



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 099

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Fresh Start Ltd
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	28th, 29th & 30th June 2022
Registration Status:	Registered from 20th September 2022 to 20th September 2025
Inspection Team:	Sinead Tierney Paschal McMahon
Date Report Issued:	19th September 2022

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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 20th of September 2013. 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 the 20th of September 2019 to the 20th of September 2022.

The centre was registered to provide care for three young people of both genders from age eight to twelve years on admission on a medium to long term basis. Their model of care was described as providing a safe, nurturing and caring environment to help bring stability to the lives of young people through having clearly defined expectations and boundaries that are responsive to the needs of young people. There were 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
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 18th of July 2022. 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 28th of July 2022. 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: 099 without attached conditions from the 20th of September 2022 to the 20th of September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

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 personal development.

At the time of inspection, two young people were living in the centre and had been for over one year. Just prior to the inspection and based on an agreed safety plan due to instances of bullying, the young people were separated, with one remaining in the centre and the other availing of respite within the organisation. Inspectors met with the young person who remained in the centre. They spoke of liking living in the centre but that it had been hard when both children were together. They took immense pride in showing their personalized bedroom and felt supported by the care team. Parents for both children, social workers and Guardians ad Litem (GAL) were interviewed by inspectors and their feedback was incorporated throughout this report.

The two children in placement were both aged under 12. There was evidence that monthly statutory child in care reviews (CICR) took place in compliance with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*. The children had up to date care plans on file and these were found to be comprehensive and an accurate reflection of their current circumstances. The young people were invited and supported to attend their reviews and provided with opportunities to have their voices heard. Parents of the children were involved in care planning and the centre prepared placement reports that informed the review. Outside of scheduled CICR meetings, professional and strategy meetings were held to discuss the need for the safety plan. Further, for one young person a series of assessments that would inform future therapeutic care planning were also discussed. From interviews with parents, social workers and GAL's, it was felt that in general the bullying behaviour was responded to appropriately, however one interviewee felt the team struggled to manage one young person's behaviour and the impact of the bullying on the other child was noticeable. The young person's social work department felt their needs may require an alternative residential setting, however that decision would be informed by ongoing assessments.

Based on interviews between the inspectors and the parents of the children it was clear that they held the care team in high regard and re-counted positive experiences and interactions.

Members of the centre's care team and management interviewed as part of the inspection process were found to have a good understanding of the needs of both young people and the plans in place. The development of placement plans involved all team members and the organisation's clinical team. Placement plans reviewed were individualised, well written and provided an accurate picture of the young people's needs with tangible, age-appropriate goals in place. There was clear oversight and input of the plans by the organisation's clinical team that included a psychologist. Social workers and GAL's interviewed confirmed that they attended multi-disciplinary team (MDT) meetings as part of the centre's governance structures at which placement planning was discussed. Placement plans were also evaluated at MDT meetings and inspectors found these evaluations to be outcome focused.

Placement planning was supported by other documents including an individual crisis support plan (ISCP) and absence management plans. ICSPs were found to be an accurate reflection on the current needs and behaviours of the young people with clinical interventions named. Whilst ICSPs were discussed at monthly MDT meeting, it is recommended that given the complexities of one young person's needs, they are reviewed at fortnightly team meetings and at handovers to ensure all staff remain up to date and adhere to the agreed interventions. Physical restraints were required with one young person and a sample of post crisis reviews with team members involved demonstrated good reflection and learning from the restraints. The social worker for this young person confirmed they undertook a review of all restraints and was satisfied of the appropriateness and necessity of these. Inspectors found reference in centre records to team members feeling '*burnt out*' in managing this young person's behaviours. Management involved in reviews including the behaviour management instructor and the clinical support representative should be advised of this so that further reviews of restraints and significant events consider burn out as a possible factor.

In meeting the goals of placement plans, inspectors found good evidence of work undertaken in many areas of young people lives. This included relationships with family, bullying behaviours, hygiene, health, diet and empathy. One parent spoke of the progress their child had made in particular with school and that a clear plan was in place. One young person had missed a significant amount of school and a referral to the educational welfare team was submitted. There were trauma-based issues for

one young person that their GAL felt resulted in them seeking an increased level of control of situations. It is important that the team remain cognisant of this and consistent with boundaries as reference to inconsistency in practice was referenced in records reviewed.

One young person was referred to a dietician and plans were in place to support a healthy balanced diet. However, inspectors found that their weekly food diary was incomplete and advised the centre manager to address this with all team members to ensure that an overview was accurately maintained. Outside of this, there was good evidence of management promoting a culture of responsibility and accountability with a key working checklist and schedule in place. On review of the schedule, where work was not completed it was recorded as “young person did not engage”. It may be beneficial for team members to provide some insight or rationale as to why the young person did not partake in order to build on their understanding of what works and does not work for the young person.

The inspection highlighted that the organisations’ clinical team played a key role in supporting the team and in turn the young people. Their specialism was evident across of range of records and both staff, social workers, and GAL’s acknowledged their contributions. One young person was in the process of participating in several assessments while on respite and the social work department were awaiting the outcome of these assessments to inform the direction of their care. Specialist supports were in place for the other young person including speech and language therapy and they were awaiting an occupational therapy appointment.

Overall, a partnership approach was in place with key people involved in the children’s lives. Communication was regular with social workers and particular efforts in place from the team to build and maintain relationships with families. Although the needs of the young people culminated in them living separately and for one young person may be beyond what the centre can provide, inspectors found that care and support provided was in line with their assessed needs.

Compliance with Regulation	
Regulation met	Regulation 5
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

Actions required

- None required

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 centre had a new manager and person in charge since January 2022. Inspectors found they had made good progress in supporting a new team to form following an unsettled period at the end of last year. Staff interviewed and a review of supervision records showed that the team felt listened to and a culture of support and accountability was developing.

The manager was supported with their leadership responsibilities by a deputy manager and an appropriate delegation record was in place. During conversation with inspectors, the deputy demonstrated a good understanding of the young people's needs and dynamics within the team. They worked 30 hours per week and completed three sleep over shifts per month. Although no social care leader posts formed part of the internal management team, inspectors found that the current arrangement was working effectively, however requires monitoring by senior management to ensure it remains responsive.

The centre manager reported to an external executive management team that included the operations manager and the quality assurance and practice manager. Key management functions were split between the executive team and the inspectors found that this did not allow for a clear reporting relationship as in practice the centre manager reported to two individuals. At the time of inspection inspectors were informed that the organisation was embarking on a structural change with the appointment of two new regional manager posts. In this proposed new structure, the centre manager would report directly to a regional manager who in turn would report to the executive team.

Despite the split reporting structure, inspectors found that good communication and governance arrangements were in place. A sample of monthly internal governance audits, actions from management and senior management meetings, three external thematic audits completed in 2022 and a post crisis reviews evidenced ongoing oversight by internal management and external management.

The internal monthly governance audit was completed by the centre manager in a timely manner as required. It provided an overview of many areas related to the centre's operation. Inspectors found that some data was not accurate within the audits and advised the centre manager in relation to this. Actions from management and senior management meetings covered a wide range of discussions including workforce development initiatives, policy updates, risk management, auditing, clinical support, and governance.

The quality assurance and practice manager (QA & PM) had conducted three thematic audits of the centre's compliance with the National Standards for Children's Residential Centres, 2018 (HIQA). These were found to be detailed with action plans fully completed. Oversight of the young people's care records was also evident by the QA & PM. A sample of post crisis reviews attended by the clinical manager and the behaviour management instructor showed a good level of insight and learning from significant events. There was a focus on reducing risk and increasing safety in line with the goals of the behaviour management system. Value was also placed on attempting life space interviews with young people to support them with learning following significant events.

A risk management framework was in place that included a corporate risk register, centre register and range of risk assessment relevant to the care of young people. Training for managers in maintaining the centre risk register was planned for July.

Inspectors found that the identification and assessments of risks required strengthening. For example, whilst a child protection and welfare referral notification was submitted and an urgent appointment with CAMHS sought following threats of self-injury and suicide from a young person, there was no risk assessment in place that identified measures that would minimise the likelihood or impact of such risks. Similarly, lone working was in place with one young person as will be discussed in standard 6.1, yet no risk assessment was completed in line with the centre's policy. Restrictive practices that were in place had been assessed, however the inspectors suggest that the recording template be updated to include agreement with social workers. Both young people had a restrictive practice in place for over one year due to threats made from one to child to the other. The GAL for one young person informed inspectors they only recently became aware it was in place, and had they known, they would have escalated their concerns regarding both young people living together sooner. The procedure was removed for one young person the week prior to the inspection as the young people had been separated, however remained in place for the other young person. Where restrictive procedure is required, the least restrictive procedure must be used for the shortest duration necessary. Therefore, the centre manager must review the restrictive practice in place and assess its necessity based on the current risk to the safety and welfare of the young person and of others.

Since the last inspection in 2021, work had been undertaken to strengthen the organisations policies and procedures including behaviour management, online safety, complaints, and intimate care. The full suite of updated policies was disseminated to the centre in June 2022 with the team informed in meetings and supervision to read them. Whilst the inspection team understand that the dynamics within the centre required high supervision levels and may have lessened the team's availability to complete administrative tasks, there was no evidence they had read the new policies. The staff interviewed had not read the new policies and the copy within the centre had no sign off sheet, thus providing no evidence that anyone of the team had read them. Given that the majority of the team are new to the centre, the expectation of them reading policies when time allows or as a solo exercise during induction is not robust enough. The centre manager must ensure that an implementation plan is developed that creates space for meaningful discussion of policies and procedures.

Overall, inspectors found that whilst some practices required strengthening the leadership and management arrangements in place created the conditions for child-centred care and support.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that all risks relating to the safe care of young people are assessed, recorded and actions taken to address the risk.
- The centre manager must review the restrictive practice in place and assess its necessity based on the current risk to the safety and welfare of the young person and of others.
- The centre manager must ensure that an implementation plan is developed that creates space for meaningful discussion of policies and procedures.

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.

In providing young people with effective care and support, inspectors found evidence of workforce planning in relation to staff development, an updated induction policy and procedure, a new regional management structure and ongoing attempts to recruit new staff members when required. The centre had arrangements in place to promote staff retention.

These included access to counselling support, training and debriefing and others subject to terms and conditions such as maternity benefit and income protection.

A staff survey was underway at the time of inspection that aimed to explore staff members experiences of working in the organisation with a view to informing future retention practices. A policy led on-call system that included procedures for on-call at evenings and weekends was in place.

The centre and the young people had experienced a high turnover of staff, with seven team members commencing since November 2021. The main impact of this, was that a consistent team had not been available to young people. Both young people were resident for over one year and had experienced significant staff changes. From a review of the rosters, inspectors found that 37 different staff had worked with the young people in the six-month period from January to June 2022. Whilst this had improved in recent months, with staff taking up vacant posts, it is imperative that the team are now bedded down given that the centre's model of care is based on relationships with young people. Inspectors noted that there was no evidence that staff from other centres who were covering shifts during staff shortages had read and signed key documents that informed them on how to support and engage the young people. The registered provider must ensure that every effort is made to maintain a consistent team in the centre and the use of staff from other centres is kept to a minimum. The centre manager must ensure that as part of shift planning, non-core team members read ICSP's and the 'client profile' document to ensure appropriate interactions and use of agreed techniques.

As mentioned previously, the two young people were living separately in order to keep them safe. This arrangement required the manager to organise the team and roster so that both young people were supervised and cared for appropriately. The centre had 8.8 whole time equivalent staff and were compliant with the minimum staffing numbers required. The centre manager informed inspectors that lone working was in place for one young person during the weekends for a period of 6.5 hours and during the weekdays, the managers presence was considered as the second staff member. This arrangement had been in place for one week with a view to continuing it for a number of further weeks as the separate living arrangements continued. The social worker was not aware of this arrangement, and it had not been risk assessed.

The registered provider was informed that in order to ensure adequate safeguarding, two team members must be rostered at all times.

The centre manager subsequently provided a new roster to the inspectors that named two staff at all times for both young people. The centre manager must ensure that a minimum of double cover is maintained at all times.

Whilst the centre had experienced a period of instability in early 2022 due to staff changes; parents, social workers and GAL's spoke positively of the care provided. The centre had strengthened their induction process with the introduction of a mentor for new staff and a corporate and centre induction. Personnel files reviewed had the required documents such as garda vetting, references, and copies of qualifications. Supervision records demonstrated that the centre manager and staff discussed a range of issues and staff reported feeling listened to and supported.

Records evidenced that mandatory training such as child protection, first aid, fire safety and the centre's behaviour management system had been completed for the majority of the team. Scheduled dates were in place for those who had not yet completed some training. The fire safety training did not include a practical demonstration of safety equipment. The operations manager informed inspectors that this was currently underway throughout the organisation. The centre manager must ensure that this takes place for all staff in the centre as soon as possible.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that every effort is made to maintain a consistent team in the centre and the use of staff from other centres is kept to a minimum.
- The centre manager must ensure that as part of shift planning, non-core team members read individual crisis support plans and the 'client profile' documents to ensure appropriate interactions and use of agreed techniques.
- The centre manager must ensure that a minimum of double cover is maintained at all times.

- The centre manager must ensure that the practical demonstration of fire safety equipment is undertaken for all team members as soon as possible.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The centre manager must ensure that all risks relating to the safe care of young people are assessed, recorded and actions taken to address the risk.</p> <p>The centre manager must review the restrictive practice in place and assess its necessity based on the current risk to the safety and welfare of the young person and of others.</p> <p>The centre manager must ensure that an implementation plan is developed that creates space for meaningful discussion of policies and procedures.</p>	<p>The centre manager will ensure that appropriate risk assessments are put in place for each young person as required and furnished to senior management for review. Completed and ongoing.</p> <p>The centre manager has reviewed and assessed all restrictive procedures and removed those identified as unnecessary based on the current risk to the safety and welfare of the young person and others. Completed 08/07/2022.</p> <p>The centre manager will commence the education of policies and procedures beginning at the team meeting on 17th of August 2022. An implementation plan has been developed that creates space for meaningful discussion of policies and procedures.</p>	<p>The centre manager will ensure that all risks relating to the safe care of young people are assessed and recorded and any identified actions undertaken.</p> <p>The centre manager will regularly review restrictive practices in the centre with the care team as part of the care team meetings. Restrictive procedures will also be reviewed by senior management on an ongoing basis.</p> <p>Policies and procedures will be regularly reviewed at team meetings and reviewed with all staff individually at supervision.</p>

6	<p>The registered provider must ensure that every effort is made to maintain a consistent team in the centre and the use of staff from other centres is kept to a minimum.</p> <p>The centre manager must ensure that as part of shift planning, non-core team members read individual crisis support plans and the 'client profile' documents to ensure appropriate interactions and use of agreed techniques.</p> <p>The centre manager must ensure that a minimum of double cover is maintained at all times.</p> <p>The centre manager must ensure that the practical demonstration of fire safety equipment is undertaken for all team members as soon as possible.</p>	<p>The centre has a consistent team in place since April 2022 and have eliminated the use of staff from other centres. Completed and in place since April 2022.</p> <p>The young people's ICSP's and client profiles are contained in the monthly folders which non-core team members will review when they come on shift to ensure appropriate interactions and use of agreed techniques. Completed and ongoing.</p> <p>The centre manager has ensured that double cover is rostered on shift at all times. Completed in June 2022</p> <p>Practical demonstration of fire safety equipment will be completed by the Fire Safety Trainer with all staff at the team meeting on the 17th of August 2022.</p>	<p>Organisational workforce planning and recruitment will remain active and ongoing to ensure regular staff are available to ensure consistency of care for the young people.</p> <p>The centre manager and deputy manager will maintain oversight to ensure that all non-core team members read individual crisis support plans and client profiles for each young person as required.</p> <p>The centre manager will ensure rosters are completed in advance to ensure that double cover is maintained at all times.</p> <p>As Covid-19 restrictions have now been lifted all training has returned to in person training and all practical aspects of Fire Training will be carried out during the training course.</p>
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