



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: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Fresh Start</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>01<sup>st</sup>, 02<sup>nd</sup>, &amp; 03<sup>rd</sup> March 2021</b>
<b>Registration Status:</b>	<b>Registered from 05<sup>th</sup> May 2019 to 05<sup>th</sup> May 2022</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> May 2021</b>

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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 two of the cycle. The centre was registered without attached conditions from the 05<sup>th</sup> May 2019 to 05<sup>th</sup> 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 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, with a fourth being admitted on the day of inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1, 1.2, 1.3, 1.4, 1.5, 1.6

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 on the 29<sup>th</sup> March 2021 and to the relevant social work departments on the 29<sup>th</sup> March 2021. 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 21<sup>st</sup> April 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

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

### 3. Inspection Findings

**Regulation 7: Staffing**

**Regulation 9: Access Arrangements**

**Regulation 11: Religion**

**Regulation 12: Provision of Food and Cooking Facilities**

**Regulation 16: Notification of Significant Events**

**Theme 1: Child-centred Care and Support**

**Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.**

Inspectors found that staff members were aware and cognisant of promoting and protecting the rights of young people in the centre. Inspectors spoke with two social workers, guardians ad litem for two young people and a parent for one young person who all confirmed they were satisfied the rights of their allocated young people were supported, protected and promoted. Inspectors reviewed the welcome booklet that was provided to young people upon admission and this included details on the rights of young people. Inspectors spoke with two young people in placement who demonstrated an awareness of their rights.

Social workers and Guardians ad litem that were interviewed confirmed that there was a culture of respect towards young people in the centre. One young person was from a different cultural background and significant work was being completed with them to support their culture and heritage. Staff members were supporting them in learning their native language, watching films with them in their native language, cooking food from their native country and had sourced a local shop from their cultural background that the young person was encouraged to buy weekly food items from. Inspectors spoke with this young person's parent and they were satisfied that their culture and heritage was being supported and respected within the centre. Young people in the centre were also afforded the opportunity to attend places of worship in line with current public health guidelines and inspectors found one young person had attended religious services online in recent times.

Inspectors reviewed centre menu plans and found there to be diverse choices on the menu. Where a young person didn't like the choice for that day there was evidence of



alternative options being available to them. Young people were actively involved in weekly menu planning and a record of menu planning was kept on file.

**Standard 1.2 Each child's dignity and privacy is respected and promoted.**

Inspectors spoke with social workers, Guardians ad litem, parents and staff during the course of inspection and all confirmed that the dignity and privacy of each young person was respected. Written information provided to young people on admission included the right to privacy and the right to feel safe and respected. The young people that spoke to inspectors were satisfied that their privacy was respected. Each young person had their own bedroom and private bathroom and there was adequate space and communal areas within the centre for individual privacy. They had the facilities to store their own personal belongings safely and also could meet with family members and professionals in private. One parent informed inspectors they had provided the centre with family memorabilia and this was all stored safely for the young person.

Young people were afforded the opportunity to spend time by themselves when deemed appropriate, this was facilitated through free time and also within the house itself. Inspectors found no limits on privacy during the course of this inspection. Inspectors saw from two recent discharges that the centre promoted the compilation of memory books and memory boxes to give to young people when they leave care. Evidence of this was demonstrated through team meeting discussions in preparation for these two young people leaving care.

Inspectors found from a review of the centre's welcome booklet that this detailed about the storing and sharing of young people's information. However, when inspectors met with two young people in the centre they did not demonstrate any awareness of who their personal information is shared with and the reasons for this being shared. Guardians ad litem that were interviewed were also not confident that their allocated young people were aware of this and acknowledged it needed to be discussed. There was also limited written evidence to show this had been discussed and the centre manager must ensure this is revisited with all young people in the centre.

**Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

Inspectors spoke with young people who confirmed they were encouraged and supported to exercise choice and participate in decisions made about their care. Young people where possible attended their child in care review meetings. There was evidence on file to show that one young person was supported to attend their review meeting and encouraged to express their views and provided with coping strategies to maintain their composure throughout the meeting. Another young person who spoke with inspectors stated they do not attend their review meetings. They confirmed they were invited but chose not to attend. They stated they trusted their keyworker to advocate on their behalf and they discussed what issues they wanted addressed and received feedback after the meetings.

House meetings occurred every Sunday evening, followed by a team meeting every fortnight. There was a section on the team meeting to discuss any issues that had arisen in the house meetings and for decisions to be made on this and then fed back to the young people. Inspectors found that house meetings, while occurring consistently, engagement was on an individual basis and sporadic and recorded discussions were mostly in relation to material items young people wanted. In line with the National Standards, house meetings should be used more as a forum to facilitate young people to express their views and opinions in order to inform policies, practices, and the daily running of the centre. Where possible, and should group dynamics allow, they should be community based as opposed to individual. It was noted that the centre had made attempts to be more creative in the facilitation of these meetings through more informal means to ensure it was a community discussion and this should be harnessed moving forward with the new admissions and changes in group dynamics.

Each young person in placement was allocated two keyworkers. Young people stated that they were happy with both of their allocated keyworkers and had trust in them. Staff members and young people interviewed stated that young people did not have an input into choosing their keyworkers. The centre manager must ensure where possible young people's input is sought in advance of a keyworker being assigned. It was however evident through interview with the centre manager and staff members that consideration was given to identifying staff members who had developed good relationships with the young people when appointing keyworkers.

One young person informed inspectors they were made aware of their right to access their own records when they were first admitted however they had never been offered their records since then. They had requested a copy of records the week prior to inspection. The centre manager and guardian ad litem confirmed preparatory work was being done with the young person prior to them receiving the requested documents. The centre had a policy on access to information, they had also detailed the right to access information in the welcome booklet and also had a form that was completed upon admission with the young people in relation to accessing records. Inspectors did not find any evidence to show this had been revisited with young people through key working or house meetings to remind them of their rights and there was no formal process for offering young people files. The centre manager must ensure that access to information by young people is actively and consistently promoted and evidence young people being offered access to their records.

There was evidence that management and staff actively promoted advocacy services available to the young people. The centre had developed links with EPIC (Empowering Young People in Care) and staff identified an EPIC worker who was in regular contact and available to the young people in the centre. There were EPIC posters on display in the kitchen area with contact details. Young people confirmed they were aware of, and understood the role of advocacy services. One young person was sitting on the panel of a Youth Advocacy Group as part of the Ombudsman for Children office and all three young people in placement had appointed guardians ad litem.

**Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.**

There was evidence from placement plan and care plan meeting minutes that information was communicated to young people in an age appropriate manner. All young people were invited to attend and participate in their care plan review meetings. Care plans documented the reasons for placement and this was communicated to young people at the review meetings.

Where possible the centre would complete an initial centre visit prior to admission to ensure the young person and their parents gain as much information about the centre as possible. During the Covid-19 pandemic the centre had been creative in ensuring these visits were completed virtually through video calls. One parent also confirmed they were part of this process and received information on the centre in advance. On admission young people were provided with information on the centre in the form of

a welcome booklet which included rules and expectations and also outlined young people's rights and responsibilities. Staff members interviewed stated that each young person was also provided with a copy of the children's version of the National Standards for Children's Residential Centres, 2018 (HIQA), however young people interviewed could not confirm this. The centre manager must ensure that the National Standards for Children's Residential Centres 2018 (HIQA) are provided to all young people and explained and documented through their written records.

**Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.**

Inspectors found that staff and management within the centre recognised and promoted the important role that families and communities played in young people's lives and this view was supported by social workers and Guardians ad litem. There was evidence of weekly, sometimes daily contact with parents in order to provide regular updates on young people's progress, plans and routines. There was evidence in contact reports of staff providing significant emotional support to family members. One parent confirmed to inspectors that they were happy they were kept informed and that their access with their child was fully facilitated and supported by the centre. They stated they were always welcome at the centre and they were integral to the planning of their child's birthday party in the centre recently. This parent also confirmed they did not attend important meetings such as medical and school appointments. This was due to travel distance but confirmed they were fully informed of outcomes by the centre manager and if they had an issue with outcomes or recommendations they would raise these with the centre manager at the time. This parent did attend child in care reviews.

Given the current covid-19 public health guidelines at the time of inspection, the centre was not facilitating face-to-face access visits however they were being creative in facilitating virtual video calls. Young people confirmed to inspectors that pre-Covid, they were facilitated in having family and friends visit the centre should they wish. The centre also valued the importance of sibling contact and promoted and facilitated this in line with care plans, where possible. An admission occurred on the day of inspection and this was a sibling of a recently discharged young person. It was felt the centre could continue to support the family and had previously built up links with the family and their community to ensure continuity of care. Inspectors found evidence that the centre maintained community links for the young people. One

young person was continuing to play sport with their community club and another young person was engaged in horse riding and equine therapy within the community.

Inspectors found each young person had access to a telephone and appropriate media. The centre had two living room areas, each equipped with televisions and access to online streaming services. The centre did not provide WIFI to young people, they used their own mobile phone data for internet usage and this was funded by the centre. In one instance this data usage was being monitored by the social worker and the centre manager to ensure it didn't impact on access to online education during the on-going pandemic.

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

Young people that spoke with inspectors were satisfied that they were consulted and their views were taken into account in relation to their daily plans. Staff interviews and team meetings highlighted that there was evidence of a culture of openness and transparency within the centre.

There was a complaints policy in place which was consistent with the relevant legislation and regulations. The policy and process was outlined in the welcome booklet for young people and parents. Staff and young people were not familiar with the policy in place at the time of inspection. Staff members and young people interviewed solely identified Tusla "Tell Us" as the main mechanism for dealing with complaints within the centre. Management interviewed detailed a process for dealing with informal and formal complaints. Inspectors noted that this terminology was outdated and all expressions of dissatisfaction should be recorded as a complaint. The centre's policy did not differentiate between formal and informal complaints. The operations manager and centre manager must ensure all staff have the knowledge to implement the centres complaints policy.

Young people in interview confirmed they knew how to complain and one young person stated where they weren't happy with the response on one occasion they escalated it to their social worker and they came to visit them to discuss it and the matter was resolved. From speaking with one parent it was evident they were also aware of who they could complain to within the centre. The centre maintained a register of complaints. This detailed the complaint, outcome etc however complaint records viewed by inspectors did not record whether or not the young person was satisfied with the outcome of the complaint and this should be amended.

Inspectors did not note a mechanism for young people to provide feedback on the complaints procedure nor a mechanism for regularly reviewing its effectiveness. From a review of team meeting and management meetings, there was no evidence to suggest that complaints were being reviewed or discussed for learning. The centre manager and operations manager must ensure mechanisms are implemented for reviewing complaints, seeking feedback from young people on the process and the effectiveness of the complaints procedure. There was very low level of complaints recorded in the centre, specifically with a gap of no complaints over a seven-month period. The centre manager and operations manager both identified this and stated it had been reviewed by senior management and was determined it was down to the young people in placement at the time. Social workers and Guardians ad litem all confirmed they were satisfied that young people were aware of how to complain.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.1 Standard 1.5</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 1.2 Standard 1.3 Standard 1.4 Standard 1.6</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The centre manager must ensure the purpose for sharing young person information is revisited with all young people in the centre.
- The centre manager must ensure that the National Standards for Children’s Residential Centres, 2018 (HIQA) are provided to all young people and explained and documented through key working documentation.
- The centre manager must ensure house meetings give more of a forum for young people to express their views and opinions in order to inform policies,

practices, and the daily running of the centre and where possible be carried out as a community exercise.

- The centre manager must ensure where possible young people's input is sought in advance of a keyworker being assigned.
- The centre manager must ensure that access to information by young people is actively and consistently promoted and evidence young people being offered access to their records.
- The centre manager must ensure the complaints register records whether or not the young person is satisfied with the outcome.
- The operations manager and centre manager must ensure all management and staff have the knowledge to implement the centres complaints policy.
- The operations manager and centre manager must ensure mechanisms are implemented for reviewing complaints, seeking feedback from young people on the effectiveness of the complaints procedure.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure the purpose for sharing young person information is revisited with all young people in the centre.</p> <p>The centre manager must ensure that the National Standards for Children's Residential Centres 2018 (HIQA) are provided to all young people and explained and documented through keyworking documentation.</p> <p>The centre manager must ensure house meetings give more of a forum for young people to express their views and opinions in order to inform policies,</p>	<p>The centre manager will ensure the purpose for sharing young person's information is revisited with all young people. In place from April 30<sup>th</sup></p> <p>A copy of The National Standards for Children's Residential Centres 2018 (HIQA) will be included in the welcome pack for every new admission. The National Standards will be revisited with each young person through Key working sessions throughout the year. In place from April 30<sup>th</sup> 2021.</p> <p>The forum for House Meetings is community based and is encouraged and promoted by the care team. Immediate and ongoing.</p>	<p>This process will be monitored by the House Manager through key working planning meetings and professional supervision.</p> <p>The children's version of National Standards for Children's Residential Centres 2018 (HIQA) has been added to the Key worker check list to ensure it is a live and active document for review with the young people in the centre. This will be monitored by centre management and senior management.</p> <p>All House Meeting are reviewed at each Team Meeting and the centre Manager will monitor these to ensure that the House meetings continue to be more forum based.</p>



	<p>practices, and the daily running of the centre and where possible be carried out as a community exercise.</p> <p>The centre manager must ensure where possible young people's input is sought in advance of a keyworker being assigned.</p> <p>The centre manager must ensure that access to information by young people is actively and consistently promoted and evidence young people being offered access to their records.</p> <p>The centre manager must ensure the complaints register records whether or not the young person is satisfied with the outcome.</p>	<p>Where possible the centre manager will ensure y/p's input is sought in advance of a key worker being assigned. Immediate and ongoing.</p> <p>The centre has an existing policy that ensures every young people is informed of their right to access information. This process will be reviewed with the young people bi-annually with their key workers. Immediate and ongoing.</p> <p>This action has completed by the Centre Manager and will be included in all complaint outcomes in the future. Immediate and ongoing.</p>	<p>Prior to assigning Keyworkers the views of the Young Person will be taken into consideration by the Centre Manager.</p> <p>The review date for discussing the young person's access to information has now been added to the Keyworker checklist and will be overseen by centre management.</p> <p>The complaint register has been amended and will be reviewed by the Centre Manager and Senior Management on an ongoing basis.</p>
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	<p>The operations manager and centre manager must ensure all staff have the knowledge to implement the centres complaints policy.</p> <p>The operations manager and centre manager must ensure mechanisms are implemented for reviewing complaints, seeking feedback from young people on the effectiveness of the complaint's procedure.</p>	<p>Fresh Starts complaints policy has been reviewed with care team in Supervision in April 2021 and will also be discussed at the Team Meeting on the 4<sup>th</sup> of May 2021.</p> <p>The Operations Manager and the Centre Manager will ensure mechanisms are implemented for reviewing complains, seeking feedback from young people on the effectiveness of the complaint's procedure, this will be evidenced in the centre records. Immediate and ongoing.</p>	<p>Centre Management and Senior Management will maintain oversight of all complaints to ensure the effectiveness of this procedure.</p>
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