



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	003
Year:	2015
Lead inspector:	Sinead Diggin

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Fresh Start
Registered Capacity:	Four young people
Dates of Inspection:	7 th of December 2015
Registration Decision:	Registered without conditions from the 8 th of April 2014 to the 8 th of April 2017
Inspection Team:	Sinead Diggin Eileen Woods
Date Report Issued:	29 th of June 2016

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	7
3. Analysis of Findings	8
3.2 Management and Staffing	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
4. Action Plan	22

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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

This review inspection took place on the 7th December 2015 over the course of a one day period and this report is based on a range of inspection techniques including:

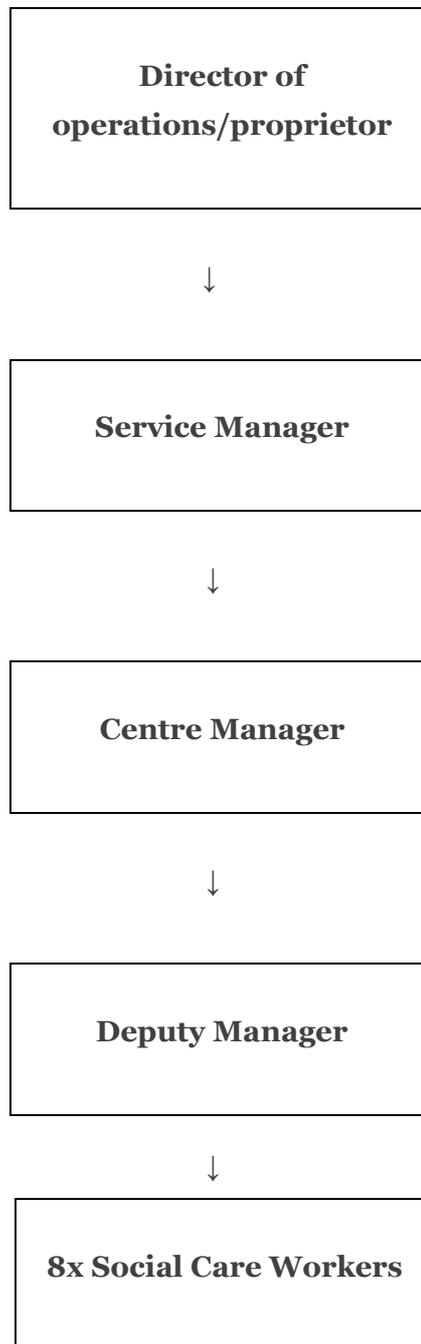
- ◆ An examination of pre-inspection related documentation completed by the Manager.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) One staff member
 - c) Two young people
 - d) Two social workers

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

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on this date May 17th 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 8th of April 2014 to the 8th of April 2017.**

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 manager of the centre has been in post for two years and is supported in their role by a deputy manager. The manager works 9-5pm five days a week while the deputy manager works one shift on the rota as required, the remainder working days. The manager had established a strong foundation within the centre and was recognised as the person in charge. In interview, the manager described the ethos in the centre as therapeutic with a strong focus on meeting the needs of the young people. Inspectors found that this was reflected in practice. From reviewing centre files inspectors found though, that the manager did not reflect the current challenges about some of the behaviours the centre. One identified issue of concern was in relation to incidents of bullying behaviour that was displayed by young people within the centre. The manager must ensure that there are clear strategies in place, ensuring consistency in how the team identifies and manages presenting challenges.

The external management of the centre consists of the director of operations/ proprietor and the service manager. The manager is line managed by the service manager. The manager reports that they have regular contact with the services manager. The service manager attends the majority of staff meetings. They visit the centre and are familiar with the young people. The services manager reviews the centre files and inspectors found evidence of their signature in centre paperwork, however there was little evidence of any commentary. In interview with the service manager, they stated that they are designing an audit tool but at present they look at daily logs and complaints. When developing the audit tool the service manager must ensure it includes a reflection of the different challenges that may be presenting in the centre at a particular time. There are monthly management meetings held with external management also in attendance. The manager reports that all young people are discussed at these meetings as well as any staffing, future training required and maintenance needs of the centres. Following the onsite inspection, inspectors were

provided with action plans of the management meetings and senior management meetings which reflected the above topics.

Training and development

The manager reports that training for staff has improved in the last year, with more training being provided to staff. The manager stated that they are currently reviewing the staff induction programme and hope to provide training in report writing as part of the induction process. Staff have received training in a specific behaviour management programme. Inspectors were provided with a schedule of training completed in 2015. Not all staff had received the mandatory training required and this needs to be prioritised by management. As per the centre's previous inspection, inspectors require that an updated training schedule should be forwarded to the inspectorate.

Administrative files

Overall inspectors found that centre files were well organised and easy to navigate. There was evidence on file of management monitoring the files; however more commentary is needed as to decision making and staff need to be mindful of how they record opinions. Factual observations should be recorded with no labelling of young people. The manager reported that the budget is adequate to meet the needs of the young people and additional funding is available for special occasions.

3.2.2 Practices that met the required standard in some respect only

Notification of Significant Events

The manager reported to inspectors that the level of significant events has reduced over recent times. From reviewing centre files inspectors found that there were incidents that should have been reported as significant event notifications but were not. It was not apparent to inspectors exactly who had written the significant event notifications as there were a lot of signatures missing. The manager stated to inspectors that training in report writing is planned and this should assist all staff in how they record information. All significant event notifications are sent to the relevant professionals and the manager reports that significant events are discussed and reviewed at management meetings. Inspectors did see evidence that the behaviour management trainer attends staff meetings along with the service manager, and feedback is provided to staff at those meetings.

Staffing

In interview the manager informed inspectors that there are eight full time staff and six relief staff. The manager reports that there have been a lot of staff changes since the last inspection. Inspectors found from reviewing the rota that it was hard to see exactly who the core team were in the centre as some of the relief staff cover the equivalent of full time hours. Inspectors require that the management confirm the detail of this in response to this report. Management must also ensure that there is a balance of experienced to less experienced staff across the team to allow for consistency with the young people.

Team meetings are held fortnightly and relief staff can attend if they wish.

Management must ensure that relief staff who are working regularly as part of the rota attend staff meetings so they are aware and involved in all aspects of the young people's care. Inspectors viewed a cross section of staff personnel files and found that not all qualifications had been verified by the relevant colleges. There was no police clearance on file for one staff member who had lived abroad and for another staff member there was no reference on file from their last employer. Inspectors found that certificates from core training were not present on staff personnel files. The requirements for the vetting of staff had been clearly explained to this agency in previous inspections and so it is unacceptable that this continues to be an issue.

Supervision and support

There are daily handovers which the manager or deputy manager is usually present for. Team meetings were held fortnightly, with a consultant psychiatrist attending on a monthly basis to advise and support the staff in working with the young people. The manager informed inspectors that the consultant psychiatrist is also available on the telephone if staff need advice in between the monthly meetings. Inspectors reviewed a staff meeting book and young people are discussed in detail with changes to their placement plans updated.

Supervision for staff is shared between the manager and the deputy manager who have both received training in providing supervision. Inspectors reviewed supervision records and found that not all staff received supervision in the timeframes outlined in their supervision policy. Some records reviewed found that while supervision was objective, placement plans were not part of the focus of the session. Placement plans for key workers in particular should be prioritised in supervision to enable staff to utilise their skills in helping the young person achieve both short and long term goals.

The deputy manager is supervised by the manager. The supervision records displayed that there was detailed discussion and consideration given to new admissions to the centre, taking in to account the needs of the young people already resident in the centre. The service manager supervises the manager. The manager reports that supervision takes place regularly. Supervision records were not available at the time of inspection and the inspectors have requested to view a cross section of these from the service manager. Post inspection a signed record of the times and dates of supervision were forwarded to inspectors however a cross section of records were not so inspectors cannot comment on any content.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The centre has 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*

The centre has not met the regulatory requirements in accordance with the *Part III, Article 7, Staffing (Numbers, Experience and Qualifications) --Part III, Article 16, Notification of Significant Events.*

Required Action

- The manager must monitor the daily records and ensure that all identified incidents are recorded as significant events.
- The management must ensure that there is a full complement of core staff to ensure consistency for the young people.
- Supervision must take place regularly for all staff in compliance with the centre's supervision policy.
- Placement planning must be a priority in supervision to ensure the goals for the young people are being met.
- Management must address the vetting of staff and ensure that qualifications are verified, police clearance is sought for one staff member and the most recent reference for another staff member.

3.4 Children's Rights

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.4.1 Practices that met the required standard in full

Consultation

The manager and staff work with the young people in a therapeutic manner using guidance from the consultant psychiatrist. Each young person has two key workers. There are young people's meetings held fortnightly. The manager reports that these happen before the team meeting so that any issues and requests can be discussed. From records observed, feedback is given to the young people after the team meeting. Young people are also invited to join the team meeting and the manager reports that currently only one young person is most likely to do this. During the inspection a young person told inspectors that they have a say about most things in the centre. Young people are encouraged to join activities of their choice and they are given a choice of activities at weekends. EPIC have also visited the centre and one young person in particular has availed of this service.

Complaints

There were only three complaints on file since the last inspection. Social workers were informed about the complaints as well as the service manager. The manager met with the young people in relation to a complaint made and on one occasion the service manager also became involved. The service manager told inspectors that they are made aware of any complaints made by the young people. The service manager met and wrote to one young person regarding the outcome of the complaint. The service manager explained the appeals process to this young person, should they not be satisfied with the outcome. This young person decided not to appeal the decision.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

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.

3.3.1 Practices that met the required standard in full

Statutory care planning and review

The young people in the centre each had care plan on file. The care plan review for one young person had taken place in the weeks previous to the inspection and so the updated care plan was not on file. In interview with their social worker following the inspection, they informed inspectors that the updated care plan had been forwarded to the centre. There are monthly professional statutory meetings held for one young person who is placed out of state. There were placement plans on file and inspectors found that short term goals were incorporated in to the plans. Inspectors reviewed placement plans and found that in general they were good however the key working sessions with the young people required a more structured approach. Reviews took place in line with the regulations and young people generally attended. Evidence of young people's consultation records were on file.

Contact with families

Family contact is facilitated by the centre where deemed appropriate. Staff have regular contact with families and keep them updated on all aspects of the young person's care. There is space in the centre to accommodate family access and young people can avail of online calls to keep in touch with family along with the use of the telephone.

Emotional and specialist support

The young people each had allocated key workers. As stated earlier in the report more evidence of individual key working session's needs to be addressed. Inspectors found that there were genuine efforts made by staff to build positive relationships with the young people. The agency offers a therapeutic service and has a consultant psychiatrist who advises and provides guidance to staff in their daily practice with the young people. Young people are also referred to specialist services outside of the centre when required.

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.

Supervision and visiting of young people

The three young people in the centre each had allocated social workers. There was evidence in centre records of the young people's social workers visiting the young people in the centre and in some cases outside of the centre.

Social Work Role

Two of the young people's social workers were interviewed as part of this inspection. The social workers were satisfied with the quality of care provided to the young people by the centre. One social worker did state to inspectors that communication from the centre can be an issue. They informed inspectors that they can get telephone calls from staff in the centre having already received the same message from staff earlier. Management must ensure that there is a clear plan on shift as to how responsibilities are organised with records kept as to what has been relayed. The social workers confirmed that they are informed of all incidents and issues that arise with the young people. A social worker for one young person had been allocated for only a number of weeks and at the time of interview was not aware of the clinical support provided by the centre. The social worker informed inspectors that they had not been provided with information about the centre. Inspectors advised the social worker to meet with the centre manager to inform them of the purpose and function ensuring that the expectations of the social work department and needs of the young person are being met.

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.

3.5.4 Regulation Based Requirements

The Child and Family Agency has 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

The centre has 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).

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Standards that met the required standard

None identified.

3.6.2 Practices that met the required standard in some respect only

Managing Behaviour

The agency has a specific behaviour management model and all staff have received training as part of their induction. The young people had individual crisis management plans and inspectors found from records observed that they were well developed and reviewed on a regular basis. Inspectors found that more strategies were required on how staff manage behaviour on a daily basis and in particular ensuring that there is a structured routine in place for one young person.

Inspectors spoke with two of the young people who were clear about the rules within the centre and what consequences they may have received should the rules not be adhered to.

The centre has a policy on bedrooms and circumstances in which a staff member can enter a young person's bedroom. Inspectors found from staff interviews and centre records that room searches are carried out. Young people have the right to privacy and inspectors raised with management the young people that are currently residing in the centre, did not display or give any reason to warrant regular room searches. Inspectors view that if the centre feels it is a necessity to carry out room searches, that clear evidence is required and each case be treated in isolation and not as a whole.

The centre has a detailed policy on bullying. The manager reported that bullying had been an issue concerning two young people in the centre. Both young people made a complaint regarding the issue. The social workers for both young people had been informed and a meeting took place to address the matter. Individual work was undertaken with the young people on what bullying was and the effects of it. From reviewing records inspectors found that bullying was still an issue in the centre and individual staff could also be a target of this. Management must continue to address this as the experience of bullying can cause lasting emotional damage.

Absence without authority

The centre has a policy on absences without authority. Each young person has an individual absence management plan. The centre is aware of the Joint Garda and Tusla Child and Family Agency protocol on reporting young people missing from care and follow as necessary. In interview with one social worker they stated that they were informed verbally of the individual absence management plan but had not seen or signed the plan. Inspectors noted that one young person was allowed up to four hours free time and in interview with their social worker they stated that they were not aware of this. Individual absence management plans must be completed in conjunction with the social worker with an agreement by all to ensure the safety of the young person while outside of the centre.

3.6.3 Practices that did not meet the required standard

None identified.

Required Action

- The manager must ensure that there are clear strategies in place ensuring consistency in how the team identifies and manages challenging behaviour.
- Management must ensure that room searches are not carried out unless deemed absolutely necessary.
- Management must continue to monitor behaviour in the centre and address the issue of bullying as it occurs.
- Individual absence management plans must be completed in conjunction with the social worker with an agreement by all to ensure the safety of the young person while outside of the centre.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

Safeguarding

The centre has a written policy on child safeguarding. There were some good safeguarding practices in place such as alarms on bedrooms and increased staffing levels based on risk assessments. The manager has also stated that they take more time when considering new referrals to ensure the safety of the current young people resident in the centre. EPIC have also visited with the young people in the centre making them aware of their service and the support they can provide. The centre has a policy on complaints and young people were aware of how and who they could make a complaint to. Inspectors found from records reviewed that young people had used the complaints process effectively. As stated earlier in the report vetting for staff was not in compliance with the regulations and this needs immediate attention.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

3.7.2 Practices that met the required standard in some respect only

At the time of inspection not all staff had completed training in 'Children First National Guidance for the Protection and Welfare of Children' 2011. Following the inspection the manager informed inspectors that a schedule which would include children's first training was to be organised over the next few weeks. Management must ensure that all staff completes this training as soon as possible.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Management must ensure that all staff complete training in Children First National Guidance for the protection and Welfare of Children' 2011.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p>3.2</p>	<p>The manager must monitor the daily records and ensure that all identified incidents are recorded as significant events.</p> <p>The management must ensure that there is a full complement of core staff to ensure consistency for the young people.</p> <p>Supervision must take place regularly for all staff in compliance with the centre's supervision policy.</p> <p>Placement planning must be a priority in supervision to ensure the goals for the young people are being met.</p>	<p>The manager will continue to monitor daily records and ensure all incidents are recorded as SEN's in line with National Standards.</p> <p>There is now a full compliment of care staff.</p> <p>Supervision will take place for all staff as per the 2016 supervision schedule – please see attached.</p> <p>Management will ensure that supervision places a greater and more consistent emphasis on placement planning to ensure the goals for the young people are being met.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied supervision will take place regularly from the schedule provided.</p> <p>The inspectors are satisfied with this response.</p>

	<p>Management must address the vetting of staff and ensure that qualifications are verified, police clearance is sought for one staff member and the most recent reference for another staff member.</p>	<p>The services Manager will address the vetting of staff and ensure that all staff qualifications are verified. The outstanding police vetting for one staff member has been applied for. The most recent reference for a staff member has also been requested – this staff member has three references on file which are relevant to social care however the reference from the most recent employer is over 10 years old and is not related to social care.</p>	<p>The inspectors are satisfied with this response.</p>
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<p>3.6</p>	<p>The manager must ensure that there are clear strategies in place ensuring consistency in how the team identifies and manages challenging behaviour</p> <p>Management must ensure that room searches are not carried out unless deemed absolutely necessary.</p> <p>Management must continue to monitor behaviour in the centre and address the issue of bullying as it occurs.</p>	<p>The manager will continue to ensure there are clear strategies in place to identify and manage challenging behaviour. The manager and team as a whole will continue to use team meetings, clinical reviews, consultation with the behaviour management instructor and clinical manager as means to ensure the practice remains ongoing.</p> <p>Room searches will not be carried out unless deemed necessary for safety reasons.</p> <p>The management takes very seriously the issue of bullying which has arisen at the centre. Management are confident there has been significant progress in relation to bullying related incidents through considerable therapeutic intervention. Social workers have also indicated their satisfaction with how these concerns have been managed and the individual progress that has been made by both young people involved in the incidents of bullying. Management will continue to proactively monitor and address any incidents of bullying.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied that management will continue to monitor and address any issues of bullying within the centre.</p>
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	Individual absence management plans must be completed in conjunction with the social worker with an agreement by all to ensure the safety of the young person while outside of the centre.	All procedures relating to the absence of a young person have been agreed with the social worker; the Manager will ensure all individual absence management plans are routinely forwarded to social workers for their written approval.	The inspectors are satisfied with this response.
3.7	Management must ensure that all staff complete training in Children First National Guidance for the protection and Welfare of Children' 2011	The staff will receive training in Children First National Guidance for Protection and Welfare of Children 2011; this training has commenced and all members of the team are scheduled to attend over the coming months.	The inspectors are satisfied with this response.