



**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

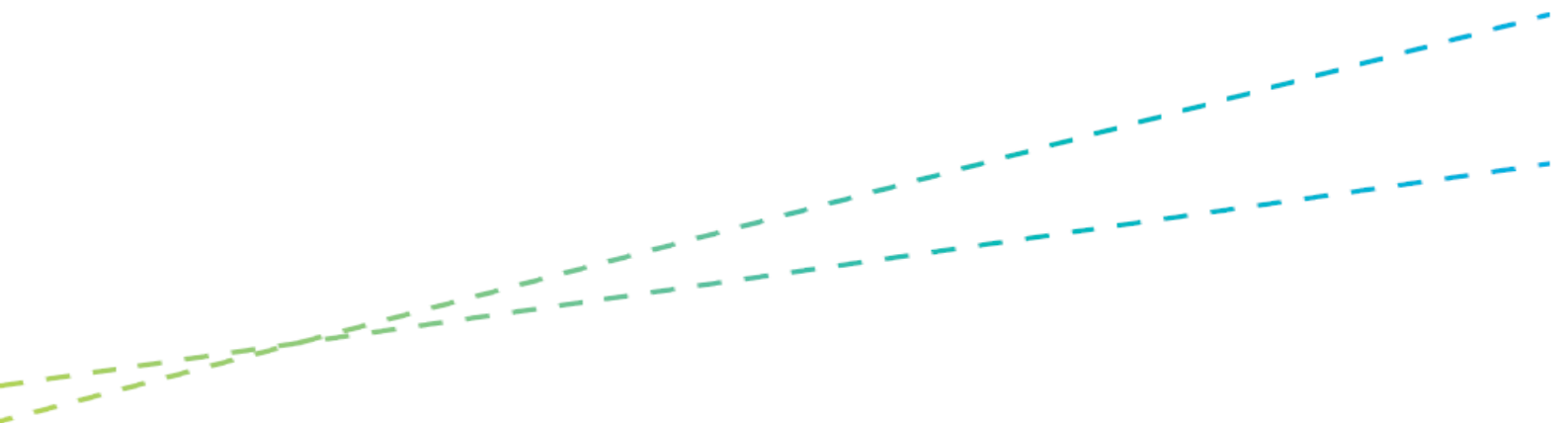
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 124

Year: 2017

Lead inspector: John Laste

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Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Freshstart
Registered Capacity:	Three young people
Dates of Inspection:	16th March 2017
Registration Status:	Registered from 22nd December 2016 to 22nd December 2019
Inspection Team:	John Laste Lorraine O'Brien
Date Report Issued:	July 2017

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children's residential centres in its functional area (see Part VIII, Article 61 (1)). A children's centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children's Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children's "National Standards for Children's Residential Centres, 2001" provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children's Residential Centres) Regulations 1996.

Under each standard a number of "Required Actions" may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was announced and took place on the 16th March 2017.

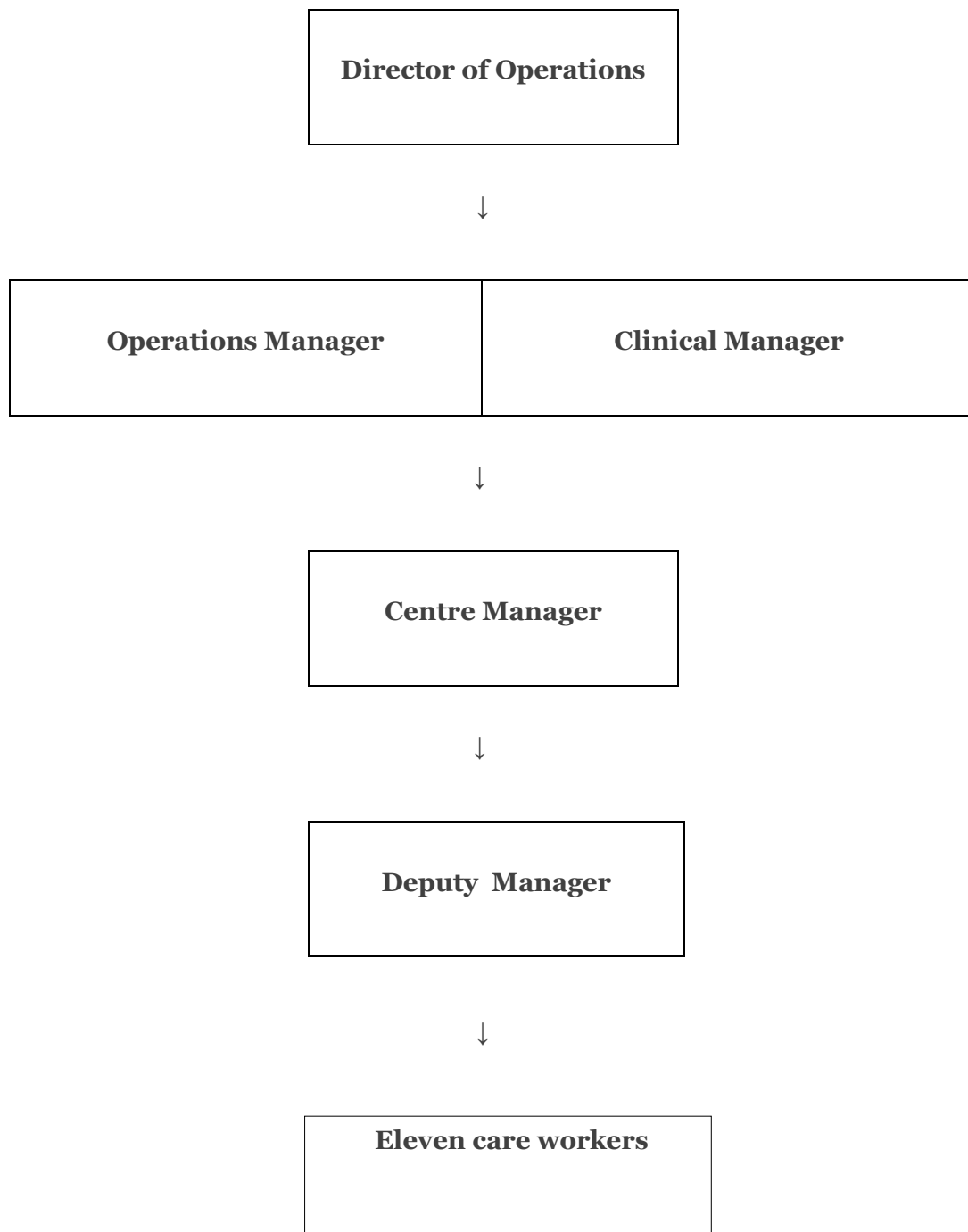
The inspection is based on a number of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Ten of the care staff
 - b) One young person residing in the centre
 - c) The social worker(s) with responsibility for young person/people residing in the centre.
 - d) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The operations manager
 - c) Two staff members
 - d) One young person
- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration. As such the registration of this centre remains **22nd December 2016 to 22nd December 2019**

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

The inspectors found that the centre manager, who was the person in charge, was a suitably qualified person, and has extensive work experience at working in residential care. The manager has worked with the company for over seven years as a care worker initially, and then taking on more senior roles as deputy manager, acting manager and in the current position as permanent manager since this centre opened in December 2016.

The company has a clinical manager and operations manager who provide scrutiny and oversight of the operational functions and care practices in the centre. The clinical manager also provides supervision to the centre manager. The inspectors interviewed the operations and clinical manager who were clear of their roles, which were to assess the quality and effectiveness of the service. Both provide support to the centre manager with the clinical manager providing structured professional supervision on a regular basis.

The inspectors found good evidence that the centre manager, clinical manager and operations manager were satisfying themselves that appropriate and suitable care practices were in place in the centre. There was good evidence that the centre records were regularly reviewed and signed by the managers. The clinical manager was visiting the centre on a regular basis. The inspectors found that there were clear lines of communication between the centre manager and the senior management team. The manager was required to provide the senior management with regular audit reports that gave an overview of the centre's progress. Sample copies of the reports were reviewed by the inspectors. These reports captured a range of information relating to the operation of the centre and the care provision of the young person.

Register

A register of the young people who live in the centre is maintained by the manager. The inspectors found that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21; the admission details of the residents were properly recorded. The inspectors recommend that the register template be adjusted to afford more space for future discharge details of the residents.

Notification of Significant Events

The inspectors found that significant event reports were promptly notified. The supervising social worker confirmed that they promptly received detailed reports on any significant events from the centre. All significant events were duly sent the registration and inspection office for regular review. The practice complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 19, and the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 16.

There had been 10 incidents for two young people reported to the registration office since the centre was registered in December 2016. All incidents although challenging, were managed effectively. ICMP and risk assessments were on file. There was one incident of physical intervention. This was a standing hold and the inspectors saw evidence that the centre manager, senior management team and social worker were satisfied that this was an appropriate safety intervention given the circumstances.

Staffing

The inspectors reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the residents. Staff duty rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspectors found that staff were suitably qualified and experienced. The centre had access to a panel of relief staff. The inspectors carried out an audit of staff personnel records and found the required references, and Garda vetting were on file for all staff (including the relief panel) prior to taking up their positions. This complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.

Supervision and support

The inspectors examined the staff supervision records and found good evidence that the team received regular formal supervision during the period under review. The centre manager was supervised by the clinical manager. The manager and deputy

manager supervised the staff team. Staff supervision took place approximately every four to six weeks. The supervision records were of good quality and contained good evidence of the supervision process and the connection to the placement plans of the young people. All staff had a supervision contract on file.

The review of the staff questionnaires reflected strongly that the manager was supportive and provided clear leadership to the team. Staff members interviewed also confirmed that support mechanisms were in place to assist the team and stated that they were well supported by the manager and external management. Staff received debriefing which was carried out post crisis using the therapeutic crisis intervention model. There was good evidence of teamwork, team meetings took place fortnightly and the minutes of meetings were recorded. The team meeting records reflected that young people's needs were prioritised and the team contribute to the agenda of the meetings.

Staff handover meetings took place between work shifts. The inspectors were informed that the handover meetings took place in the mornings when the staff overnight shift ends and the next shift staff members were coming on duty. The inspectors reviewed the handover log and found it gave a detailed review of the previous shift and tasks to be carried out by the staff arriving on duty. Staff reported that there was a clear process of communication between shifts.

Administrative files

The administrative files were examined by the inspectors and the key records were in evidence. The recording system was well organised and accessible so that they facilitate effective management and accountability. There was good evidence that the manager and line management were monitoring the quality of records. Relevant records relating to the young people are kept in perpetuity and the management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

3.2.2 Practices that met the required standard in some respect only

Training and development

The manager acknowledged that there were some deficits in staff training. A review of the training logs confirmed that three new staff members required training in a Tusla approved crisis prevention and physical intervention programme used by the centre, nine staff required fire prevention training and six staff required training in first aid. The management must ensure that all staff members are given required

training in first aid, fire safety and crisis prevention and intervention as a matter of priority.

Inspectors noted that staff were dealing with incidents of self harm. The manager must source additional training such as Safe Talk and ASSIST to support the team in dealing with this complex behaviour.

All employees in the centre received induction training on commencement of employment which included being shadowed by an experienced staff member for some shifts. New staff members undergo a mentoring programme and a six months probation programme.

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies***
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The management must ensure that all staff members are given required training in first aid, fire safety and crisis prevention and intervention as a matter of priority.
- The manager must source additional training such as Safe Talk and ASSIST to support the team in dealing with this complex behaviour.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The inspectors found that the young people admitted to the centre were planned and in line with the assessed needs of the young people. Applications for admission to the centre were coordinated nationally by the National Residential Care Service, Private Placements Team. The inspectors were satisfied that adequate information was provided about young people prior to admission. This was confirmed through audit of the young people's care files. Pre-admission risk assessments were carried out for each new admission.

The inspectors met with one of the young people who confirmed that they were clear about the reason for their admission to care. They also confirmed that they had received written information about the centre as part of the admission process. The young person was happy with the care and support they received at the centre.

Statutory care planning and review

The inspectors reviewed compliance with the regulations on care planning. Care plans were completed within the required time frame for the young person residing in the centre, in compliance with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23*. The young person in transition had a care plan from a previous placement which was due to be reviewed to accommodate the new placement. The care plans reviewed were comprehensive and placement plans being developed and initiated were linked to the young people's care plans

The inspectors reviewed compliance with the regulations on care reviews. Care review meetings were being organised in line with the legally defined time limits as

set out in the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV*.

Contact with families

The inspectors found that the staff recognized the value of family contact and worked as closely with families as possible. Families were facilitated to have contact at the centre. Visits from previous carers and significant others were facilitated and promoted at the centre. Family contact that took place was recorded and stored on the young people's files. There was evidence that the centre manager maintained regular contact with the relevant social workers on all matters pertaining to family contact. The centre facilitated family contact at the centre for each young person and family members may have dinner together. There was evidence that family contact was set out in the care plans and was considered at each statutory review for the young people in placement.

Supervision and visiting of young people

The inspectors confirmed that the supervising social workers were visiting the young people in compliance with the regulations. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 24*. Social work visits were recorded on the young people's care files. The time and date of the social work visit was recorded along with the details of any action taken as a result of a social work visit.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Emotional and specialist support

The centre had access to a consultant psychiatrist and psychologist who met regularly with the staff team to discuss issues arising with the care of the young people. The consultant psychologist provided insight and clinical guidance to the staff team to support them in meeting the needs of the young people. Staff members confirmed that both psychiatrist and psychologist were available for consultation by phone or e-mail with the centre manager and make occasional visits to the centre

The young people were each assigned to a key worker. One young person told the inspectors that the key worker provided them with good support and advice. The young people had access to specialist services such as Child and Adolescent Mental Health Services (CAMHS), drug and alcohol and other services as required in the community on an individual basis which were accessed through the local and regional health services.

Preparation for leaving care and Aftercare

The centre had its own independent living skills programme and it was clear from documentation, interviews with social workers and staff members that key workers were engaged in direct work from the time of admission, in order to prepare the young people for leaving care. Key work sessions included: personal development; health promotion; drug awareness; sexual health and wellbeing; self care skills; budgeting and homemaking skills. The young person residing at the centre would be linked in with aftercare services once the required age was reached and aftercare plans developed accordingly at the scheduled review.

Discharges

This was a new centre, there had been no young person discharged to date.

Children's case and care records

The inspectors reviewed care files of the young people. The files were maintained in a standardised format which was accessible and easy to follow. Care file recordings

were kept up-to-date and the records were filed in chronological order. There was evidence that the key documentation as set out in the regulations and standards was properly recorded on the care files. The recording standard was good and the inspectors could see that the records were scrutinised by management. There was evidence that the supervising social workers were visiting the young people and review the young person's file from time to time.

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

3.5.2 Practices that met the required standard in some respect only

None identified

3.5.3 Practices that did not meet the required standard

None identified

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The management must ensure that all staff members are given required training in first aid, fire safety and crises prevention and intervention as a matter of priority.</p> <p>The manager must source additional training such as Safe Talk and ASSIST to support the team in dealing with this complex behaviour.</p>	<p>Full Therapeutic Crisis Intervention Course scheduled for 12th 13th & 14th June 2017-(3 staff members will attend) following this course all members of the care team will be certified in TCI.</p> <p>First Aid training plan in place – 6 staff members fully certified and care is taken to ensure that a certified person is on shift daily.</p> <p>Fire Safety and prevention training is planned for the Care Team on 7th June 2017.</p> <p>Centre Manager has confirmed dates for Safe Talk for 2 staff members. Another 3 staff members are attending training on 10th of July 2017 on non-suicidal self-injury and self-harm awareness.</p> <p>Clinical Manager will provide a workshop with the Care team on deliberate self-harm.</p>	<p>Discussed in Management meetings – new care members to be trained sooner. New TCI instructor hired by the Service.</p> <p>First Aid training plan is in place for second part of 2017.</p> <p>Most staff members are qualified in Fire Safety however it was noted to do this training as a team would be beneficial and this is scheduled (7th June 2017).</p> <p>Any new staff members in the future will be provided with training on Deliberate Self-Harm.</p>