



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 082

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Fresh Start Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced themed inspection
Date of inspection:	06th, 07th, 12th July 2021
Registration Status:	Registered from the 16th December 2019 to the 16th December 2022
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	4th October 2021

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 2: Effective Care and Support (Standard 2.2 only)	
3.2 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.1 only)	
4. Corrective and Preventative Actions	19

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in December 2007. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 16th of December 2019 to the 16th of December 2022.

The centre was registered to provide medium to long term care and accommodation to four young people, male and female, from age thirteen to seventeen years on admission. The model of care was based on a needs assessment model that was supported by the service's clinical team and the staff team. The aims of the centre were to provide a safe and stable environment for children where they would be supported to meet their needs such as education, contact with family, emotional, physical and spiritual needs. The centre staff aimed to meet these needs through identified goals and placement objectives agreed for each child on admission. There were four children living in the centre at the time of the inspection. Three of the children were placed in the centre under derogation as they were under thirteen years of age on admission which was outside of the centre's statement of purpose.

The centre was previously inspected in October 2020 and the inspectors were satisfied that the required actions following this inspection were met.

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 via teleconference 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.

During the inspection, it came to the attention of the inspectors that the centre manager had reviewed the staff member's feedback questionnaires and requested that some members of the team re-write their questionnaires due to evidence of plagiarism and inaccurate information. It is vital that staff complete feedback questionnaires independently and not be subject to review by managers as this would compromise the inspection process. Staff must be afforded the opportunity to engage with the regulator independently and confidentially.

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 07th September 2021 and to the relevant social work departments on the 07th September 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 20th September 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 082 without attached conditions from the 16th of December 2019 to the 16th of December 2022 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.

The centre had written policies and procedures in place to support care planning and placement planning processes. Care plans were on file and up to date for one of the young people in placement who was admitted in 2020. The care plans for the three children who were recently admitted were not forwarded to the centre at the time of the on-site inspection. The social worker subsequently forwarded the three outstanding care plans to the centre manager and these initial care plans were reviewed by the inspector along with minutes of the statutory review. Where care plans were not forwarded to the centre in a timely manner there were systems in place to follow up with social workers and this was evidenced on the care files in line with the centre's escalation process. The centre manager submitted a monthly governance report to the quality assurance and practice manager to update them on the status of the care and placement plans. The quality assurance and practice manager had oversight responsibility to ensure the placement plans are aligned to the statutory care plans.

The inspectors found evidence that plans for all four children in placement were reviewed in line with the timeframes set out in the legislation and as required 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*. Dates for subsequent reviews were identified on the care plans. The social worker and the centre manager and staff were aware of the requirements to undertake monthly care plan reviews for the three children placed in the centre under derogation.

There was evidence that staff submitted written reports to the statutory review meetings and there was appropriate consultation with the children prior to their care plan review meetings. Feedback from the social workers confirmed that the centre manager and staff followed up on goals and tasks assigned to them through the care planning forums. The parents of the children in placement were invited to participate in the care plan review meetings. Where the parents did not attend care plan meetings the social workers confirmed they provided feedback to them on the

outcome of the review. Care plans on file evidenced that the views of parents were considered and there was evidence on the care records that the staff team made every effort to respond to the wishes of the parents of the children in placement in relation to diet, cultural identity and their religion. There was evidence of consultation with the children, their families and the allocated social workers about decisions that affected the care and welfare of the children. The inspectors found that every effort was made by the social workers and the centre staff to ensure meaningful engagement of parents in the children's care planning processes. The social workers interviewed confirmed that to date the parents of the children in placement were satisfied with the care the children received.

There were placement plans on file for all four children that were up to date and subject to regular reviews. Placement plans were developed by the keyworkers in conjunction with the centre manager. For the three children recently admitted the initial placement plan was developed based on referral information and pre-placement meetings with the allocated social worker and other relevant specialist services. Needs assessments were undertaken by the service's clinical manager following admission and these assessments additionally informed the placement plans. The care at the centre was child centred and all planned interventions were based on the identified needs and goals of the care and placement plan and were documented in the placement plans. There was evidence that the placement plans were evaluated on a monthly-basis and the effectiveness of identified interventions were assessed that included a scoring system to track the children's progress. There was detailed commentary on the placement plan evaluation form in each area of work identified. The evaluation forms were signed off by the centre manager and the key workers.

The staff team had undertaken a training workshop on early childhood development to ensure they were attuned to the emotional and developmental needs of younger children. There was evidence that the staff adapted their key work and their approach to ensure language and key information was explained to the children in a child-friendly manner appropriate to their age and stage of development. There was evidence that the children were also consulted about key work they would like to undertake. The older resident in placement was provided with a child-friendly placement plan with the key goals of the placement clearly outlined.

Key working was reviewed by the inspectors and was found to be aligned to the goals of the individual placement plans. All staff interviewed were aware of the aims and objectives of each child's placement plan and there was an evident team-based

approach to providing care and support to each child. There was evidence on the supervision records and in team meeting records that staff discussed the children's placement plans and their key working. Overall, the inspectors found that the team provided effective interventions to meet the children's needs and enhance their lives.

There was good consultation with the children and the aims and objectives of their placements were explained to the children in a manner appropriate to their age and level of development. The older resident was offered the opportunity to participate in their care plan reviews however to date had declined to attend in person. The inspectors found evidence that the young person's views were represented either through written consultation forms or by staff representation of their views.

The children in placement were facilitated to access the identified external supports and specialist services they required in line with their care plan. There were several specialist assessments recommended and scheduled to ascertain the specific needs of some of the children in placement. There was evidence that the centre manager and staff advocated to ensure that the children had access to the required specialist services. There was evidence of good inter-agency and inter-disciplinary cooperation and collaborative working relationships to achieve the best outcomes for the children. Monthly clinical team meetings were facilitated by the clinical manager and a consultant psychiatrist, contracted by the service, provided advice and support to the centre staff on the implementation of strategies to enhance care provision. There was evidence that the team benefitted from the guidance and support of the services clinical team in the provision of therapeutic care. The service's psychiatrist was also available to undertake direct work with the children when agreed as part of the care planning process and was available to the centre managers and staff for guidance and support in their work with the children. Individual assessments were undertaken by the services clinical team and assessment reports outlined their clinical observations and recommendations. The inspectors found that the children received well-coordinated care and support from a range of specialists involved in the children's care.

The staff interviewed stated that communication with the social workers was effective and the social workers were prompt to respond to concerns or issues relating to the children in placement. The social workers interviewed by the inspectors were satisfied they were kept fully informed about the children's placement and how they were progressing in the centre. The social workers confirmed that placement plans were made available to them. The social workers interviewed were satisfied the

children were making progress in their placement and the staff provided effective care to support the children's overall wellbeing and development.

One of the inspectors met briefly with two of the children in placement and two of the children completed the inspection consultation form. While the children expressed a desire to return to the care of their parents, they also informed the inspector that the house was nice and the adults caring for them were kind and took good care of them. The inspectors observed warm caring interactions between the staff and the children during the inspection process.

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

Regulation 5: Care Practice s 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.

There were clearly defined governance arrangements and structures in place that set out the lines of authority and accountability and specified the roles and responsibilities of both staff and managers within the service. These structures were set out in the centre's statement of purpose. The external line management structure comprised of the registered proprietor/chief executive officer, the operations

manager, the clinical manager and the quality assurance practice manager. The centre manager reported to the quality assurance and practice manager who in turn reported to the registered proprietor/chief executive officer.

The centre manager was qualified and experienced to undertake the role of centre manager and was four years in post in the centre. Interviews with social workers and feedback from staff evidenced the centre manager provided strong leadership within the centre and was competent and skilled in the role. The manager was clear about their role and responsibilities in relation to governance and was focused to ensure the centre provided good quality child centred care. The centre manager attended monthly management meetings. The records evidenced a range of standing items on the agenda of management meetings related to the governance and management of the service. Weekly senior management meetings were also scheduled to review all the registered centres operated by the organisation. The centre manager had confidence in the external managers and reported they were accessible to them.

The centre manager and deputy manager formed the internal management structure. The centre manager was based at the centre five days a week and the deputy manager supported them in their management role. The deputy manager worked some office hours and undertook some overnight duties on the rota. The inspectors found that there was an experienced staff team in place and a shift lead was assigned responsibility for overall planning on every shift. The shift lead was identified each day on the rota. The centre manager received regular supervision from the quality assurance and practice manager in line with the centre's policy. The quality assurance and practice manager met with the registered provider once a month to report on the centre's compliance with standards and legislation.

The centre manager had recently completed training in auditing practice. The centre manager completed monthly governance audits that were forwarded to the quality assurance and practice manager for oversight. The quality assurance and practice manager completed external themed audits and three of these audits were reviewed by the inspectors. The audits were set out to assess the centre's compliance with the national standards and action plans were completed to address the findings of the audit. The quality assurance and practice manager also visited the centre monthly and met with the staff and the children in placement. The operations manager also visited the centre and completed audits on the premises. The staff interviewed confirmed they received feedback from the centre manager following audits undertaken in the centre. The registered provider informed the inspector that they were developing an audit tool that will be implemented in practice by the year end.

The purpose of this audit tool is to provide additional oversight for the registered of the operations in the centre.

The registered provider liaised with Tusla's national private placement team in relation to placement contracts and procurement of services. Monthly progress reports for each of the children in placement were also forwarded to the national private placement team.

The centre's policies and procedures were reviewed in June 2021 and there was evidence that policies were reviewed in team meetings. The current policy document is written under the framework of the former national standards therefore the registered proprietor must review the policy document in full to ensure all policies and practices outlined in the National Standards for Children's Residential Centres 2018 (HIQA) have been captured in their policy and procedure document.

The centre had systems in place for the identification, assessment and management of risk. The service maintained an organisational risk register and a centre risk register. There were risk assessments and risk management plans in place to manage risks associated with potential abuse of children in the centre i.e., Child Safeguarding Statement, Covid-19 risk management plans and health and safety risk assessments. The use of restrictive procedures was also subject to risk assessment and these assessments were placed on the children's individual care files. Individual risk assessments associated with the children's presentation and behaviour were on file and were up to date and subject to regular review. New risks associated with the children's behaviour were noted in the staff communication book and discussed in handover meetings and in team meetings. This was evidenced in the records reviewed by the inspectors. There was evidence that the centre manager and staff team used the resources of the clinical team to assess and manage risks associated with the children's behaviour. The centre manager and staff were satisfied that the external managers were notified and aware of all identified risks in the centre.

The centre manager maintained a risk register for the centre. The centre risk register was created in December 2020 and was subject to regular review and updated as required. There was evidence of oversight of the register by the operations manager and the quality assurance and practice manager. Individual risks were measured and rated on a scale from negligible to extreme. There were control measures in place to mitigate risk and additional control measures input as required. Risks to be escalated to management were also input on the centre manager's monthly governance audit. At the time of the inspection there were no high risks identified

relating to the children or the centre. There was evidence that risk registers were discussed in the monthly management meetings.

Pre-admission risk assessments were completed and on file for all the children in placement. Impact risk assessments were completed that gave due consideration to the young person currently in placement when new referrals were being considered. There was also a comprehensive assessment of the impact of the new residents on the young person residing in the centre. The allocated social workers for the young person in placement and for the children referred to the centre commended the team on the matching process prior to accepting any new referrals for admission.

There were arrangements in place to provide managerial cover when the centre manager took periods of leave. The deputy manager was assigned specific management duties when the centre manager was absent from the centre. Where managerial responsibilities were delegated to other staff members a task list was in place and was updated monthly.

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 registered proprietor must review the policy document in full to ensure all policies and practices outlined in the National Standards for Children's Residential Centres 2018 (HIQA) are captured in their policy and procedure document.

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.

The inspectors found that the centre manager and the senior management team regularly undertook workforce planning. This was evidenced in management meeting records. Staff recruitment needs and staff retention initiatives were planned for at senior management level.

The inspectors found there was a stable team in place since the last inspection in 2020 with no staff resignations or staff transfers to other centres. There were eight whole time equivalent social care posts in the centre with one post shared by two part time staff members. There were two new staff members on the team since the last inspection to ensure the team had the required number of staff in compliance with the staffing requirements set down by the Alternative Care Inspection and Monitoring Service. There was evidence of selecting staff with the required skills set to meet the specific needs of the children. The two new staff to the centre transferred from another centre and were experienced practitioners working with children under twelve years. The inspectors found that the staff team had the necessary experience and competencies to meet the needs of the children living in the centre. Staff were provided with a job description and key workers were aware of their role and responsibilities with specific tasks set out in a key working checklist.

There were two relief staff assigned to the centre however one of the relief staff was only available during the summer months and outside of term time. Following a review of staff rotas, the inspectors found this left the centre with limited access to regular relief staff resources. A review of the staff rotas over a three-month period evidenced that ten individual social care and relief staff from other centres were re-deployed to provide cover for annual and sick leave as it arose in the centre. The centre manager stated that this occurred as one of the other residential centres had reduced occupancy due to one resident transitioning from the centre, therefore some full-time staff were redeployed to provide cover in the centre. For the children in placement this impacted on the continuity of care and the inspectors advise that this practice should cease. The registered provider must ensure that a sufficient pool of regular relief staff is available to ensure consistency of care for the children.

Eight members of the staff team had a recognised qualification in social care practice and one staff member had a relevant qualification. A sample review of the personnel files indicated that the required verification of the staff members qualification was not on file. The registered provider must ensure that verification of the staff members qualification is secured on file.

Following inspection interviews with staff and a review of staff questionnaires the inspectors found that the staff team required an additional staff member to provide an increased child/staff ratio of 1:1 for one of the children. This additional staffing requirement was recognised by the service managers and the social work team and representations for approval for an additional staff member had been made to the national private placement team.

The centre manager completed the staff duty rota several months in advance to ensure that all planned leave, staff training and the provision of fully licenced drivers was incorporated into the rota. Staff confirmed that there was always a balance of experience and skills set across the rota.

There were adequate on call arrangements in place to guide, support and direct staff out of office hours when a manager was not present on site. On-call was provided on a rotational basis by centre managers, deputy managers and other service managers. Monthly on-call rosters were made available to staff. Records of on-call interactions and decisions made were maintained for review and oversight purposes.

There was a policy and arrangements in place to promote staff retention and continuity of care for the children. Graded pay scales, opportunities for career progression and professional development, access to a pension scheme, maternity leave, post crisis response, support from managers and the clinical team were some of the measures cited by staff that promoted staff retention. There were low levels of sick leave and overall, the staff found the centre to be a supportive and pleasant working environment.

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 a sufficient pool of regular relief staff is available to ensure consistency of care for the children.
- The registered provider must ensure that verification of staff members qualification is secured on file.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
5	The registered proprietor must review the policy document in full to ensure all policies and practices outlined in the National Standards for Children's Residential Centres 2018 (HIQA) are captured in their policy and procedure document.	The policy document is currently being reviewed to ensure all policies and practices outlined in the National Standards (2018) are captured in the policy and procedure document. To be completed by the 30 th of November 2021.	Policy document to be reviewed annually.
6	<p>The registered provider must ensure that a sufficient pool of regular relief staff is available to ensure consistency of care for the children.</p> <p>The registered provider must ensure that verification of staff members qualification is secured on file.</p>	<p>The organisation is currently actively recruiting for the centre to ensure access to regular relief staff to provide consistency of care to the children. To be completed by 30th November 2021.</p> <p>The registered provider is actively following up on this outstanding verification and it will be placed on file when received. To be completed by 29th October 2021.</p>	<p>Organisational recruitment is active and ongoing to ensure regular staff are available to ensure consistency of care for the children.</p> <p>All verifications of staff qualifications to be secured and placed on file prior to staff member beginning employment.</p>