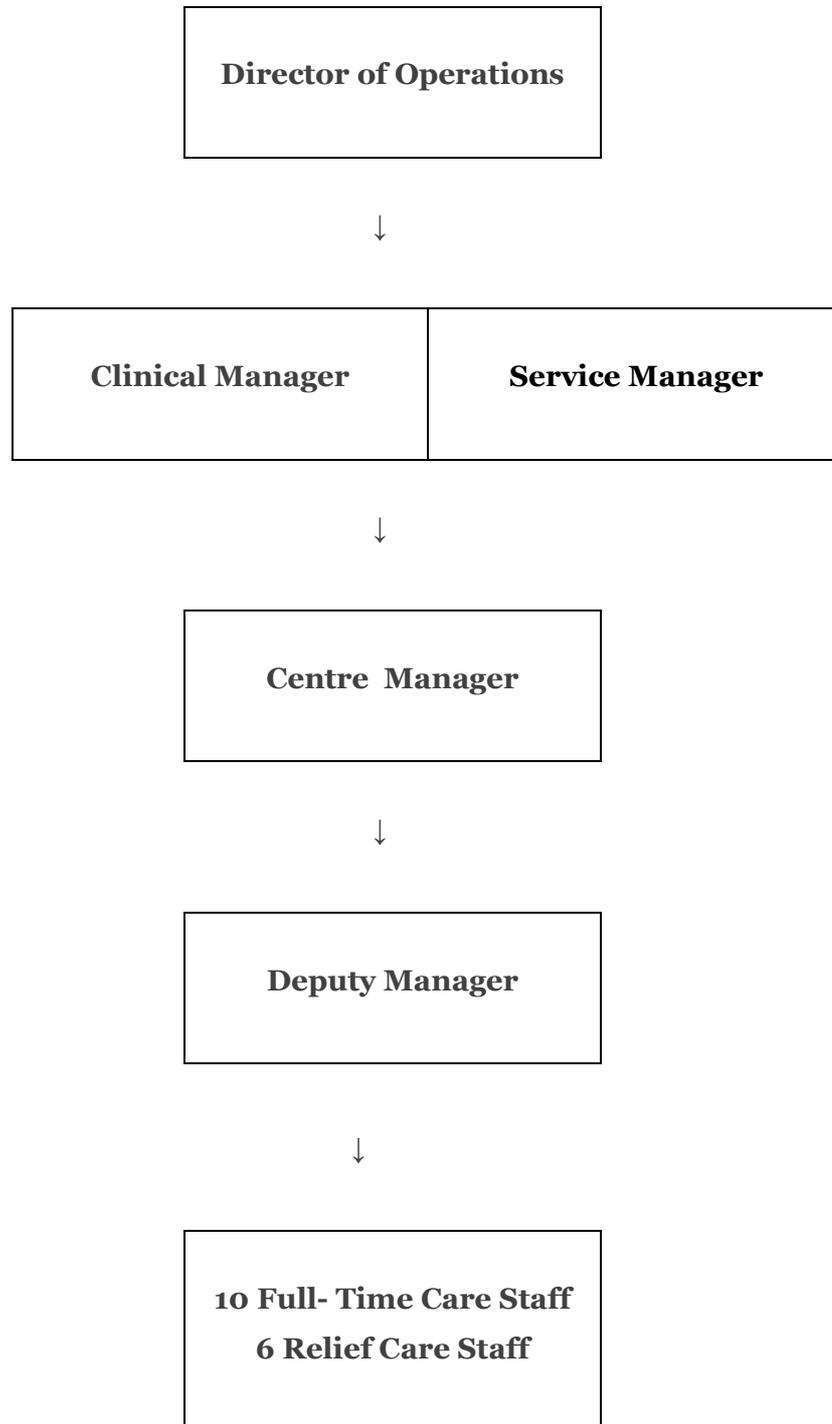
This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This thematic inspection was un-announced and took place over the following dates: 7th – 8th February 2017, and this report is based on a range of inspection techniques including:

- ◆ An examination of the questionnaires completed by:
 - One social worker with responsibility for a young person residing in the centre.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre’s files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) Centre management
 - b) Services manager
 - c) One care staff
 - d) One social worker
- ◆ Observations of care practice routines and the staff/young people’s interactions.

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. They are grateful for the hospitality extended to them and the opportunity to share meals with the young people and staff which afforded them the opportunity to experience at first hand the positive and warm interaction between the management, staff and young people and the quality of the care that was being given in the centre.

1.2 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.

As such this centre remains registered from 8th of April 2017 to the 8th of April 2020

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The centre had a written statement which clearly defined the purpose and function of the centre. It stated that the centre accepts referrals throughout the island of Ireland, North and South; provides residential care for four young people both male and female who are age 13-17 years on admission; and that they will accommodate the referral of sibling groups where appropriate. In exceptional circumstances they will consider children outside this age group. It also stated that they provide medium to long term placements depending on the needs of the young people being placed. The statement clearly listed the key policies in place in the centre.

The centre practice was informed by the organisation's policy and procedure documents which were common to all the centres operated by the organisation. However, it was noted that specific procedures were developed locally to suit the needs of the individual centres and the young people involved. The centre manager reported that all adaptations, modifications and development of the policies and procedures were reported to and overseen and approved by the director of operations. Policies and procedures are reviewed annually. The inspectors found evidence to support this and the last review was completed in September 2016.

The director of operations, in consultation with the managers and staff, review the statement of purpose and function annually or as required to ensure that it remains accurate and up to date. The centre manager reported that while the centre is currently registered to cater for four young people they plan to apply to reduce this to three at the time of their next registration application.

Five young people have been admitted to the centre since October 2014. At the time of this inspection two of these young people had been discharged, both of which were planned discharges, and the other three young people continued to live at the centre. These placements were all in line with the purpose and function of the centre.

The service manager reported that the centre had a young person's welcome booklet. An electronic copy was subsequently forwarded to the inspectors for review and was found to be informative, providing information regarding the service provided, what to expect when living in the centre, access with family and friends, young people's rights, how to make complaints if necessary and, introductions to the various people they will meet and brief explanations of their roles.

Interviews with manager and staff member indicated they had a good knowledge of the content of the statement of purpose and function of the centre and that it was reflected in their practice.

The centre also had a leaflet for parents which outlined the services provided, complaints procedure, the young person's rights and information regarding key-working, child safety and protection and family access. The inspectors found that while, this was an informative leaflet it needs further review to ensure that all documentation regarding the age range and duration of placements offered by the service are consistent with the current statement of purpose and function that was provided to the inspectors during the inspection.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Register

The centre manager maintains a register of admissions to and discharges from the centre. The centre register contained all the required information such as the name of the young people, the allocated social worker and the follow on placement. A copy of the information in the register is forwarded for inclusion in the TUSLA Child and Family Agency National Register.

The inspectors noted from the register that there had been five new admissions since October 2014. There had been two planned discharges and the remaining three young people were the current residents.

3.2.2 Practices that met the required standard in some respect only

Management

The organisational structure of the centre consists of the director of operations, services manager, clinical manager, centre manager, deputy manager, and ten social care workers (one of whom is currently in the post of acting deputy manager while the deputy manager is on maternity leave).

The centre manager is appropriately qualified and has been in post for four years. The centre manager reports to and, is supervised by, the service manager, who in turn reports directly to the director. The centre manager was responsible for overseeing daily practice within the centre. Inspectors found that they had good, evidenced systems of oversight in place including the supervision of staff, presence in the centre from Monday to Friday, attendance at team meetings and shift hand over, interacting with young people regularly, reviewing records in the centre, attendance at statutory review meetings and having oversight of placement plans and the key working role.

From interview with the centre manager and review of the centre records the inspectors found that the manager had a good understanding of the operation of the

centre and the needs of the young people residing there. The inspectors found that the centre manager had good oversight of the centre's records and there was ample evidence of signing and commenting on documentation for 2016 and in daily logs for January 2017. However, the manager's evidencing of their oversight of other documentation had fallen behind in 2017. The inspectors recommended to the manager that they must provide evidence of their oversight of all the documents.

The centre manager was supported in their role by a suitably qualified acting deputy manager who provided administrative support and took responsibility for the running of the centre in the absence of the centre manager. The acting deputy manager was only in post 3 weeks at the time of the audit. The centre manager reported that the acting deputy manager was interviewed for the role and had in excess of three years post qualification experience in residential care. The manager explained that although the organisation had no formal induction for new deputy managers, the current acting deputy manager had received a handover and shadowed her predecessor for three days before taking up post. In their interview the centre manager highlighted that there was no formal training for managers in the organisation and that the strategic plan for 2017 included the development of a framework to formalise induction and mentoring for new deputy managers. Currently the centre manager mentors new managers joining the organisation.

The acting deputy manager worked one sleepover shift and, the remainder of the week worked day shifts to complete administration duties. There was a written job description for the deputy manager's post. The role and responsibilities of the deputy were described clearly and there were assigned tasks listed including acting up for the manager in their absence.

The external management consists of the director of operations/proprietor, service manager and clinical manager. Following a review at the end of 2016 the organisation concluded that the current role of service manager was too broad to provide the level of oversight required for the centres. The service manager reported that the organisation's strategic plan for 2017 was addressing this issue by the creation of a new quality assurance manager position. This was to ensure that the external management could satisfy themselves that appropriate and suitable practices and operational policies are in place. The organisation is currently recruiting a quality assurance manager to join this team.

During the service manager's interview they reported that they currently had responsibility for the external oversight of the day to day work of centre including

care practice, documentation, finance and policies and procedures, while the clinical manager had responsibility for oversight of the clinical team and interventions. The service manager told the inspectors that a new auditing system had been implemented since the last inspection (2015) to assist the service manager with their oversight of the work of the centre. The centre manager completes an audit report each month and submits it to the service manager who reviews it with the manager during their monthly visit to the centre. Having reviewed these reports the inspectors found that they were completed and signed consistently by both the manager and service manager. There was also some evidence noted in the audit report of commentary and follow-up actions required regarding the issues that were identified. However, having reviewed the registers and records in the centre, the inspectors found that there were other issues that should have been identified by management, such as gaps in the registers and incidents that should have been notified but were not. These issues are addressed in more detail later in the report.

The clinical manager provided oversight of the clinical team and clinical interventions in the centre. The clinical team is comprised of a fulltime psychologist, a consultant psychiatrist and the TCI trainers. Through interviews with the managers and staff, and a review of records, the inspectors found that the staff team received clinical support and guidance at every second team meeting which is attended by the clinical team.

In addition to the above, the managers of all the centres meet together with senior management on a monthly basis. These meetings, which the deputy managers attend on a quarterly basis, cover planning, education and training, HR, staffing, recruitment and business issues. They also provide a forum for peer support. The records of the actions agreed at these meetings were made available to the inspectors for review.

The centre policy stated that the director of operations had overall responsibility for service delivery of all the centre's services. The director of operations in conjunction with the clinical manager, services manager and business manager form the 'external management team' who oversee the centre and approve the statement of purpose and function. They ensure that the policies and procedures are fully implemented and support the centre with adequate resources, both in terms of suitable staffing arrangements and material resources. The director of operations is accountable to the directors. They also have responsibility to notify the local or relevant Registration and Inspection Service of any change in the 'person in charge' (*Child Care*

(Placement of Children in Residential Care) Regulations 1995, Article 6). The service manager confirmed this in their interview.

Notification of Significant Events

The centre had a written policy on the notification of significant events. The inspectors found that the policy included provision for a timeframe of up to five days for a written significant event report to be sent to the social worker and other appropriate professionals. This would not be considered prompt notification. From the inspection services ongoing review of significant events notifications the lead inspector for the agency highlighted that they were not satisfied that they were receiving the notifications promptly and had previously addressed this with the organisation. The social worker interviewed stated that they were initially notified of significant events verbally by telephone soon after an incident had taken place and were then provided with a written report at a later stage. They also stated that they were satisfied with the level of information contained in these records.

The centre maintained a register of all significant event notifications. The inspectors found that the register was not up to date as a number of incidents over the past month had not yet been entered. This was highlighted to the manager, and was rectified by the following day. The centre also used this register to record child protection concerns (CPC). It contained little record of any action taken or outcomes recorded which made it difficult to track CPC. This issue is addressed under the section specific to child protection.

From the review of daily logs and other centre records the inspectors found evidence of staff completing significant event reports which contained suitable content. However, the inspectors noted that not all incident reports were signed appropriately by the staff involved. The signing of significant event reports needs to be completed consistently. When cross referencing the records the inspectors established there were incidents that should have been notified as significant events which were not reflected within the significant event notification system. The majority of these involved the impact challenging behaviour was having on others and repeated school refusals. There was also one which involved a complaint that while it was not recorded through the SEN system, the manager provided evidence post inspection that indicated that the relevant parties had been notified. The inspectors discussed this issue with the centre manager and service manager and recommended that they review with the staff the thresholds for reporting significant events.

The centre manager oversees the significant event system in the centre. They review the significant event notifications before they are sent to the relevant professionals to ensure that they are completed appropriately. The manager also oversees the follow-up and actions taken after the incidents have been reported.

Each young person's significant events were reviewed monthly by management, and reports were produced giving a breakdown of the types of incidents, an overview of the significant factors contributing to the incidents, the actions taken by the centre manager, post crisis responses and the outcome from the management's review. Having reviewed a number of these forms the inspectors found that they provided summaries and analysis of incidents and behaviours, and identified possible triggers and supports that appeared to work. They also facilitated tracking of patterns of behaviour, deteriorations or improvements and provided good guidance from management in respect of the work to be completed, actions to be taken and approaches to be used. There was evidence of follow-up actions taken and supports provided for the young people in the post crisis response section. This provided a clear picture of how the incidents were managed and addressed. It also evidenced the clinical support and guidance provided by the clinical team regarding appropriate ways of managing difficult and challenging behaviours.

Staffing

The centre staff team consisted of a centre manager, a deputy manager and ten full-time social care workers, one of whom was currently acting deputy manager while the deputy manager was on maternity leave. There were also six relief staff available to cover annual leave, sick leave and training. The centre manager reported that they were satisfied with this level of staffing and that every effort was made to ensure a staff member at child care leader level was working on each shift. Having reviewed the last six months of staff rotas the inspectors noted there was evidence of an experienced staff member allocated as shift leader on each shift. However, they also noted that the practice of working back to back sleepover shifts had occurred for most staff on a regular basis. The inspectors recommended that the arrangement of rotas must be reviewed to ensure that, in line with best practice, staff members are not rostered for back to back shifts save in exceptional cases of emergencies.

Having reviewed a significant sample of staff files the inspectors found that all but one staff had suitable qualifications. However, their personnel file reflected that this staff member was attending college in order to attain an appropriate qualification. All staff had three written references, one of which was from their most recent

employer, and all of which were verbally verified. All staff had a Garda vetting on file. However, one of these required updating at the time of the audit.

The centre had a written policy for the recruitment of new staff which included a section on induction. It stated that all new staff, on commencement of employment, must participate in an induction process covering areas such as policies, procedures, child protection, safe caring practice, roles and responsibilities. The staff verified in their interview with the inspectors that they had undergone this process on commencement. On examination of the supervision files the inspectors found evidence of the induction process being completed for staff. However, in the case of some staff not all of the elements of induction had been completed up to a month after commencement. The inspectors recommended that all core elements of the induction process must be completed in a timely manner.

The centre manager reported that under the new staff development programme the more experienced staff were being trained to become mentors for new staff during their induction period.

Supervision and support

The centre had a written policy regarding the supervision of care staff which stated they would be supervised at four to six weekly intervals. The centre manager and deputy manager shared responsibility for the supervision of the care staff and were trained in the delivery of supervision. The centre manager reported that they also supervise the deputy manager and read their supervision notes to quality assure the supervision provided by the deputy manager to the staff team. However, at the time of this audit the manager had full responsibility for all supervisions, as the acting deputy manager had not completed supervision training.

Having reviewed a significant sample of the supervision files the inspectors found that supervisions were not always happening within the specified timeframe especially for a number of the relief staff who worked regular shifts and therefore required regular supervision. Centre management must ensure that this is addressed. Overall supervisions were of good quality with a clear focus on the young people and the progression of their placement plans. There was ample evidence of good discussions regarding care of the young people and staff practice. However, while there was some evidence of follow-up between supervisions it was inconsistent. Inspectors also noted that some concerns raised in supervision regarding incidents involving the young people's challenging behaviours were not reflected within the SEN system when cross referenced. This issue of significant events not being notified

was addressed earlier in the report under the section *Notification of Significant Events*.

The majority of files reviewed contained up-to-date signed supervision contracts. A standard format was used for recording supervisions and these were generally signed and dated by both parties.

The service manager who is responsible for the supervision of the centre manager reported that this supervision takes place every month. This was evidenced in the supervision records. There was a standard format used for recording the supervisions which was completed by hand. The inspectors suggested that the service manager should be cognisant of handwritten records as they can be difficult to read at times. From the samples reviewed it was evident that there was consistent feedback and discussion regarding the young people's placements plans and team issues, and sporadic feedback on performance and training issues. Sections covering the review of objectives set at the last supervision and the long term objectives were rarely completed, indicating a poor link between supervisions. The inspectors recommended that the service manager take steps to improve this in future supervisions.

Handover meetings were held at the beginning of each shift. Details of this were recorded in a standard format in the handover book. This was consistently signed by the staff on shift. It displayed evidence of planning, delegation of responsibilities and contact with other professionals. All areas were generally completed. Both management and staff, in their interviews, reported that reflective practice took place between staff following shifts but this was not reflected in any records. The staff member indicated that they found this reflective practice very supportive.

Team meetings took place every two weeks and attendance was compulsory. Every second meeting was attended by the clinical team which included the consultant psychiatrist, psychologist, clinical manager and TCI trainers. One of the inspectors attended one of the clinical meetings and noted that it was well attended with good participation by all in attendance. They observed the staff had a good understanding of all the young people and their emotional needs. They also noted the provision of good leadership and guidance from the centre manager and support and input from the clinical team.

When interviewed the centre manager stated that they felt supported in their role by external management. They said that they, as manager, operated an open door policy

for staff to seek support and guidance when required. The clinical team also provided support to staff through debriefing and making counselling available when required. When interviewed, the staff member spoke about feeling supported by both colleagues and the management. They highlighted the staff team's use of reflective practice which staff engaged in following shifts, saying they found it very helpful to debrief with their colleagues and resolve issues as a team.

From the staff interview and the review of the supervision files the inspectors found that care staff were aware of the support mechanisms provided by the manager and clinical team with regard to stress or injury if required.

Administrative files

As mentioned above the centre manager completes monthly internal audits of documentation, files and records. One such audit identified an issue with staff not consistently signing the daily logs. The manager reported that this had been reported to external management and addressed with the team. Having reviewed the daily logs covering the past six months the inspectors found an improvement in this area as the more recent logs were generally signed, dated and included evidence of oversight by the centre manager. All sections of the daily logs covering areas such as relationships, emotional, health, education were generally completed and facilitated cross reference from the daily log to incidents, clinical supports, access etc.

At the time of this audit the centre was in the process of archiving the care files and the inspectors found that the young people's files were not easy to navigate as a lot of current information had not yet been filed. This made cross-referencing between files difficult. They also noted that some of the young people's profiles contained in their individual files required updating as the information supplied did not correspond with the information provided in other areas of the records. The centre management must ensure that all files are kept up to date and information is filed in a timely manner.

The deputy manager reported that the young people's files are archived monthly and that there are live/active files for each young person. All files are archived and brought to the head office where they are coded and stored in perpetuity in a storage company. At the time of the inspection audit there was a significant amount of documentation prepared for archiving but was awaiting signatures that had not been completed at the time of writing up the records.

The centre manager reported she was satisfied that the financial budget was appropriate for the care of three young people and all finances are overseen by the financial controller.

3.2.3 Practices that did not meet the required standard

Training and development

The centre had a written training and development policy which stated that a training audit would be maintained at the centre. This information would be forwarded to the Human Resource Department, and they, in consultation with the Director of Operations, would prioritise the training requests and compile a training strategy which addresses training needs on an annual basis.

The inspectors reviewed the training records at January 2017 maintained by the manager in the centre. The inspectors found that while all but one staff had received up-to-date child protection training there were significant gaps in first aid training; two staff were recorded as never receiving training in fire safety; a number of staff required refresher training in TCI; one relief had no training listed and there were significant gaps in training in general for relief staff based on the records provided. When the inspectors discussed the training deficits with the service manager he explained that there had been an issue with staff failing to attend training provided. This was currently being addressed by senior management. The records indicated that dates had been arranged for some staff to complete training in the core areas and attendance at this training is mandatory.

Both the service manager and centre manager informed the inspectors that training and development were significant in the strategic plan for 2017. They said it included mandatory training for all staff in the latest innovations in trauma research and attachment-focused strategies with a focus on how to respond to acute situations appropriately and in accordance with the principles of trauma informed care. This training would be provided internally twice a quarter and externally once a quarter.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 6, Paragraph 2, Change of Person in Charge***

-Part III, Article 16, Notification of Significant Events t III, Article 7, Staffing (Numbers, Experience and Qualifications)

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies.***

Required Action

- The service manager and centre manager must provide evidence of their consistent oversight of all centre records to ensure they are appropriately completed, signed and filed in a timely manner.
- The centre manager must ensure that all significant events are recorded, signed and reported to the relevant professionals within two days, and that the centre’s register of the significant notifications is kept up to date.
- Management must review with staff the thresholds for reporting significant events.
- The management must ensure that child care workers are not rostered for back to back shifts save in exceptional cases of emergencies.
- Management must ensure that all staff have up-to-date Garda vetting.
- The centre manager must ensure that all staff receive supervision within the specified timeframes.
- The service manager must ensure that there is a linkage between successive supervision sessions.
- The manager must ensure that all core elements of the process of induction of new staff is completed in a timely manner and that all staff complete and keep up to date their core training.

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 a written policy on safeguarding and safe practice in the centre which emphasised the implementation of appropriate safeguarding measures and the creation of a safe culture. The statement on safe practice referenced a range of other policies and practices within the centre which supported the practice of safeguarding. These policies included complaints, anti-bullying, consultation, lone working and staff recruitment, vetting, supervision and training. The inspectors found through interviews that the centre manager and care staff had an awareness of safeguarding practices. Care staff cited communication between care staff, buzzers on internal doors and external windows, absence and risk management plans and the knowledge of young people's whereabouts in and outside the centre as good safeguarding practices. The young people had access to their social worker and family members in private and had been made aware in key work and one to one sessions of other professional services outside of the centre, such as EPIC, which they can contact if they have any concerns. The manager also reported that staffing levels were adjusted to meet the needs of the young people and the service when required.

3.7.2 Practices that met the required standard in some respect only

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.

The centre had a written policy on child protection consistent with *Children First: National Guidance for the Protection and Welfare of Children, 2011*. Care staff when interviewed, were aware of the child protection policy, and procedures to be implemented in the event of a young person/staff disclosing some form of abuse.

There is a designated child protection officer for the centre. The centre manager reported that all child protection concerns are reported to the social worker with

responsibility for the child concerned. Having reviewed the significant event and child protection notification records the inspectors noted that it wasn't always clear if incidents that would also be considered child protection concerns were notified as such. Some of these included medical interventions for one young person which indicated possible child protection concerns. However, the centre manager reported that these incidents were only reported as significant events as they related to on-going child protection concerns which had been previously reported to the social work department, and safeguarding plans had been discussed and implemented.

Child protection concerns were logged in a register with four separate compartments, one of which was a designated section for child protection concerns. Having reviewed this register the inspectors found that it was not in line with the young people's files, and there were some child protection concerns in the register with no record of progress made or outcome. However, as previously mentioned in this report the centre management reviewed each young person's significant events on a monthly basis and the inspectors noted that this review included child protection concerns. While the report produced following these reviews also evidenced some follow-up action and guidance for staff regarding child protection concerns the inspectors recommended that the centre manager must ensure that all child protection concerns are recorded appropriately which includes keeping record of the outcomes or progress made.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must ensure that all child protection concerns are recorded appropriately which includes keeping record of the outcomes or progress made.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

From the interviews with the centre manager and staff and a review of care files the inspectors noted that each of the young people was in a different situation vis-à-vis their education. One of the young people had been in mainstream education but had a troubled history of non-attendance and had been suspended on a number of occasions and had also been excluded from school. At the time of this audit they were attending an early school leaver's programme it was hoped that they would sit the Junior Cert this June. There was evidence that the school had contacted the centre on a number of occasions regarding this young person's problematic behaviour and that centre staff had attended meetings with the school in an effort to resolve the difficulties. There was no evidence of social work support in this matter. The inspectors noted that there were no significant event notifications regarding the challenging behaviours that had occasioned the meetings between the staff and the school and had also given rise to the young person's suspension and exclusion from school.

The inspectors found from the team meeting records that the staff team had suggested that a case conference be called to discuss future planning for this young person's education with a view to establishing some consistency regarding their schooling. The Garda youth diversion team had suggested that this young person should be placed with an older age group of 16-18 year olds. This group had two female leaders and a male leader was being sought to provide a positive male role model for this young person.

Another young person had not been in formal education for a number of years and nor had they sat any state exams. The centre team were trying to encourage this young person to engage in an external education placement. The inspectors found evidence on file of applications to Youth Reach. In their interviews both the centre manager and staff said that they were not considering home tuition for this young person as it had been assessed as something the young person would be unable to

manage and that they required a more structured environment and interaction with other adults and peers.

The final young person had never been in formal education and was reportedly home schooled by a parent. There was no evidence of this as it had not been registered with the appropriate education board. The manager reported that engaging them in education was a big challenge as the young person was against any conventional schooling and refused home tuition in the centre. Through interviews with management and staff and a review of the files the inspectors found evidence of communication with the Education Welfare Officer (EWO) and enquiries to a number of educational programmes including Henrietta Street School, Scoil Eoin and the Life Centre. The EWO had recommended a new programme being developed in Swords which caters for young people who cannot manage mainstream education. There was evidence of communication and follow-up by the key-worker. At the time of the audit this young person had agreed to attend Irish classes and had engaged with a tutor. The centre arranged for these classes to take place twice a week for one and a half hours in a school setting after hours to introduce the young person to a formal environment. The young person was due to sit her first Irish test the following week. The young person was also completing a work placement in a local horse sanctuary for two days every weekend. They engaged very well in this project and it helped them to develop their social skills and encouraged them to interact with their peers and the sanctuary staff and volunteers.

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

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

None identified

3.9.2 Practices that met the required standard in some respect only

It was policy that all young people would receive a medical examination on admission. In the case of one young person resident at the time of the audit this had not taken place due to their declining the examination. All the young people were registered with a local GP whom they attended when the need arose. All the young people either had a medical card or one was being applied for. Having reviewed the centre records the inspectors found that the individual medical needs of each young person including dental, orthopaedic, sexual health and mental health as well as general medical issues were attended to.

However, the inspectors found a lack of thoroughness in the maintenance of the records of the administration of medication. While there was some evidence of oversight of the records by the manager this would benefit by the annotation of the records to indicate shortcomings that needed to be addressed.

3.9.3 Practices that did not meet the required standard

None identified

3.9.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

Required Action

- The centre manager must ensure that there are clear and comprehensive records of administration of medication for each young person. They must

also provide evidence of their oversight of these records and indicate clearly, in the event of any shortcomings being identified.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

None identified.

3.10.2 Practices that met the required standard in some respect only

Accommodation

The centre was situated in an area that had easy access to public transport, services, shops and other amenities. The house itself was a very large building with a garden area to the front and side. Each young person had a bedroom with en suite facilities and they could lock their bedroom door. There was adequate space in the centre to facilitate access with family members, social workers and others in private. There were two offices one on each floor.

Following an inspection of the premises and grounds the inspectors found the premises to be in poor condition overall. There was a plan in place to move from this house which could have contributed to the deterioration in the maintenance and upkeep in the house. However, the inspectors identified a significant number of issues throughout the house, ranging from general maintenance issues to those which presented serious health and safety concerns requiring immediate attention. The presenting concerns included emergency lighting not functioning; external lights faulty to the front and rear of the house; household appliances (clothes dryer and dishwasher) not working; a substantial hole in ceiling following a leak; window not functioning properly; loose handle on toilet door; large unit not fixed to wall; and items of furniture in poor repair.

The inspectors informed the centre manager during the inspection that the emergency lighting must be repaired immediately. Notification was received by the inspectors to say the repairs to all emergency lighting had been completed the following day.

Maintenance and repairs

The centre had a designated maintenance worker who addressed most of the general maintenance concerns and sought other professionals to complete tasks when required. The inspectors found that the maintenance records were incomplete. The deputy manager reported that the outstanding issues in the records had in fact been resolved. However, this information had not been entered in the records nor was it signed off by the maintenance worker as required.

As mentioned earlier in the report the inspectors noted a number of serious maintenance issues which required immediate action. Some of these constituted a health and safety concern. These specific matters were addressed promptly when their attention was drawn to it.

Safety

The centre had a written health and safety statement which was last reviewed in November 2016 and was signed by all the staff team. The organisation had a qualified and experienced health and safety officer with responsibility for oversight of health and safety matters across the organisation. This person conducted audits of the centre and carried out risk assessments. The centre also had a designated health and safety officer in the centre who was responsible for ensuring that all health and safety and fire safety requirements were complied with as well as identifying training needs for the staff team in this area.

From review of the centre records the inspectors found that the centre staff had carried out regular checks of the First Aid kits for the house and the cars and noted that these were completed systematically and recorded appropriately. The centre had a medicine cabinet in the staff office/sleepover room for controlled medication which was kept locked. They also had a small fridge for storing medication that required cold storage. However, it was reported by staff that while there was no medication requiring cold storage at the time of the audit, the fridge required a replacement electrical cord before it could be used again and that this was reported to maintenance. There was also evidence of night checks being completed regarding young people present, equipment being unplugged, house alarms set and doors locked.

The centre staff also conducted regular checks of the centre cars and kept a written log of these checks. This log was inconsistent as it mileage records and the schedules for servicing were not always completed. It was also unclear to the inspectors

whether the records could be relied upon as there was a lack of evidence of car maintenance issues identified ever being addressed.

Fire Safety

The centre had written evidence that a professional company, ARC Fire, inspected and serviced the portable fire extinguishers annually. The last record of this being completed was the 7th December 2016 and all equipment was deemed fit for purpose and up to standard. During this audit inspectors found that the fire exits were kept clear from obstruction.

Having examined the centre's fire safety records, which were routinely signed by the manager in 2016 but had not yet been signed for January 2017, the inspectors found that the fire safety equipment was checked regularly. Some of these, such as the daily checks of the fire alarm, fire extinguishers and the escape routes were routinely completed. The manager reported that the fire extinguishers were stored in the offices upstairs and downstairs and that this was due to risks associated with challenging behaviour from young people.

Having reviewed the fire logs the inspectors found that the daily checks of the fire alarm, fire extinguishers and escape routes were routinely completed. The weekly checks including fire alarm test, fire doors and emergency lights which had previously been routinely carried out had not been completed since 16/01/17. Inspectors found that a significant number of emergency lights were not in working order. This was brought to the attention of the management who were informed that this posed a very serious risk and required immediate attention. The centre manager promptly made arrangements for the repairs and provided evidence to the inspectors that the repairs were completed the following day.

The inspectors also noted that the centre's fire safety records indicated in November 2016 that the seal on the fire door in the kitchen required repair and that there was no record in the log up to January 2017 of the repair being carried out.

3.10.3 Practices that did not meet the required standard

3.10.4 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 9, Access Arrangements (Privacy)
-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996, -Part III, Article 8, Accommodation***

Required Action

- The centre manager must ensure that all maintenance concerns are promptly attended to.
- The centre manager must ensure that comprehensive maintenance records are maintained which include details of when the maintenance issue was identified, the remedial work that is required and a record of when the work has been completed satisfactorily.
- The centre manager must ensure that the centre cars are checked regularly and that the written log recording these checks is kept accurately and reliably.
- The centre manager must ensure that all fire safety checks are carried out on schedule.
- The centre manager must ensure that all fire doors and fire safety equipment is maintained in good repair and that any deficits identified are attended to promptly and recorded appropriately.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The service manager and centre manager must provide evidence of their consistent oversight of all centre records to ensure they are appropriately completed, signed and filed in a timely manner.</p> <p>The centre manager must ensure that all significant events are recorded, signed and reported to the relevant professionals within two days, and that the centre's register of the significant notifications is kept up to date.</p>	<p>The centre manager accepts not all records for January 2017 had been reviewed, signed and filed at time of inspection on February 7th. All records are now appropriately completed, signed and filed.</p> <p>Fresh Start is currently proposing and seeking agreement with registration and inspection, to report significant events within a three day period of events occurring. This is to allow adequate time for review by management and opportunity for initial outcomes and actions to be documented on the reports.</p> <p>The responsibility for updating the centre's register of significant events was delegated to a specific staff member who completed this task fortnightly, which was subsequently overseen by the centre manager. Following this recommendation this has now been reviewed by centre management and the register will be updated weekly to ensure it contains up to date records.</p>	<p>Centre management and services manager will ensure consistent oversight of all centre records through the use of internal audit tools.</p> <p>Pending agreement, Fresh Start Policies and Procedures for reporting of significant events will be reviewed and amended to reflect this agreement, and significant events will be notified to all relevant parties within the agreed time frame.</p> <p>Centre management will review the register weekly to ensure it contains an accurate and up to date record of all significant events.</p>

	<p>Management must review with staff the thresholds for reporting significant events.</p> <p>The management must ensure that child care workers are not rostered for back to back shifts save in exceptional cases of emergencies.</p> <p>The service manager must ensure that there is a linkage between successive supervision sessions.</p> <p>The centre manager must ensure that all staff receive supervision within the specified timeframes.</p> <p>The management must ensure that the Garda vetting that is outstanding is updated without delay.</p>	<p>Management have discussed at team meetings the threshold for recording and reporting significant events.</p> <p>Back to back shifts are not a requirement or an expectation of the centre. Staff members are afforded opportunity to have input in to their rosters and consideration has been given to individual circumstances. A review of rosters is taking place with senior management in consultation with the team, to ensure robust systems are in place to provide the ongoing delivering of safe care. This will include a review of risk management plans and safeguards to assess if back to back shifts can remain a feature of the roster.</p> <p>The services manager will ensure there is a linkage between successive supervision sessions moving forward.</p> <p>The centre manager will ensure supervision is carried out every 4 to 6 weeks as per policy.</p> <p>This Garda vetting has been received and a copy has been sent to inspection for review.</p>	<p>Through review of centre records, centre management will ensure appropriate recording and reporting of all events.</p> <p>Pending a review with senior management, systems will be implemented to ensure the ongoing delivery of safe care to the young people.</p> <p>The services manager will continue to ensure there are links between supervisions with the centre manager.</p> <p>Supervision will be carried out as per the supervision schedule for the year.</p> <p>Following the recent changes to the renewal of Garda vetting, staff members will be contacted by HR three months in advance of renewal and be instructed to complete the renewal form for Garda vetting and return it immediately for processing.</p>
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	<p>The manager must ensure that all core elements of the process of induction of new staff is completed in a timely manner and that all staff complete and keep up to date their core training.</p>	<p>The centre manager understands this recommendation is in reference to the supervision notes of one particular staff member where the supervisor incorrectly noted the supervisee was scheduled to complete induction training rather than staff development training within the coming months. The supervision notes have been amended by the centre manager to state the supervisee had completed induction training, including shadow shifts along with full introduction to the systems, routines and structures within the unit, and was scheduled to attend staff development training which included elements of core training, not induction training as was originally stated in supervision notes. All new staff members complete induction during shadow shifts under the supervision of a mentor.</p> <p>Centre management accepts there are some gaps in core training and as mentioned at the time of inspection, there is an emphasis on ensuring all mandatory training is completed within the specified time frame moving forward. Please see updated training audit attached which identifies a schedule of training to be completed.</p>	<p>Training records and audits are completed monthly to ensure all staff are scheduled to attend mandatory training prior to the expiration of current training certificates. Centre management takes very seriously the issue of non-attendance at mandatory training and has systems in place to address this issue should it arise.</p>
<p>3.7</p>	<p>The centre manager must ensure that all child protection concerns are recorded appropriately which includes a record of the outcomes or progress made must be kept.</p>	<p>Outcomes and progress made regarding child protection concerns will be documented in the relevant young person's care file and cross referenced in the register. Many of the child protection concerns recorded at the time of inspection were awaiting follow up by the relevant social work department and therefore no outcomes or progress had yet been recorded.</p>	<p>The centre manager will review the child protection register monthly to ensure all child protection concerns are recorded appropriately and outcomes or progress made is recorded.</p>

<p>3.9</p>	<p>The centre manager must ensure that there are clear and comprehensive records of administration of medication for each young person. They must also provide evidence of their oversight of these records and indicate clearly, in the event of any shortcomings being identified.</p>	<p>Each young person has their own medication log which contains details of any medication administered to the young people. The centre manager has reviewed the medication records and has clarified issues where medication was discontinued and subsequently disposed of. The centre manager will continue to evidence oversight following administration of medication and ensure all records are signed by the staff.</p>	<p>Centre management will review medication records monthly or sooner if required, to ensure oversight of medical records is consistently evidenced.</p>
<p>3.10</p>	<p>The centre manager must ensure that all maintenance concerns are promptly attended to.</p> <p>The centre manager must ensure that comprehensive maintenance records are maintained which include details of when the maintenance issue was identified, the remedial work that is required and a record of when the work has been completed satisfactorily.</p> <p>The centre manager must ensure that the centre cars are checked regularly and that the written log recording these checks is kept accurately and reliably.</p>	<p>Defects once identified will be reported to maintenance and arrangements will be made for repair.</p> <p>Following the completion of maintenance work, staff members on duty are required to update the health and safety log to record and detail the repair work which was carried out. The designated person within the unit with responsibility for health and safety is responsible for completing monthly audits for forwarding to the Health and Safety Officer for review of any works required and works completed. Centre management will review the records weekly.</p> <p>The centre cars are scheduled to be checked weekly. Defects are to be documented and any service work required should be arranged when necessary. Having reviewed the logs, management will ensure defects are promptly followed up and repair work is recorded.</p>	<p>Centre management will review the Health and Safety log containing a record of defects daily and ensure these are promptly attended to.</p> <p>Centre management will review the Health and Safety log and ensure the defects log has been updated to include details of the repair work which was carried out.</p> <p>Centre management will review the Health and Safety log weekly to ensure car checks and subsequent records are being accurately and reliably maintained.</p>

	<p>The centre manager must ensure that all fire safety checks are carried out on schedule.</p> <p>The centre manager must ensure that all fire doors and fire safety equipment is maintained in good repair and that any deficits identified are attended to promptly and recorded appropriately.</p>	<p>Fire safety checks are scheduled and should be routinely carried out. Centre management took very seriously the incident of failing to complete checks as per schedule which led to the defective emergency lighting not being documented and reported. These checks have since been consistently and routinely carried out. Centre management will continue to ensure fire safety checks are carried out weekly as per schedule.</p> <p>All fire doors and safety equipment are in good repair and there are no outstanding works in this regard. Centre management notes that works were completed however not logged accordingly; centre management will continue to monitor and ensure all health and safety checks are completed weekly.</p>	<p>Centre management will ensure, through the use of internal audit and governance tools that fire safety checks are routinely carried out and any defects are reported for immediate repair.</p> <p>Centre management will continue to monitor and oversee all health and safety checks, including fire safety as part of weekly audits of centre records.</p>
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