



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 055

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Fresh Start
Registered Capacity:	Four Young People
Type of Inspection:	CAPA Review
Date of inspection:	2nd & 3rd September 2024
Registration Status:	Registered from 05th May 2022 to 05th May 2025
Inspection Team:	Paschal McMahon
Date Report Issued:	18th October 2024

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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.



1.1 Centre Description

This inspection report sets out the findings of a corrective and actions (CAPA) review 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 in 2010. At the time of this CAPA review the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 05th May 2022 to 05th May 2025.

The centre was registered to provide short to medium term care for four young people from age thirteen to seventeen years on admission. The centre's model of care was described as a needs assessment model which draws on a number of therapeutic approaches including the trauma model and attachment theory. At the time of inspection there were three young people living in the centre. The centre was granted derogation to accommodate one of the young people as they were under thirteen years of age on admission.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection in August 2023. For the purposes of this inspection the inspector requested documentation from the centre managers to provide evidence that actions taken in relation to the CAPA had been completed. The Inspector also interviewed the deputy centre manager and the organisations regional manager.

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 management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 26th of September 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have fully implemented the required actions and therefore 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: 055 without attached conditions from the 05th May 2022 to 05th May 2025 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Issue Requiring Action:

- The registered provider must ensure that the centres policy in relation to the escalation of care plans is adhered to when care planning is not in line with regulatory requirements.
- The acting centre manager must ensure that one young person's placement plan is reviewed to ensure a greater focus on concerns relating to the young person's phone use, safety issues in relation to online behaviour and the length of time the young person spends in their room.
- The acting centre manager must ensure one young person's risk assessments are reviewed in consultation with the relevant social work department to include more robust control measures relating to access to a mobile phone and online activity to safeguard this young person.
- The acting centre manager must ensure that that young people are given opportunities to have an input into their placement plans.

Corrective Actions:

- With immediate effect, the centre manager will ensure that where by care planning is not adhered to in line with regulatory requirements, this is escalated to the relevant social work department and ACIMS derogation officer where appropriate. The centre manager will communicate any concern to regional management.
- The centre manager has furnished the young person's social work team and Guardian Ad Litem with a copy of the young person's current placement plan and has invited them to have a meeting in relation to this, or review for input. This will occur on or before 31st October 2023.
- The centre manager has provided the young person's social work team and Guardian Ad Litem with a copy of the risk assessments in relation to access to

a mobile phone and has invited them to have a meeting in relation to this, or review for input. This will occur on or before 31st October 2023. Centre management will ensure that risk assessments are reviewed and updated as required and shared with the young person's social worker.

- The centre manager will ensure that the young person's key workers, will complete a key working session with each young person around their placement plans and personal goals pertaining to their care. This will be completed by 31st October 2023 and will occur on a monthly basis.

Review Findings:

The inspector found that the three young people in placement had up to date care plans on file at the time of the CAPA review. With the exception of one young person's monthly child in care review, which was cancelled at short notice by the social work department due to unforeseen circumstances, care plan reviews had occurred within the required statutory timeframes based on information provided to the inspector. The regional manager informed the inspector that they reviewed care plans on a monthly basis and this was confirmed by the deputy centre manager. While there was no requirement for the centre to implement its care plan escalation policy, the inspector viewed evidence of the centre management following up with social work departments via email after care plan reviews requesting copies of updated care plans.

The inspector was satisfied that appropriate actions were taken in response to issues identified in one young person's placement plan relating to the young person's phone use, safety issues in relation to online behaviour and the length of time the young person spent in their room. The inspector viewed individual work carried out with the young person in relation to encouraging them to spend less time in their room, engaging with other residents and keeping themselves safe online. This included the young person completing an online safety course with staff.

The inspector viewed risk assessments developed by the centre following the inspection in regard to one young person's access to a mobile phone and online activity. There was evidence that these risk assessments had been reviewed as requested by inspectors with the relevant social work department. The inspector was satisfied that regular meetings had taken place with the young person's social worker and other professionals to review these concerns and to review the young person's overall progress in their placement.

The inspector reviewed the young people's placement plans to assess the level of young people's input. While the placement plans were of a good standard, the inspector found that there was no record of young people's participation in the placement plan process. The placement plan template in use had a section to record if the young person was involved in the placement planning process which was not completed on the placement plans presented to the inspector. The centres corrective action was for the key workers to complete monthly key working sessions with the young people to gain their input into their placement plans but did this not occur.

The centre managers informed the inspector in interview that young people's input is gained on a daily basis in discussions with the team and in house meetings as efforts to engage the young people in discussions around their placement plans was not always successful. In addition, regular key working sessions were undertaken with the young people where the goals of placement plans were discussed with the young people. The inspector viewed a sample of these key work sessions and was satisfied that efforts had been made to engage the young people in the placement planning process. The centre should ensure that the young person's input is recorded on the placement plan template going forward.

Overall, the inspector was satisfied that the corrective actions were implemented as outlined in the CAPA.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.2
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

Regulation 10

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Issue Requiring Action:

- The acting centre manager must maintain a list of young people's medications that are taken as needed (PRN) and ensure this is updated as required by the young people's G.P.s.
- The acting centre manager must ensure that a record is maintained in relation to the disposal of all medicines in accordance with centre policy.

Corrective Actions:

- The centre manager will speak to each young person's GP and ensure that the list relating to all current PRN medications is updated and reflects the medication used by the young person. To be completed by 31st October 2023.
- The centre manager spoke with the pharmacy on 26th October 2023 and has identified a conflict between the centre policy and the pharmacy's own policy. With immediate effect, the centre manager will ensure that the staff team maintain an appropriate record of all medication disposed using a standardised form. This record will be held on the young person's care file.

Review Findings:

The inspector was satisfied that the centre had taken appropriate measures in response to the action to maintain a list of young people's medications that are taken as needed (PRN). Following the inspection the centre contacted each young person's GP to obtain a list of permitted PRN medications. The inspector viewed the correspondence on file from each young person's G.P. which outlined this information.

The centre forwarded the inspector a sample of "Medication Returned to the Pharmacy" forms to evidence that the centre maintained a record in relation to the disposal of all medicines on each person's care file in accordance with centre policy.

Copies of weekly medication audits were also sent to the inspector to evidence the centre managers oversight of all young people's medication.

Overall, the inspector was satisfied that the corrective actions were implemented as outlined in the CAPA.

Compliance with Regulation	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
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

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Issue Requiring Action:

- The registered provider must ensure that the centre has sufficient numbers of staff to meet the young people's needs and to fulfil the roster in operation to comply with the alternative care minimum staffing requirements and the centres statement of purpose.
- The registered provider must ensure that the centre has access to a panel of relief staff to provide cover for annual leave, sick leave, and contingency cover for emergencies.
- The registered provider must ensure that a training analysis is conducted to identify specific training needs for the team in relation to the current young people.

Corrective Actions:

- The registered provider will continue to actively recruit for the centre to ensure sufficient staff numbers are in place. As of, 26.09.23 three full time social care workers have signed contracts. Further interviews scheduled for staff in this centre.
- The registered provider will continue to actively recruit for a relief panel to provide cover as required. As of, 28.09.23, one of the relief staff referenced in the main body of the report became available to the centre.
- The centre manager and regional manager. Are currently conducting a training needs analysis with the care team. To be completed by 31st October 2023.

Review Findings:

The inspector reviewed staffing levels in the centre to ascertain if the centre had met the requirement to ensure there were sufficient numbers of staff to meet the young people's needs and to fulfil the roster in operation. Since the inspection in August 2023, the centre manager and three full time staff had left their posts which resulted in staff shortages. A new centre manager was subsequently appointed in August 2024. A review of centre rosters in 2024 showed that there was a high reliance on relief and agency staff to provide cover and fill gaps in the roster. At the time of the CAPA review the centre had 7.6 care staff which was marginally below the required minimum standard of eight staff as set out in the ACIMS Regulatory Notice - Minimal Staffing Level & Qualifications CRC Settings, June 2023. The inspector was informed in interviews with centre management that one agency staff member had been offered a full time position and another staff member was in the process of onboarding.

The centre had recruited four relief staff members since the inspection, two of whom have since left the service. At the time of the CAPA review the centre had two relief staff to provide cover for annual leave, sick leave, and contingency cover for emergencies. Another individual was engaged in the recruitment process for a third relief post. The centre had also made efforts to recruit a number of agency staff who worked in the centre in a relief and full time capacity. There was evidence that workplace planning was occurring and there was ongoing recruitment for relief and full time staff.

The inspector found that a training analysis was completed in October 2023. There was evidence that there was some specific training provided for the team in relation to meeting the needs of the current young people by the centre management, an external trainer, and the organisations clinical team. As was the case in the previous inspection there was limited additional training completed by the team, the majority of which was completed online. One of the issues identified by staff in the previous inspection was the fact that a lot of staff training took place at the organisation's headquarters which involved a lot of travel for staff. The centre managers stated that this had been reviewed and most training was now taking place locally and staff are paid to attend.

Overall, the inspector was satisfied that the corrective actions were implemented as outlined in the CAPA.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1
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