



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: 2020



Inspection Report

Year:	2020
Name of Organisation:	Fresh Start
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	09th and 10th of March 2020
Registration Status:	Registered from 05th May 2019 to 05th May 2022
Inspection Team:	Paschal McMahon Joanne Cogley
Date Report Issued:	9th June 2020

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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 Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in 2010. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from the 05th May 2019 to 05th May 2022.

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

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 16th of April 2020. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 12th May 2020. After further communication with the centre manager in respect of the CAPA, it was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 055 without attached conditions from the 05th May 2019 to 05th May 2022 pursuant to Part VIII, 1991 Child Care Act.

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3. Inspection Findings

Regulation 5 Practices and Operational Policies

Regulation 8 Accommodation

Regulation 13 Fire Precautions

Regulation 14 Safety Precautions

Regulation 17 Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

Inspectors found that the centre's admission policy and procedure took account of the rights of children and relevant regulations, legislation and standards. The centre's purpose and function was to provide short to medium term care for four young people of both genders from age thirteen to seventeen years on admission. Referrals are reviewed initially by the organisation's clinical manager and operations manager and possible suitable referrals are forwarded to the centre manager for consideration. Referrals are considered on the basis of a risk assessment on the young person being referred, an impact risk assessment on the current residents and an opinion on whether the centre would be able to offer a safe and positive experience to the young person. From a review of care files, it was evident that the four young people in placement were admitted in line with the centre's statement of purpose. Inspectors noted pre admission and impact risk assessments on file and these were adequate to cover presenting risks. Allocated social workers interviewed confirmed that they were consulted and their views considered in relation to proposed new admissions.

Prior to admission a plan is developed between the centre manager and the social worker for the most appropriate admission arrangements. During a planned admission a young person, their family (where appropriate) and the placing social worker all receive a copy of the centre's statement of purpose and function. The centre had a young person's booklet which sets out what they can expect once placed in the centre. Inspectors found evidence of transition plans, consultation with social workers, staff and young people in relation to new admissions. Most of young people told inspectors that they had visited the centre a number of times and met with the staff and other young people prior to their admission.

The centre requests an up to date and detailed assessment of the young person's care needs as outlined in the care plan during the admissions stage. Following on from this the organisation's clinical team conduct a needs assessment during the first eight week of a young person's placement which informs the placement plan. All four young people had up-to-date care plans in place at the time of inspection. The managers, staff and social workers interviewed expressed the view that the young people were appropriately placed. The inspectors found that the young people were suitably placed and had made good progress to date in their respective placements.

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

Inspectors found copies of up to date care plans on file for all four young people in placement and evidence of reviews occurring within statutory timeframes. Two of the young people were nearing eighteen and their plans included aftercare planning. Young people in interview told inspectors that they attended their reviews when they wished to do so. On occasions when they chose not to attend they usually completed a young person's review form and the manager and staff advocated on their behalf.

Inspectors found up to date placement plans on file for each young person with evidence that these were regularly reviewed and evaluated. Each young person confirmed to inspectors that they were aware of their placement plan and were provided with opportunities to have their voice heard. Inspectors reviewed the placement plans on file and found them to set out clear goals in line with their care plans. There was good evidence on file of key workers working with the young people to meet the goals in their placement plans. Inspectors found identified external supports for each young person where required and these were appropriate. In addition, the organisation had a clinical team in place to support the centre which included a clinical manager, assistant psychologist, therapeutic crisis intervention trainers and a consultant psychiatrist. These professionals provided clinical guidance and support to the centre focussing on a number of areas such as placement planning and key working as well as working directly with the young people. Inspectors reviewed care files, social work questionnaires and spoke with the management and staff in the centre and found there to be effective communication between all parties.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was located in a detached house in a rural location with a large spacious garden. The centre was in good structural repair and the layout and design of the centre was suitable for providing safe and effective care for the four residents. The centre itself was spacious, clean and tastefully decorated with young people's art works and photographs on display throughout the premises. Each young person had their own bedroom with an en suite bathroom and suitable storage space for their belongings. There was adequate space for indoor and outdoor recreational activities. The centre was adequately lit, heated and ventilated. Young people interviewed by inspectors said they liked the accommodation and said that it was a nice place to live.

The manager provided proof of centre compliance with building regulations, fire safety, and health and safety legislation. The centre manager was the designated person with responsibility for fire safety within the centre. The centre had systems in place for detecting, containing and extinguishing fires, and for the maintenance of fire fighting equipment. There was evidence of daily and weekly fire checks being conducted by staff along with regular fire drills. There were contracts in place with external fire companies for the maintenance of fire equipment and emergency lighting and evidence on file that they had been checked regularly.

Inspectors found there were procedures in place for managing risks to the health and safety of staff, young people and visitors. The centre had a health and safety statement with an effective means for reporting hazards in the centre. The company employs a health and safety manager who reviews health and safety matters. Monthly health and safety checklists were completed by the manager and health and safety issues were reported to senior management. Inspectors found that accidents were recorded and documented in young people's records. There were two new vehicles on site used to transport the young people which were taxed and insured.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Inspectors found all young people had an up to date care record that was stored securely. The care files contained copies of the young person's birth certificate, care order, social history and other relevant information specified in the regulations.

Inspectors found that overall the centre files were up-to-date and well organised with good systems in place. Records were stored in a manner that maintained appropriate levels of privacy and confidentiality about the young people's circumstances. The inspectors found that records were signed by centre management and the quality and practice manager conducted audits providing evidence of external oversight. All centre records were kept in perpetuity and were archived in appropriate storage facilities in the organisation's head office.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

Inspectors found from interviews and a review of records that there was good evidence of interagency cooperation between the centre, social departments, and aftercare professionals. At the time of inspection there were two young people in placement who were reaching the age of leaving care and they had allocated aftercare workers. Inspectors found evidence on file to demonstrate collaboration between the centre manager, social workers and aftercare workers to meet the needs of the young people. Both aftercare workers had met with the young people regularly and had attended their most recent care reviews. Care plan minutes on file showed that aftercare plans were being developed and follow on placement options were being explored. The inspectors found that the staff recognised the value of family contact and worked as closely with families as possible involving them in the young people's plans. The two young people told the inspectors that they were happy with the direction their aftercare plans were going and of the level of consultation regarding their plans.

Young people who spoke with inspectors said that feedback in relation to their care experience is given at house meetings and on an on-going basis in discussions with their keyworkers and management. The organisation has recently developed exit forms for young people to gain feedback on their experience of the service and to inform improvements in the quality of care provided. However, there were no completed forms for review as there had been no discharges from the centre since the last inspection. The centre manager stated that end of placement reports are completed and relevant information transferred when young people are discharged and moving to another service.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Inspectors found evidence of young people being involved in the decision making process in relation to their future plans. Two of the young people were aged seventeen and inspectors were informed that an assessment of need was being undertaken for both young people by an aftercare worker. While meetings had occurred in relation to the development of aftercare plans, these had not yet been developed by the aftercare worker and shared with the centre. As one of the young people was six months from reaching their eighteenth birthday the aftercare worker must ensure that the assessment of need is completed without delay and a written aftercare plan is provided to the centre in accordance with the Tusla National Aftercare Policy, 2017. Young people in interview said they had met with their aftercare worker to discuss and put plans in place for aftercare. Young people's parents were also consulted where appropriate.

Inspectors found evidence of discussions with young people around aftercare planning and independent living through key working records. Young people confirmed that work was completed with them in relation to budgeting skills, cooking skills, accessing educational placements and using public transport to prepare them for independent living. While it was evident from speaking with the young people that staff were working with them to prepare them for independent living, there was limited written evidence to support this. The centre management should design an independent living skills programme for the young people identifying key tasks, actions and skills required to support the young person in a successful transition to adulthood and also monitor and track the progression of these skills.

Centre management stated that young people will be offered copies of birth cert, medical records and education records upon discharge in line with the new National Standards for Children's Residential Centres, 2018 (HIQA). Inspectors were informed that a representative from the children's advocacy group EPIC had visited the centre and given guidance to the young people on ensuring they receive copies of important documents prior to their discharge.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.1 Standard 2.2 Standard 2.3 Standard 2.4 Standard 2.5
Practices met the required standard in some respects only	Standard 2.6
Practices did not meet the required standard	None identified

Actions required

- The Tusla aftercare worker must ensure that an assessment of need is completed for one of the young people without delay and a written aftercare plan is provided to the centre in accordance with the Tusla National Aftercare Policy, 2017.
- The centre manager must design an independent living skills programme for the young people identifying key tasks, actions and skills required to support a young person in a successful transition to adulthood and also monitor and track the progression of these skills.

Regulations 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.

Inspectors did not see evidence of effective workforce planning in place in the centre. At the time of inspection there were insufficient numbers of contracted full time staff to meet the centres statement of purpose and the minimum required numbers of staffing. The centre had a core permanent team of a manager, deputy manager and

seven care staff, not all of whom worked full time hours. The deputy manager also worked five shifts a month on the centre rota in addition to their managerial responsibilities. This level of staffing did not meet the requirement for the centre to have a minimum of eight staff (whole time equivalent) at all times as set out by the Alternative Care Inspection and Monitoring Service to comply with the Child Care (Standards in Residential Care) Regulations, 1996 and the National Standards for Children’s Residential Centres, 2018 (HIQA). The centre management informed inspectors that a plan was in place to employ two of their current relief staff members in a permanent capacity to meet the required whole time equivalent criteria. The centre had access to a relief panel but had limited capacity to cover all forms of leave. Centre management must ensure that there are there are adequate numbers of full time and relief staff employed in the centre with regard to the numbers and needs of the children and to cover all forms of leave.

The staff employed in the centre had the necessary competencies with a good mix of age and experience to meet the needs of the young people. The staff were long-serving and had worked together as a team over a considerable period of time. All young people that spoke to inspectors and in their questionnaires were satisfied that they were well cared for and spoke positively about the staff team.

Staff retention in the centre was excellent. The manager and seven of the staff team had between three and eighteen years’ experience working with the organisation which provided the young people with a high level of stability. The centre had an on call policy in place to assist staff in dealing with any crisis or emergencies when the manager was absent from the centre.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

Staff recruitment was in line with relevant Irish and European legislation. The organisation had a comprehensive staffing, recruitment and selection policy and a human resources department to assist with staff recruitment. Following an application process suitable candidates are formally interviewed by a three person panel consisting of the centre manager, deputy manager and the organisations operations manager. Staff members confirmed they received job descriptions and contracts prior to taking up their posts. Inspectors reviewed a sample of staff personnel files and found them to be stored securely in line with regulatory requirements. Inspectors noted that some references did not contain signatures or

accompanying emails to confirm who had sent them. Centre management must ensure that all employee references contain signatures or accompanying emails confirming the identity of the referee.

Inspectors were satisfied that the organisation recruits and retains staff with the necessary qualities, skills and competence. There was a strong effective management team in place and a staff team with a mix of qualifications including social science, psychology and social care. The majority of the team had many years of experience and had a good track record of working effectively with the young people in their care.

The centre manager was a suitably qualified person with extensive work experience in residential care. The manager has been in the current position for five years. They had worked with the organisation for over sixteen years spending seven years as a services manager.

There was a written professional code of conduct that outlined the conduct that is expected from employees to ensure a high level of care and protection of young people within the organisation. Inspectors found that staff were aware of this code of conduct in interview.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspectors found that staff interviewed understood their roles and responsibilities and were aware of reporting lines. There was both a manager and a deputy manager in post at this centre. An operations manager provided line management oversight and supervision. Staff member's roles and performance were reviewed on an on-going basis by the centre managers and in staff supervision. Staff interviewed were aware of the centre's policies and procedures to guide their practice.

The managers told inspectors that the team worked well together, were supportive of each other, and could effectively exercise their professional judgement to provide care to the young people and there was evidence of this on centre records.

The centre had a number of policies and procedures in place to protect staff and minimise the risk to their safety including a policy on responding to assaults on staff, a supervision and support policy and a whistleblowing policy. Staff were trained in

behaviour management and there were individual and environmental risk assessments in place in an effort to ensure staff safety.

There was evidence from interviews and questionnaires of a culture of learning and development. The team had considerable amount of experience of working with young people and a diverse range of talents which benefited new team members. There was evidence in records of staff learning and adapting their approaches to how they worked with the young people. Reflective practice was also evident at the end of each shift when staff members completed a reflective practice form to review how the shift went and to identify any learning outcomes.

There was evidence of effective communication in relation to the supporting and caring for the young people through a number of forums including daily handovers and team meetings. Team meetings took place every two weeks and attendance was compulsory. Inspectors found that the minutes of team meetings on file varied in quality. While it was clear that the meetings were focussed on the young people's needs, some minutes recorded an in-depth record of discussion while others recorded only bullet points. The minutes viewed also did not record a review of the previous meeting minutes at the start of meetings and did not include action plans and the assignment of responsibilities to a named person. The centre management must ensure that the recording of team meeting minutes is reviewed and improved.

Every second team meeting was attended by members of the organisations clinical team which included a consultant psychiatrist, assistant psychologist, clinical manager and the organisation's behaviour management trainer. The clinical team provided support on placement planning and clinical issues and provided advice and support to staff members on their interventions and the work to be carried out with the young people. The minutes of these meetings evidenced clear outcomes planned interventions and identified the persons responsible for their implementation.

The centre had a supervision policy which stated that individual supervision is provided once every six weeks for all full time staff. Supervision was provided by the manager and deputy manager, both of whom had received supervision training. The operations manager visited the centre once a month, met with the centre manager and deputy manager and provided supervision to the centre manager. The inspectors examined a sample of staff supervision files and observed that signed supervision contracts were in place and that overall supervision had taken place at regular intervals in line with the organisation's policy. Inspectors noted that there was a link between supervision and the implementation of the young people's placement plans.

Other areas addressed in supervision included training, key working and feedback on staff member's performance.

At the time of inspection, inspectors were provided with evidence that a formal staff appraisal system was being implemented by the company. Staff Appraisals will be completed with each staff member annually

Inspectors found that there were a number of internal systems to support staff in managing the impact of working in the centre. The centre had a debriefing policy to minimise any of the effects they may suffer as a result of involvement in serious incidents. The debriefing service can be availed of by an individual or group of staff following a serious incident. The centre management also reviewed incidents in team meetings and in staff supervision to assist and support the staff in dealing with the stresses of work effectively and to reflect on their practise. The centre's assistant psychologist and consultant psychiatrist could also be made available to support staff. Staff in interview confirmed that debriefing took place following serious incidents and were satisfied with the level of support they received.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Training for staff was organised centrally by the organisation and the centre had a yearly planned training schedule. The training schedule was viewed by inspectors and showed evidence that staff training needs were being monitored and it included planned refresher training as required for staff members whose training was due to expire. At the time of inspection there were two relief staff that did not have all the required mandatory core training. Inspectors found evidence on the training schedule that this training was scheduled in the coming weeks.

The staff training records showed that in the six months prior to inspection the staff team had received training in first aid, staff development training, mentor training, manual handling, child protection, fire safety and behaviour management. Additional training and workshops were provided by the organisations assistant psychologist and clinical manager which included training on self-harm and addiction. There was also evidence of evidence in staff supervision records of training needs being identified and followed up on by managers. Staff that were interviewed confirmed that they were supported to attend training and education appropriate to their roles.

The centre had a formal induction process. All staff in the centre receive induction training on commencement of employment which includes being shadowed by an experienced staff member for some shifts. There was written evidence of induction on files and staff members interviewed as part of the inspection process confirmed they had received both an organisational and house specific induction. They all stated that they found the induction, helpful, informative and that it assisted them in preparing them for their work.

Records of staff training were maintained on personnel files. The inspectors reviewed a sample of personnel files for staff who had been employed since the previous inspection and noted that not all files did not all contain training certificates. Staff training records must be updated where training certificates are not on file.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 6.2 Standard 6.3 Standard 6.4
Practices did not meet the required standard	Standard 6.1

Actions required

- The registered provider must ensure that there are there are adequate numbers of full time and relief staff employed in the centre with regard to the numbers and needs of the children and to cover all forms of leave.
- The registered provider must ensure that all employee references contain signatures or accompanying emails confirming the identity of the referee.
- The centre manager must ensure that the recording of team meeting minutes is reviewed and improved.
- The registered proprietor must ensure that two relief staff receive the required mandatory core training.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The Tusla aftercare worker must ensure that an assessment of need is completed for one of the young people without delay and a written aftercare plan is provided to the centre in accordance with the Tusla National Aftercare Policy, 2017.</p> <p>The centre manager must design an independent living skills programme for the young people identifying key tasks, actions and skills required to support a young person in a successful transition to adulthood and also monitor and track the progression of these skills.</p>	<p>The Tusla aftercare worker completed the assessment of need and a written aftercare plan was provided to the centre.</p> <p>Completed on the 16/03/20.</p>	<p>The Independent Living Skills programme will be implemented for any young person in the centre going forward.</p>
6	<p>The registered provider must ensure that there are there are adequate numbers of full time and relief staff</p>	<p>At the time of the inspection, two relief staff were in the process of being offered fulltime contracts. The centre now has a</p>	<p>The registered provider along with the centre manager will monitor the staffing requirements in the centre to ensure that</p>

	<p>employed in the centre with regard to the numbers and needs of the children and to cover all forms of leave.</p> <p>The registered provider must ensure that all employee references contain signatures or accompanying emails confirming the identity of the referee.</p> <p>The centre manager must ensure that the recording of team meeting minutes is reviewed and improved.</p> <p>The registered proprietor must ensure that two relief staff receive the required mandatory core training.</p>	<p>staff team complement of sixteen including seven relief staff.</p> <p>The registered provider will ensure that all employee references contain signatures or accompanying emails confirming the identity of the referee.</p> <p>The centre manager will endeavour to continually improve the standards of the team meeting minutes.</p> <p>The two relief staff are scheduled to complete their TCI training once current restrictions in place due to COVID 19 are lifted.</p>	<p>there are adequate numbers employed.</p> <p>This will be overseen and monitored by the Operations Manager for the service.</p> <p>The team meeting minutes will be regularly reviewed by the centre management and the Quality Assurance & Practice Manager.</p> <p>All mandatory training required is scheduled and reviewed by centre management and the senior management team.</p>
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