



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 003

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Fresh Start Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	18th, 19th & 25th May
Registration Status:	Without attached conditions from 8th April 2020 to 8th April 2023
Inspection Team:	Cora Kelly Catherine Hanly
Date Report Issued:	26th July 2021

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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 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 on the 08th April 2011. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from the 08th April 2020 to 08th April 2023.

The centre was registered to provide care to up to four children of both genders from age thirteen to seventeen years on admission. The centre operated a needs assessment model of care with the aim being to offer children a safe caring environment delivered through a nurturing system. The model is described as having clearly defined boundaries and expectations that responds to the child's immediate needs. There were three children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1, 1.2, 1.3, 1.4, 1.5, 1.6
8: Use of information	8.1, 8.2

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 01st July 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 14th of July 2021. The CAPA was deemed to be satisfactory and responded to the issues identified.

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: 003 without attached conditions from the 8th April 2020 to 8th April 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

A section on children's rights formed part of the centres operational policies and procedures. Policies contained within this section included consultation with children and young people, complaints, access to information and an anti-discrimination policy. These connected to other policies in place that supported the right for children's voices to be heard for example admissions, placement planning and key working policies. Whilst the rights of young people as prescribed in the United Nations (UN) Convention on the Rights of the Child and in Irish law was absent from the policy document it was included in the young person's information booklet and information was on display in the centre. The centre manager stated that information relating to children's rights were discussed with staff at the induction stage of employment and were regularly discussed at team meetings as part of their ongoing work in providing care and support to the young people. The inspectors observed from the review of a sample of team meeting minutes the staff practices were child centred. Staff in interview and through questionnaires demonstrated a good working knowledge of how the rights of young people were promoted in the centre for example at the weekly house meetings, supporting young people to attend their statutory child in care reviews, promoting education and training opportunities, promoting family contact, responding timely to complaints and right for young people to be listened to.

Young people were provided with welcome booklets upon admission to the centre. The key working system in place allowed young people to be informed of their rights at this stage with further work completed during informal and formal key working sessions. This was completed in a manner appropriate to the age, ability, and stage of development of the young people.

In interviews with centre management and staff the inspectors were informed of the ways that a culture of respect for each of the three young people was promoted for example their input was sought when making daily plans and devising weekly plans, placement and key working plans. Two of the young people wrote in their questionnaire that they had a say in making decisions. The inspectors found that a deficit existed in the recording of this work as they could not corroborate information relating the voice of young people being captured during their review of centre paperwork and young people care files.

From interviews and the review of documentation it was clear that young people were treated with dignity and respect in line with their rights. There was evidence that staff practices promoted equality and supported young people's choices regarding gender identity, cultural identity and sexual orientation. Work in these areas was considerate and sensitive to the wishes of the young people. Social workers and Guardian ad litem spoke positively with the inspectors of staff practices in these areas. The inspectors found that the wishes and values of young people were respected in terms of their dietary requirements and engagement with social and community groups and activities. In line with the wishes of one of the young people staff were supporting their decision to follow a vegetarian diet. It was noted from the daily logs that there was a lack of specific detail regarding meals provided in the centre. The inspectors recommend that the centre manager considers how they will track this to ensure that the young people are being provided with healthy and nutritious meals. Young people's interests had been identified and they were promoted daily by staff. This was evident from the inspector's review of the individual daily logs that took account of the young people's activities in line with their daily plans. Through questionnaire all young people stated that they were happy with the amount of choice they had about what they could wear, that they could prepare and cook their own food, and could choose their own activities. One of the young people also spoke of this in interview with one of the inspectors.

Standard 1.2 Each child's dignity and privacy is respected and promoted.

The inspectors found that staff practices focused on respecting the dignity and respect of each of the young people and were child centred. This was observed from the review of placement plans, contact records and daily logs. Each young person had their own ensuite bedroom and indicated through questionnaire they were happy with the amount of space for their personal belongings. All three young people indicated that their right to spend time on their own was respected by staff. A request by one of the young people to have access to an external specialist support and service was facilitated by centre management. Facilities were available in the

centre for personal communication and for young people to meet with family, friends and professionals. There had been no limits placed on the privacy of the young people.

The centre manager stated in interview that young people knew who their information was shared with. From the review of young people's care files the inspectors did not observe any records relating to this nor was it referenced in the young people's information booklet. Staff in the centre maintained memory boxes for young people with young people keeping their own items.

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

The inspectors found that the young people were supported to exercise personal choice and opportunities were available for them to make decisions about care provided to them. Two of the young people regularly attended the weekly house meetings with the third young person choosing not to join the meeting on most occasions. Senior management had identified from audits conducted in May 2021 on theme one of the National Standards for Children's Residential Services, (HIQA) 2018 that there were deficits regarding the effectiveness of the house meetings. They found that hearing the voice of the young people required significant improvement and they needed to be linked more effectively to the team meetings. The inspectors identified that some improvement had been made but further work was required so that more meaningful house meetings are held for the benefit of the young people and staff. A more structured approach may assist a positive contribution by young people for example developing a standing agenda that included items such as weekly menu planning, individual and group activities, complaints, manager updates and feedback. Staff facilitating the meetings should be free to exercise their professional judgement and knowledge to make some decisions at the meetings. House meeting minutes need to be reviewed and discussed at team meetings with outcomes on decisions fed back to the young people. Also, the centre manager must consider other ways to ensure that the voice of young people who chose not to attend meetings are captured and responded to in the same way for those who attend the weekly house meetings. Priority was placed by staff on having shared mealtimes to encourage group discussions.

Each young person had a key worker and a support key worker. In interview and from the review of young people's care files the inspectors observed that key workers had developed positive relationships with their key child. They were found to have

been good advocates for the young people, demonstrated a good understanding of the needs of the young people and provided information in a manner appropriate to their age and stage of development. Records relating to key working plans and sessions evidenced that key working sessions were part of the weekly plans for young people and sessions were regular. As previously stated, the inspectors found that the voice of the young people was not recorded across the related records. Staff supported young people to attend their statutory child in care reviews and sought their views before and after the reviews in conjunction with their social workers.

A section on access to information was contained in the young person's booklet with a policy detailed in the centres policies and procedures document. These documents detailed what information was recorded about them and that they could access information recorded about them. Key workers held responsibility for explaining to young people what information was held about them. A staff member in interview was not clear of the procedure for when a young person wanted to access their records. The inspectors recommend that the policy is refreshed with staff at a team meeting.

From the review of young people's files there was evidence that the young people had been informed about the advocacy services such as Empowering People in Care (EPIC). Information was also detailed in the young person's information booklet. Two of the young people had engaged with EPIC on a number of occasions during their placement. The third young person stated in interview that they were aware of the service but hadn't been in contact with the service yet.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

It was clear to the inspectors that information had been communicated to young people in a way that was age appropriate and took account of their communication needs. The young people had been provided with a comprehensive child friendly welcome information booklet upon admission to the centre. Key workers held responsibility for reviewing the booklet with young people. Detailed information in the booklet included for example, information on the various staff and professionals who would be providing care and support to them, what information is kept on them, what they could expect from living in the centre in areas such as education, pocket money, who they could talk to and how they could be kept safe. There was a specific section in the booklet where young people could state their preferences in terms of activities, food, people that were important to them and an all about me page.

The young people were aware of why they were living in the centre. Social workers in interview confirmed this too. Young people had been provided with a child-friendly booklet on the National Standards for Children’s Residential Centres, 2018 (HIQA). It had also been discussed at a young people’s meeting and information was also on display in the centre.

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The inspectors found that staff had placed a strong focus on promoting family access, contact with significant others and encouraging friendships and involving young people to participate in activities in their communities of origin and those local to the centre. This was evident from interviews with staff, social workers and Guardian ad litem who spoke positively of the efforts by staff in these important areas. Family contact was facilitated through telephone calls and visits that was in line with the wishes of the young people. Family contact records evidenced this. The young people’s parents, siblings and friends were encouraged to visit the centre. The inspectors found that staff were in regular communication with families and sought their input into the care of the young people. Families were invited to attend school meetings and other appointments. In their absence, staff facilitated this and updated them after.

It was found that the young people were encouraged and supported to develop and maintain their interests and hobbies such as horse-riding, gardening and exercise. Special occasions such as birthdays and personal achievements were found to have been marked, celebrated and documented. Each young person had access to the centre telephone and television both in their bedroom and in the centre. All had their own personal mobile phones and were provided with phone credit by the centre. The inspectors found that following an incident with respect to inappropriate social media use and speaking with strangers online follow up work by staff with the young people was outstanding. It was recorded on two of the young people’s care files that key working on safe online use was to occur regularly. There was evidence of a single piece of work being completed as part of a key working and the issue being raised at a house meeting where young people refused to engage with staff on the matter. The centre manager must ensure that outstanding key working on online safety is concluded.

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

It was found from the review of the daily logs that young people were being listened to in terms of daily plans and there was some evidence they were consulted when decisions about the centre were required. As mentioned previously, the house meetings require improvement so that young people have opportunities to be included in decisions being made about the centre. The centre did have in place feedback forms to capture the views of young people who had left the centre and their parents. The form was not utilised when a young person left the centre in 2020. This was a missed opportunity for the centre to get feedback on the young person's experiences of care provided by the centre and the views of their parent. The centre manager must ensure that feedback forms are utilised when required.

The centre had updated its policy on complaints in April 2021 and inspectors found the procedures to be consistent with relevant legislation, regulations and best practice guidelines. Staff in interview were aware of the changes in the policy and of the updated terminology. The format of the complaints register had been updated and now includes a section to record young people's responses to complaint outcomes. It was viewed from the register that all five complaints that had been made in 2020 had been concluded. The single notifiable complaint that was entered into the register in the month previous to this inspection had been concluded with the young person's response observed by the inspectors. In interview the social worker was satisfied with how the complaint was managed. There was evidence of senior management oversight and it was forwarded to the complaints officer appointed within the organisation. Information on complaints was contained in the booklet for young people and the leaflet for parents. In interview and through questionnaires young people stated they were aware of how to make a complaint. They were aware that they could escalate complaints to their social worker, EPIC and the Ombudsman for Children. Details of complaints were held on the young people's care files. It was included in the updated policy that centre management would carry out a review of each notifiable complaint seeking feedback from the young person on the effectiveness of the complaints procedures. As this piece of work was outstanding the inspectors recommend that the centre manager finalises it.

Compliance with Regulations	
Regulation met	Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.2 Standard 1.4 Standard 1.6
Practices met the required standard in some respects only	Standard 1.1 Standard 1.3 Standard 1.5
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that the voices of young people are captured across the various recording templates in the centre.
- The centre manager must ensure that the process for facilitating house meetings is strengthened and seeks to include engagement by all young people.
- The centre manager must ensure that outstanding key working on online safety is concluded.

Regulation 17: Records

Theme 8: Use of Information

Standard 8.1 – Information is used to plan, manage and deliver child-centred, safe and effective care and support.

Inspectors found that care and operational systems in place led to information being collated, managed, used and shared to inform decision-making. These included daily logs, placement plans, monthly reports and monthly evaluation reports with the latter being forwarded to social workers for their information and feedback. As stated in this report some improvements were required with respect to capturing the voices

of the young people across the various records and improving the quality of house meetings.

Arrangements in place to evaluate and manage the safety and quality of care provided in the centre included assessment of need, monthly audit checklists, monthly health and safety checklists, significant event reviews and monthly evaluation tools in place to monitor significant events. The inspectors found from their review of a sample of the monthly evaluation tools that were completed for each of the young people, external feedback was provided and it was easy to observe patterns and trends of behaviour. The centre manager advised that exit interviews were conducted when staff left the centre. From the review of the exit interview template the inspectors suggest that by having more open questions it could lead to more data being gathered and service improvements.

The placement plan system in operation ensured that information was being gathered on the young people on an ongoing basis and it was discussed regularly at team meetings and clinical team meetings. For one of the young people risks that had been identified in a timely manner concrete plans needed to be put in place to minimise the risks.

The centre manager stated that young people and their parents had been advised on the recording and use of personal information. This information was also contained in the information booklet provided to young people.

Standard 8.2 – Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

Senior management advised in interview that the updating of the centres auditing system is due to be completed by the end of 2021. In the interim audits would continue to take place in line with the newly developed schedule. Inspectors reviewed the action plans that accompanied audits and found that actions identified were being met. In interview with staff, there was a deficit in knowledge with respect to the auditing system as they were not able to identify any audits that were completed on the centre. Discussions on audits were absent from the team meeting minutes. The inspectors recommend that the centre manager discusses the auditing system for the centre at the next team meeting.

The inspectors found that individual care files were found to have been structured and organised well. There was good oversight of centre and care records by centre

management however it was found that staff signatures were absent from a significant number of records. The inspectors recommend that the centre manager, through their oversight of records ensures that all records are evidenced as complete by staff through signatures.

The centres register of young people held the required information for each of the young people in placement. Each young person’s personal information was protected and respected. Information was locked in a cabinet in a locked staff office. Information transferred by email was password protected. Staff in interview were clear who personal information is shared with. Confidential sections on young people’s care files ensured that their privacy was promoted and respected.

In interview staff were familiar with the policy for the retention and destruction of records in line with legislative requirements. Arrangements in place for young people to access their personal records was outlined in the access to information policy and their information booklet.

Compliance with Regulation	
Regulation met	Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 8.1 Standard 8.2
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	None Identified

Actions required

- N/A

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure that the voices of young people are captured across the various recording templates in the centre.</p> <p>The centre manager must ensure that the process for facilitating house meetings is strengthened and seeks to include engagement by all young people.</p>	<p>The centre manager will ensure the voices of young people are captured across a wide range of recording documents in the centre- including but not limited to key working sessions, significant conversations, house meetings, SEN's (LSI's), complaints, weekly plans, daily logs.</p> <p>Immediate & Ongoing.</p> <p>The process for facilitating house meetings has been reviewed with the young people and the care team and all staff are tasked with ensuring the process is strengthened and seeks to include engagement with all young people.</p> <p>Completed at Team Meeting on 10.06.21.</p>	<p>The centre manager will maintain oversight of all recording templates and where any deficits are identified, these will be communicated to the care team via the team meetings forum for improvement.</p> <p>All House Meetings will be routinely reviewed by the centre manager and discussed at each Team Meeting.</p>

	The centre manager must ensure that outstanding key working on online safety is concluded.	Keyworking has been completed with all the young people on online safety and this will be included on all young people's keywork plans as necessary. This was most recently completed with all current young people on 06.07.21, 07.07.21, 07.07,21 and 09.07.21.	Online safety Keyworking sessions will be carried out with all young people as necessary. The centre manager will maintain oversight and routinely review Keyworking requirements.
8	None Identified.		