



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Fresh Start Ltd
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	29th & 30th of April, and 14th of May 2024
Registration Status:	Registered from the 8th of April 2023 to the 8th of April 2026
Inspection Team:	Catherine Hanly Cora Kelly
Date Report Issued:	14th August 2024

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 Development: (standard 5.2 only)	
3.3 Theme 6: Responsive Workforce: (standard 6.4 only)	
4. Corrective and Preventative Actions	18

1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 8th of April 2011. At the time of this inspection the centre was in its fifth registration and was in year one of the cycle. The centre was registered without attached conditions from the 8th of April 2023 to the 8th of April 2026.

The centre was registered to provide multi occupancy for up to a maximum of four young people of all genders between the ages of thirteen to seventeen upon admission. There was one young person under derogation as they were outside the age profile for the purpose and function of this centre. Appropriate documentation had been forwarded to ACIMS for this purpose. 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 was described as trauma informed with a positive focus, having clearly defined boundaries and expectations that responds to the child's immediate needs. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.4

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 24th of May 2024. 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 7th of June 2024. Several factual inaccuracies were identified by centre management in addition to disputed findings. The CAPA was not deemed to be satisfactory, and the lead inspector responded to centre management in relation to the factual inaccuracies, the disputed findings and the additional detail that was required in the CAPA and the reasons for same. The lead inspector had a telephone conversation with the acting centre manager (covering a period of leave for the full-time manager) on the 27th of June. Following this discussion, an updated CAPA was provided on the 1st of July 2024 that was 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: 003 without attached conditions from the 8th of April 2023 to the 8th of April 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

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 wellbeing and personal development.

There were four young people residing at the centre upon inspectors' arrival. Two of these had recently moved into the centre on the same day and were new to residential care. A second young person had been living at the centre for over a year and the fourth had been residing in this service for over three years. Both latter young people had been resident during previous inspections. At the time of inspectors' visit, there were up to date statutory care plans on file for only two of the four young people living in the centre, those two that had moved into the centre three weeks prior to this inspection and, as one of them was under twelve years of age, their statutory care plan was subject to monthly statutory review. Actions documented in both care plans would be more accurately described as summarising statements as they did not specify actions per se within the context of overall planning for the children involved. The allocated social worker described the placement in this centre and the overall care plan in its broadest context, as providing a place of safety for the children whilst ongoing work and intervention was being undertaken within the family. This lack of specific named actions in the care plans was identified to the allocated social worker after inspectors' visit. In response to this draft inspection report, centre manager noted their satisfaction with these care plans, which they described as "*simple*". Due to the lack of named actions in the care plan, and what was presented as a broad requirement of the centre to provide a safe and stable environment, the corresponding detail in centre placement plans was equally lacking in specific detail. Inspectors are of the view that social work and centre management must prioritise the clear defining of needs and actions, albeit simple, to meet these going forward for both children.

The other two young people in the centre did not have their most recent and current statutory care plans on file at the time of inspectors visit. One social worker informed the inspector that although a statutory child in care review (CICR) had been convened a month previous, due to lack of resources within the social work

department the minutes had not been completed and shared and the care plan document had not been updated and disseminated, both the responsibility of the independent chair of the CICR. Staff from the centre had taken their own notes of one young persons' review meeting and these were of a good quality, being action oriented. However, whilst there was discussion relating to therapeutic plan, there was little documented in the record of this CICR that related to the child's emotional health and actions directed at equipping them with the practical skillset for independence, both areas were presenting as current needs for them. The centre record taken for the other young persons' CICR required improvement as actions and decisions were not recorded. Centre management must continue to pursue formal plans and agreements from CICRs.

Inspectors found that placement plans required development in several aspects, a matter that had been highlighted in an inspection by the Alternative Care Inspection and Monitoring Service of a sister house operated by this company in March of this year, with no evident action taken across the company. There was evidence that some of the children were consulted with regarding their statutory care review, but this was less evident within placement plans reviewed by inspectors. Inspectors found that the needs of individual children were not clearly identified in the first instance within the placement plans, and this may then have contributed to what inspectors found to be lack of specificity and crossover between goals, interventions, and measurable outcomes. The interventions, including the input from members of the clinical team where relevant, was not consistently clearly stated by the staff team in the development of the plan; and the child's progress within the placement was not evident through these plans. This was particularly evident for the two young people that had been residing for a longer period in the centre. Their placement plans did not reflect their current presenting needs that were evident across other records and information gathered. There had been no review of the format of these placement plans for years, and staff did not see themselves as having the autonomy to review them or suggest that this be undertaken. A review of the placement plan format in use must be undertaken by management, it must focus on how young people are consulted regarding their own placement plan, and how their views are incorporated into the document must be considered. Additionally, how progress of young people within their placement is tracked must be considered within this review.

External supports had been identified at various junctures for the young person that had been resident the longest in the centre. They had variously declined to engage or had minimally engaged in these before withdrawing from the service offered, over the years. As mentioned earlier, the evidence of input in the form of directing or

contributing to interventions from the clinical team was not apparent in placement or care planning documents at the centre and the minutes of the staff meeting with the clinical team represented a reflective space as opposed to clinical direction or intervention.

The evidence of communication with the various social work departments responsible for the young people placed in the centre was varied. There was regular contact with the social worker for the two young people most recently placed in the centre. One of the young people had not had an allocated social worker for over one year and this matter had not been escalated by centre or senior management with the relevant social work department. This young person had an allocated case worker, but they acknowledged to inspectors that their contact and interaction with the young person had been very limited over the previous year. Improvements are required by centre management to ensure communication with the relevant social work teams/personnel is optimised to achieve continuity of care and adherence to care planning.

Inspectors spoke with three of the four young people, the fourth young person declined to meet with inspectors or complete a questionnaire. Two of the young people were new to residential care and had a limited understanding of what it meant, and they didn't know how long they were going to be living there. They expressed happiness with the staff team and how they were being cared for. They were continuing in their previous schools, and they were facilitated to see family. The other young person that spoke with inspectors stated they were happy living in the centre, got to see family and were facilitated to return to their home area. They informed inspectors that they had recently commenced home tuition with a view to taking their state exams and it was hoped that they would work towards a return to mainstream education in the Autumn.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	Not all areas under this standard were assessed

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- Centre management must ensure, upon receipt, that needs and actions are clearly named in statutory care plans.
- Centre management must oversee their recording systems to ensure decisions and actions related to care and placement planning are clearly identified and appropriately recorded in placement planning documents.
- Centre and regional management must undertake a review and development of placement plans that incorporates each young person's stated needs, current presentation, is reflective of their goals for the placement and better tracks individual progression and achievements.
- Centre management must improve their communication systems and records of contact and agreements with social work teams.

Regulation 5: Care Practices and Operational Policies **Regulation 6: Person in Charge**

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

This centre has had a consistent manager for several years which had provided stability through multiple location moves and changes of young people residing there. There was a deputy manager in place who had been appointed in February 2024. They undertook the duties of the manager during periods of leave, with a list of clearly delegated tasks provided to inspectors. The manager was due to go on a period of leave soon after this inspection and the deputy manager would be acting manager for that period. A staff member within the company had recently been appointed as deputy manager to step into this centre when the current manager commenced their leave. Staff spoke during interview with inspectors, and it was recorded and reported

elsewhere, that there had been a brief period of unrest for staff, described by the manager, when the deputy manager post was in flux and now that persons had been appointed, there was some reassurance amongst the team.

The policies and procedures for the organisation had been recently reviewed in October 2023, with evidence of discussion of some of these at team meetings. Staff were aware of policy review undertaken at a senior management level but did not describe themselves as having any direct input to this process, rather they understood their responsibility to familiarise themselves with policies in the document and knew of its availability as a reference document when needed. The centre manager replied to the findings of the draft report and stated that policies and procedures were made available to all staff via an email from the company CEO and feedback was sought. This was not described by staff interviewed therefore inspectors cannot comment on the effectiveness of this consultation process by the CEO.

Inspectors noted from a review of policies relevant to the standards in this inspection, that there were discrepancies between practice and guiding policy. For example, the policy in relation to pursuing updated statutory care plans for young people had not been instituted by centre management. Additionally, the aim and focus of placement plans as stated in the policy document were not being realised in practice. Centre management must improve their governance and oversight systems to ensure that policies are being implemented in practice across all areas.

Governance arrangements and structures in place included the regional manager role which had been introduced two years previous within the company and which, the centre manager described as being a very positive development in terms of support. The regional manager visited the centre regularly but did not have a formal or structured approach to visits. The regional manager supervised the centre manager formally and regularly. The company had a quality assurance practice manager who conducted regular audits against identified national standards. The regional manager informed inspectors that an external consultant had guided the development of the auditing system and template in use. The audits and findings were presented in report format to the centre manager who in turn submitted an action plan to address any identified deficits. Inspectors found that these audits were largely positive and rarely identified deficits in areas examined, including in audits conducted on the standards examined in this inspection. Where action was identified, for example in an audit related to record keeping it was identified that staff must promptly sign all records, it was unclear who held the responsibility for ensuring action committed to was followed through. Inspectors found multiple post-it notes directing staff to sign documents across almost all care records reviewed for this inspection. Senior

management should consider the value in conducting a review of the audit system to satisfy themselves that it is fit for purpose in effectively identifying and addressing any deficits.

The centre and regional managers both described a learning culture within the organisation, referencing ongoing training, regular policy discussion and review, audit feedback as well as inspection feedback being shared organisationally. This was evident to some degree in staff meeting minutes, and in the use of consultants in relevant areas to support the development of systems in the organisation; but was not broadly evidenced in other records such as multidisciplinary meetings and through placement plans reviews for example. Neither did inspectors see evidence of organisational change in response to findings and feedback delivered in another centre, on the matter of placement plans, within the company two months prior.

The centre had a policy on risk assessment/management with an accompanying risk matrix. An external company had provided consultation to senior managers within the company on risk assessment and management. There was a centre risk register which was identified as being reviewed and updated monthly; however, inspectors noted that some of the content on the centre risk register pertained to individual young people or risks that presented to/by them and not all of these warranted being placed in the centre risk register as they did not pose a risk to the centre itself, rather these would be more appropriately placed within their individual care files. Some risk items remained on the centre register, despite reference elsewhere that contradicted this. For example, a risk presented by a young person vaping and smoking indicated that key working was to be done to educate them about the risks involved. In their individual care file, where this risk should be more appropriately documented and accounted for, it stated that all key working had been done and not to name this issue continually to them. The ongoing review of the register had not noted that this work had since been done hence this direction should have been removed from the register. Additionally, where risks were identified and mitigating factors named, the achievement of the mitigating factors, in this instance training to the staff team in self-harm and suicidal ideation had not resulted in the reduction of risk rating. It was unclear to inspectors whether this was due to the lack of understanding of the risk framework in place, or if the provision of training was insufficient in reducing the risk.

Too much of the content of the centre risk register related to individual young people and associated risks that did not all present a risk to the centre and therefore should not all be on the centre risk register. Individual risk assessments placed on young people's individual files contained too much identifying and unnecessary

information, with the actual risk not consistently clearly named. Inspectors' overall findings was that there remains significant development for the centre management and staff team in terms of understanding risk, assessing it, and managing it.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	Not all areas under this standard were assessed

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

Actions required

- Centre and senior management must improve their governance and oversight systems, including auditing systems, to ensure that practices consistently adhere to policy and that these systems are appropriately robust in creating and maintaining an environment within which safe and effective care is provided.
- Centre and senior management must review the risk management framework in operation, the understanding of risk assessment and management at the centre, and the recording and review mechanisms in place to satisfy that these are well understood and effective in contributing to the provision of safe care in the centre.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

The staff members interviewed referenced multiple opportunities to complete training, stating individuals were provided with sufficient advance notice of

upcoming training dates; it was deemed part of their working hours, and cover was provided if training fell on a working day. The centre manager was responsible for conducting a training needs analysis (TNA) for the staff team under their management on a yearly basis. Inspectors were provided with a TNA document that was undated, unsigned, and contained little information of substance with only one action identified that was linked to one training need identified. Training was categorised into mandatory and non-mandatory, but staff or the centre manager could not clearly explain the reason for the distinction, and centre management had not documented this in centre policy. Mandatory training completed by staff included training in a therapeutic crisis intervention model, first aid, child protection, manual handling, and fire safety. Examples of the non-mandatory training completed included mandated persons training, and Children First, as well as medication management, all of which are central to the work of residential care staff. There had been training provided to the team recently in Dyadic Developmental Psychotherapy – which staff referenced in interview, the integration and value of this had yet to be seen through the work of the staff team as some were still awaiting completion of this training.

The regional manager clarified the agency's interpretation of mandatory training and acknowledged that this requires further clarification and explanation to staff teams. Once this clarity is communicated, this information should inform a comprehensive TNA which must be undertaken and reviewed annually. One staff member informed inspectors that they had undertaken a piece of training relevant to the work which they had found to be invaluable. They had relayed this, they stated to inspectors, to the clinical team to develop or make available this training for the staff team but they were unaware of any progress made on this since. Members of the staff team had completed internal training to assist them in supporting young people with mental health concerns, self-harm, and suicide ideation. This training had not resulted in a reduction to the risks rating/scoring of this matter in the centre risk register, as noted earlier. The TNA must be specific in naming the actions required to meet the identified training needs of individuals and the staff team as a group.

Inspectors noted from a review of the staff training records maintained on excel that the staff lists needed to be updated to account for internal transfers and new staff in this centre. The manager confirmed with inspectors, upon receipt of the draft report, that this record is updated monthly. It may be worth reviewing the recording system to ensure it is easily self-explanatory.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	Not all areas under this standard were assessed

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 6.4
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The centre manager must undertake a comprehensive training needs analysis that identifies the training needs as set against the requirements for mandatory training as well as supplementary training that supports the direct work with young people. Actions to address needs identified should be specific with timeframes attached.
- The staff training excel record to be updated to take account of changes in the staff team and to ensure accuracy with training and refresher dates.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must ensure, upon receipt, that needs and actions are clearly named in statutory care plans.	The Centre management has communicated with the relevant Social Work Department to request that future care plans have clearly identified needs and actions. Centre management will also complete a robust review of care plans upon receipt to ensure same and liaise with the Social Work Department if any discrepancies arise. Discussed with relevant Social Work Department during a recent CICR 22.05.24. Completed 22.05.24 and ongoing	Centre management will complete a robust review of care plans upon receipt to ensure that needs and actions are clearly named in statutory care plans.
	Centre management must oversee their recording systems to ensure decisions and actions related to care and placement planning are clearly identified and appropriately recorded in placement planning documents.	Centre management have devised a plan internally to oversee the recording systems in place on a weekly basis to ensure decisions and actions related to care and placement planning are identified and appropriately recorded in placement planning documents. 29/05/24 and ongoing	The centre management will ensure that all actions outlined in care plans as well as those identified in multi-disciplinary team meetings and other relevant documentation, are accurately and appropriately captured and tracked on a regular basis throughout the month. The centre management will also furnish the

	<p>Centre and regional management must undertake a review and development of placement plans that incorporates each young person's stated needs, current presentation, is reflective of their goals for the placement and better tracks individual progression and achievements.</p>	<p>The centre management met with the TCI monitor who oversees the placement planning for the house to review the placement plans of the young people in the centre. Upon review centre management and TCI monitor seen that the goals and interventions were not being accurately measured and not tracking individual progressions and achievements. The centre management and TCI monitor completed the recent placement plan for all young people and have all goals identified with measurable outcomes. It was reiterated that the care team should review, and capture goals and needs outlined in the care plans, needs assessments, MDTM interventions, as well as the voice and presentation of the child when recording placement planning to ensure that placement plans adequately reflect and track individual goals. The</p>	<p>relevant members of clinical team with a copy of these documents for their review and signature</p> <p>Centre management will complete weekly reviews of placement plans and evaluations to ensure individual progression and achievements are tracked and recorded. The centre management will also furnish the relevant members of the clinical team with a copy of completed placement plans monthly for their review and signature.</p>
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	Centre management must improve their communication systems and records of contact and agreements with social work teams.	<p>centre manager oversees the completion of same, as well as the monthly evaluations to ensure the adequate capture and recording of progression and achievements.</p> <p>29-05-24 and ongoing</p> <p>Centre manager will ensure clear and concise communication with relevant social work departments and record all contacts and agreements that are put in place. The centre management will escalate any issues regarding social work department or lack of social worker through the correct channels.</p>	Centre manager will ensure the policy and procedures are followed and escalation procedures are followed in the event any further admissions of young people do not have a social worker involved in their care. The centre management will ensure correct procedures are followed when recording of contact and agreements with social workers.
5	Centre management must improve their governance and oversight systems, including auditing systems, to ensure that practices consistently adhere to policy and that these systems are appropriately robust in creating and maintaining an environment within which safe and effective care is provided.	<p>Centre management discussed this at a team meeting on 29-05-24 and a new system was implemented in the daily handover to ensure practices are consistently followed and adhere to policy.</p> <p>The centre manager will implement a more robust oversight system with daily and weekly review of centre governance including a review of YP files and daily handovers to ensure effective care is being</p>	Senior Management reviewed the current auditing system which is completed in line with the National Standards (2018) and centre policies. All actions from audits will continue to be assigned to specific persons, most notably the centre manager and actions given a timeframe for completion. These actions will then be reviewed when completed by senior management. Senior management will also conduct regular

	<p>Centre and senior management must review the risk management framework in operation, the understanding of risk assessment and management at the centre, and the recording and review mechanisms in place to satisfy that these are well understood and effective in contributing to the provision of safe care in the centre.</p>	<p>provided. 29-05-24 and ongoing.</p> <p>A review of the risk management framework is currently underway by regional management. This in turn will be reviewed with the centre management to ensure that the correct recording, scoring and escalation of risks are recorded on the risk register to ensure effective provision of safe care in the centre. To be completed by July 31st, 2024.</p>	<p>reviews of the day-to-day centre governance and oversight systems. The centre management will ensure weekly review of all centre governance on a regular basis to ensure that practices consistently adhere to policy and address any deficits promptly as they arise and in turn address same at team meetings.</p> <p>The centre manager will ensure the risk management framework is understood and applied consistently across all areas of risk management. The centre manager will also ensure the escalation process is followed by centre management for all risks as per the risk management policy.</p>
6	<p>The centre manager must undertake a comprehensive training needs analysis that identifies the training needs as set against the requirements for mandatory training as well as supplementary training that supports the direct work with young people. Actions to address</p>	<p>A review of mandatory and non-mandatory training is currently under way. Centre management will review the current training needs analysis for the centre to identify any requirements that would enhance and support direct work with the young people.</p>	<p>A training needs analysis is completed annually to ensure training delivered for staff is effective in its purpose of supporting and safeguarding children and young people. This will be added to as identified needs arise.</p>

	<p>needs identified should be specific with timeframes attached.</p> <p>The staff training excel record to be updated to take account of changes in the staff team and to ensure accuracy with training and refresher dates.</p>	<p>To be completed by 31-07-24.</p> <p>Centre manager informed inspectors that this record is updated monthly and thus the record provided to inspectors had not been updated at the time of the inspection.</p>	
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