



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 022**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Fresh Start Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced inspection</b>
<b>Date of inspection:</b>	<b>15<sup>th</sup> February 2023</b>
<b>Registration Status:</b>	<b>Registered from 06<sup>th</sup> October 2023 to 06<sup>th</sup> October 2026</b>
<b>Inspection Team:</b>	<b>Janice Ryan Ciara Nangle</b>
<b>Date Report Issued:</b>	<b>15<sup>th</sup> August 2023</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 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.

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 on the 06<sup>th</sup> October 2014. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 06<sup>th</sup> October 2023 to the 06<sup>th</sup> October 2026.

The centre was registered as a multi-occupancy service to accommodate four young people from the ages of thirteen to seventeen on admission. The model of care was described as a needs-led therapeutic model for children and young people with a history of trauma, separation, and loss. There was a sibling group of two young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.2

This inspection activity was conducted as a result of an escalation sent by the National Private Placement Team to ACIMS in relation to an incident which had taken place in the centre over a five day period. The focus was to determine whether the centre had followed the correct procedures in managing this situation, that all child protection concerns had been notified and that the appropriate risks assessments, action plans and strategies to manage this situation were employed. It was also important to determine that appropriate supports were provided to the centre to assist them to manage this situation and that a critical incident review had taken place to identify any learning from this incident.

This was a blended inspection which consisted of interviews, a desktop review of documents and an onsite review of care records for all young people including a wide range of centre records relevant to placement planning, clinical supports, key working, risk management and professional meetings.

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. Where possible they conducted interviews with the relevant persons including senior. Wherever

possible, inspectors will consult with children and parents. In addition, 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 16<sup>th</sup> March 2023 and to the relevant social work departments on the same date. 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 06<sup>th</sup> April 2023 and again the 08<sup>th</sup> May 2023. 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:022 without attached conditions from the 06<sup>th</sup> October 2023 to the 06<sup>th</sup> October 2026 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Regulation 6: Person in Charge

#### Theme 5: Leadership, Governance and Management

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

The inspectors reviewed a range of documentation in relation to this incident which included significant events, strategy meetings, daily records, management meetings and team meeting. From a review of these documents the inspectors found that there was a lack of leadership evidenced in the oversight and management of this incident. The inspectors reviewed the significant event and found that staff were managing the incident to the best of their ability. In reviewing care records the inspectors ascertained that an incident of a similar nature had occurred in the centre two weeks prior to this incident. Inspectors could not evidence that learning from this previous incident had improved practice responses to manage the current situation.

The organisation had clearly defined governance structures in place which were appropriate to the size and function of the organisation. The inspectors found that although there were clearly defined governance arrangements in place, the responses provided during the second incident were not robust enough to support the staff given the severity of the situation. Although there were external factors such as a lack of support and response from the Gardaí which limited the centre's capacity to fully respond to the incident, the inspectors did not see evidence of the on-call management support or senior management making any attempts or giving any direction to influence these external factors to support the centre. The lack of external support had also presented as an issue in the previous incident.

On review of one young person's care records the inspectors did not see evidence of the known risk their siblings coming to the centre uninvited being identified or addressed through the Individual Crisis Support Plan (ICSP), Care Guidance or risk assessments. They found that this document had been signed and reviewed by the key worker, clinicians, and management. However, these parties failed to identify this known issue as a risk.

Additionally, when inspectors reviewed the risk register for the centre they found that the risk assessment ratings were not aligned to the current risk management framework. The centre was utilising two different risk rating matrixes to risk rate the centre and organisational risks and young people's risks. The inspectors noted that this was a similar finding in a previous inspection and was still not rectified.

Furthermore, the inspectors found that there were no risk assessments completed on the impact that this incident or the previous incident had on staff, for example waking nights/driving after waking nights and there was no evidence of suggestions to find additional staff members to complete live night shifts to help mitigate the ongoing risk over this five day period.

The inspectors observed from a review of the two significant incidents that the centre had failed to report all child protection and welfare concerns that arose through the course of these incidents. The inspectors found that child protection concerns for one young person resident in the other centre had been reported appropriately. However, a number of child protection referrals had not been completed for the resident of this centre and improvement is required in this regard.

The inspectors reviewed documentation in relation to a previous incident that had happened in the centre. The inspectors found that there was a lack of oversight and a review of the previous incident had not taken place and if it had, it may have resulted in further learning for the staff team or management to manage this situation when it occurred. Whilst completing this onsite inspection the inspectors found that the centre had yet to hold a serious incident review of this incident, and this must be completed as a matter of priority.

The inspectors reviewed the centre's on call records and found that all relevant management layers were informed of the ongoing situation in the centre. They found that the responses recorded from the on call person lacked guidance and direction as this incident could not be managed within the remit of the normal behaviour management systems as it was more complex. Senior management were also aware of the seriousness of the events however, their responses recorded in the on call log was also not proportionate or detailed enough to support the staff team manage the situation. The inspectors found that the on call needed to provide more appropriate guidance and direction due to the severity of the incident which involved three centres in the organisation.

On review of the centre's team meeting minutes, the inspectors found that support was offered in a limited capacity around terms of employment, however learning from these incidences was not identified or documented. The social care manager was on a period of leave from the centre for one month and although there was a delegation of tasks in place, the inspectors found that there was little evidence of guidance from senior management to identify learning and more positive ways of working to support the staff and management should this situation develop again.

Subsequent to the second incident the inspectors noted that numerous multidisciplinary meetings had occurred to discuss the ongoing dynamic within this sibling group however, while some actions had been agreed the inspectors found they were not robust enough to support staff in practice should the situation arise again.

Overall, the inspectors found that during these incidents the centre was managing a very complex sibling dynamic, however they found that the leadership and input from external management was not robust enough to support the staff team to manage this volatile situation which was sustained over a five day period.

The lack of response from external and centre management to complete a serious review of the first incident resulted in deficits not being addressed or actions being identified should the situation arise again.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None Identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The registered provider must ensure a comprehensive review takes place of the two serious incidents to include deficits highlighted during this inspection.

- The registered provider and centre manager must ensure that a clear guidance plan is put in place with the appropriate guidance for all houses to manage this sibling dynamic should the situation arise in the future.
- The registered provider and centre manager must review all associated incidences to ensure that all relevant child protection and welfare concerns have been reported correctly.
- The registered provider must ensure that actions identified in previous inspection reports are actioned in a timely manner and applied in practice.
- The registered provider must ensure that the policies in place for the notification, review and management of significant events are followed and reviewed in line with best practice for example the on-call policy, significant event policy and risk assessment and management policy.
- The registered provider and centre manager must ensure that all staff and management are trained in same.
- The registered provider and centre manager must review all identified risks and ensures these are categorised and rated correctly.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The registered provider must ensure a comprehensive review takes place of the two serious incidents to include deficits highlighted during this inspection.</p> <p>The registered provider and centre manager must ensure that a clear guidance plan is put in place with the appropriate guidance for all houses to manage this sibling dynamic should the situation arise in the future.</p> <p>The registered provider and centre manager must review all associated incidences to ensure that all relevant child protection and welfare concerns have been reported correctly.</p>	<p>The registered provider will ensure a comprehensive review of the two serious incidents takes place by April 21<sup>st</sup>, 2023.</p> <p>A clear guidance plan has been put in place with appropriate guidance for all centres to manage the sibling dynamic should the situation arise in the future. Completed on the 17.04.23.</p> <p>The centre manager has reviewed all associated incidences to ensure all relevant child protection and welfare concerns have been reported correctly. This will be included in the comprehensive review process. Completed on the April 17th 2023.</p>	<p>Similar incidents of this nature will be routinely reviewed by centre management and senior management within a two week timeframe moving forward.</p> <p>The guidance plan will be reviewed by centre management and senior management regularly as circumstances change, to ensure the guidance remains current and relevant to situations as they arise.</p> <p>The centre manager as DLP for the centre will ensure that all relevant child protection and welfare concerns are appropriately identified and reported.</p>

	<p>The registered provider must ensure that actions identified in previous inspection reports are actioned in a timely manner and applied in practice.</p>	<p>The registered provider will ensure that actions identified in previous inspection reports are actioned in a timely manner and apply in practice. A revised risk register is now implemented since 01/04/23 following review in consultation with a health and safety consultant.</p>	<p>Centre management and senior management will ensure that actions identified through the inspection process are implemented and monitored via the centre's auditing procedures.</p>
	<p>The registered provider must ensure that the policies in place for the notification, review and management of significant events are followed and reviewed in line with best practice for example the on-call policy, significant event policy and risk assessment and management policy.</p>	<p>The registered provider and centre manager will ensure all staff are appropriately trained with regard to all policies and procedures. Review and discussion of policy changes has taken place on two occasions at team meetings in the past four months. The on-call policy, significant event policy, and risk assessment and management policy will be reviewed with the staff team in the next staff team meeting. Completed on April 18<sup>th</sup> 2023.</p>	<p>The centre manager will continue to ensure staff remain current in their knowledge and application of all relevant policies which will be routinely refreshed through staff team meetings and supervision.</p>
	<p>The registered provider and centre manager must ensure that all staff and management are trained in same.</p>		
	<p>The registered provider and centre manager must review all identified risks</p>	<p>The risk register and risk assessments have been reviewed and updated and</p>	<p>The centre manager and senior management team will continue to review</p>

	and ensures these are categorised and rated correctly.	implemented since April 1 <sup>st</sup> , 2023, following consultation with a health and safety consultant.	all risks on a monthly basis to ensure they are categorised and rated correctly.
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