An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 022

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Fresh Start Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced themed inspection**
Date of inspection:	**17th, 18th and 19th October 2022**
Registration Status:	**Registered from 06th October 2020 to 06th October 2023**
Inspection Team:	**Ciara Nangle** **Janice Ryan**
Date Report Issued:	**27th January 2023**

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

Contents

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 06th October 2014. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 06th October 2020 to the 06th October 2023.

The centre was registered as a multi-occupancy service to accommodate four young people of both genders from the ages of thirteen to seventeen on admission. The model of care was described as a needs-led therapeutic model for children and young people with a history of trauma, separation, and loss. There was a sibling group of two 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
3: Safe Care and Support	3.1
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 with the relevant persons including senior management and staff, and the allocated social worker. 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 on the 16th November 2022 and to the relevant social work departments on the same date. 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 24th November 2022. 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: 022 without attached conditions from the 6th October 2020 to the 6th October 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The registered provider was in the process of reviewing their policies and procedures to ensure that they were fully compliant with the National Standards for Children's Residential Centres, 2018 (HIQA) and Children First: National Guidance for the Protection and Welfare of Children, 2017. It was expected that these would be finalised by the end of November 2022. However, at the time of the inspection a new child safeguarding policy had come into effect on the 14th October 2022. The centre manager had reviewed this document during a staff team meeting on the 17th October 2022 to brief the staff team on its implementation. This policy will be incorporated into the full suite of policy documents that are under review and further training should be provided to staff on these.

The centre manager was the Designated Liaison Person (DLP) for this centre and had been trained in this regard. When the centre manager was unavailable the deputy manager took on this role. Out of hours, the on-call manager was the DLP for the centre.

A child safe-guarding statement (CSS) dated 12th September 2022 was in place for the centre. This was approved by the Child Safeguarding Statement Compliance Unit on the 17th October 2022. Staff in interview confirmed they were aware of this statement and that it was on display in the centre. However, in interview staff were not clearly able to identify the risks addressed within the updated statement. The centre manager must ensure that staff are aware of the risks and safeguards identified within the updated CSS.

There was a recruitment policy in place and appropriate Garda vetting was on file for staff members working within the centre. There was a visitors log in place and all visits to the centre were recorded in this. Staff and management within the centre demonstrated an understanding of their roles and responsibilities regarding the safeguarding of the young people in the centre. In interview they were all able to

identify the vulnerabilities of the young people and identify the work that was being undertaken to reduce the risks to their safety and welfare.

There was a policy regarding bullying within the centre. However, from the files reviewed it was evident that this was not presenting as an issue which was confirmed by staff and management. The centre had safeguards in place regarding internet and phone usage which were regularly reviewed in line with the young people's presenting needs.

All staff working in the centre had completed the Tusla E-learning module: Induction to Children's First and had completed or were scheduled to complete the organisation's child protection training. The centre maintained a register of all Child Protection and Welfare referrals (CPWR) submitted via the Tusla portal. Inspectors found that referrals made were appropriate under Children's First, 2017 and were submitted in a timely manner. Staff in interview could outline the process to be followed should a concern be raised, and from the sample of CPWRs reviewed there was an understanding across the team of this process. Inspectors saw evidence of the residential centre seeking updates in relation to the outcome of these referrals from the social work department and the centre had developed a tracker which the social worker updated with the status of each referral. However, the social work department had not provided formal responses via letter or e-mail to advise the centre of the outcome of the referrals and this is required for accurate recording and closure of these CPWRs on the centre register.

From review of the young people's care records, it was evident that there was collaborative working with the social work team and other professionals in planning for the young people. This was confirmed by the supervising social worker and Guardian ad Litem. There was regular child in care reviews completed with updated care plans and minutes being provided to the centre. Both young people had a care plan which was provided in line with the statutory timeframes.

The young people were encouraged to share their views and participate in various meetings including their review meetings and house meetings. They were involved in the creation of their daily plans which were child friendly and displayed in the centre kitchen so they could easily access them. Inspectors observed open communication channels between the young people and centre staff and management.

Both young people had Individual Crisis Support Plans (ICSPs) and Placement Plans on file. These were reviewed monthly and reflected the current needs of both young

people. There were specific risks assessments on file for the young people when areas of risk were identified. The placement plans and ICSP's were developed in line with the recommendations from the multidisciplinary team (MDT) and there was regular key working being conducted in line with these plans. There were detailed records of the discussions had at the MDT meetings attached to the young people's placement plans on their file so decision making and rationale for same was clearly evidenced. These records however didn't include a list of attendees at the meetings so it was not immediately clear what clinical oversight was involved in the development of the plans and it would be beneficial to include this in the future. The attendance records were included in the full minutes from the MDT meetings however these were held separate to the care files.

As part of these monthly MDT meetings a review of the significant events for the month occurred, and an analysis of trends and patterns was completed. It was evident from the team meetings that learning from these reviews was not disseminated to the full staff team. The centre manager must ensure that learning is used to inform the development of best practice and improve the care provided in the centre. Significant Event Notifications (SEN's) were recorded appropriately and notified to the relevant professionals and senior managers in a timely manner.

Both young people had an Individual Absent Management Plan (IAMP) on file; however, the details recorded in it did not accurately reflect the free time arrangements in place for the young people. The centre manager in conjunction with the social worker rectified this issue while the inspectors were on site. To accompany the IAMP there was a detailed guidance document specific to each young person developed by the centre which clearly outlined the specific steps that should be taken if the young people went missing from care. The centre manager must ensure that IAMP's are reviewed and updated in line with the policy and reflect the arrangements agreed for each young person.

From a sample of key working reviewed, it was evident that work was on-going with both young people in relation to keeping themselves safe and to develop an awareness of self-care and protection. At times it was difficult to engage the young people but there was evidence of on-going attempts to complete the work. External supports were utilised and advocated for when required to support both young people. Evidence reviewed also demonstrated the centre's efforts to support the young people making positive changes in other aspects of their life with work being completed around Education and Health.

There were mechanisms in place for informing parents or guardians of any significant incident or allegations of abuse. There was a policy in regard to protected disclosures in place for the organisation and staff interviewed demonstrated an awareness of this.

The supervising social worker stated that the care provided to the young people was meeting their needs and that the team were working to the best of their ability to safeguard the young people. They confirmed they were notified without delay of any significant events or issues of concern.

The inspectors met with the two young people while on site. They spoke positively about their experience in the centre and could identify who the management were within the centre. They advised they would speak up if they felt unsafe. They appeared relaxed and at ease within the centre and in the company of the staff team and management.

Compliance with Regulation	
Regulation met	**Regulation 16**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed**
Practices met the required standard in some respects only	**Standard 3.1**
Practices did not meet the required standard	**None identified**

Actions required

- The centre manager must ensure that a formal outcome letter/e-mail is received from the supervising social work team in relation to each Child Protection and Welfare Referral prior to it being closing on the centre's register.
- The centre manager must ensure that the staff team are fully aware of the risks identified within the new Child Safeguarding Statement for the centre and the safeguards in place.
- The centre manager must complete further training with staff in respect of the new suite of Policies and Procedures once in place to ensure their effective implementation.
- The centre manager must ensure that IAMPs are updated in line with policy and reflect the arrangements agreed for each young person.

- The centre manager must ensure that learning from SEN reviews is used to inform the development of best practice and improve the care provided in the centre.

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.

The centre was found to operate within clearly defined governance arrangements and structures. There was a centre manager, who was also the named person in charge, and they were supported by a deputy manager. The deputy completed 90-100 hours management work per month and the remainder of their contracted hours was working directly with the young people. There was a regional manager in post who supervised the centre manager. This was a new role within the organisation and still in its infancy. The centre manager had been in post for the previous 14 months and had extensive management experience prior to this. From the files reviewed there was evidence of the centre management team's oversight on centre care records. Within team meetings there was good evidence of leadership and positive feedback about the management was provided during interviews with staff, young people and social work. The management team were clear on the issues arising for each of the young people and positive interactions between management and the young people was observed.

From interviews with staff and a review of staff files and centre records, inspectors ascertained that there were no social care leaders in this centre. Inspectors acknowledge that one person was appointed on each shift as a shift leader whose role it was to attend the handover. From interviews with centre manager and staff and a review of care files and staff files, inspectors established that this role could not be deemed equivalent to a social care leader post. Inspectors found that any staff member, including inexperienced staff and relief staff were being appointed as a shift leader and this could not be equated to the role of a social care leader.

The centre was supported by the regional manager, the quality assurance manager, and other senior managers. From review of the visitors logs inspectors noted that there had been visits to the centre by senior managers and the clinical team. However, from the records reviewed the purpose or function of these visits was not always clear. The regional manager could articulate their role regarding oversight and governance of the centre and recently introduced a governance form which will be used to track and record oversight of the centre. It was included within the young people's booklet and the parent's booklet the contact details for various senior managers within the organisation and their role.

The centre had audit mechanisms in place to ensure compliance with the National Standard's for Children's Residential Centres, 2018 (HIQA) and themed audits were being completed by the Quality Assurance (QA) Manager with a schedule in place for the year. Three themed audits had been completed since the beginning of 2022 by the QA Manager and these reports were provided to inspectors. An audit of Theme 6 was in progress at the time of inspection. An audit in relation to Theme 3 of the National Standard's for Children's residential Centres, 2018 (HIQA) had not been completed over the past year. Given the number of Child Protection and Welfare Referrals completed to date, an audit under this theme should be undertaken. This was also an issue identified in another centre within this agency, that was recently inspected.

A monthly general audit was completed by the centre manager and returned to the QA manager each month. This audit contained some quantitative data relating to the centre. Within the sample of audits reviewed, the dates for supervision of the staff team was recorded. It was noted as part of the action plan associated with these audits that supervision was not occurring within the timeframes set out by the policy and action around this was required. These action plans were reviewed after a period of time, however the action remained incomplete. The centre manager confirmed that supervision was not occurring in line with the provider's policy. The registered provider must ensure that all social care staff, and centre management receive supervision in line with their policy to ensure governance, oversight, and the ongoing safeguarding of the young people. The mechanisms to track and review deficits identified in action plans require improvement to ensure that deficits are actioned.

A service level agreement (SLA) was in place between the registered provider and Tusla. The oversight of this arrangement rests with Tusla's National Private Placement Team (NPPT).

The centre had a risk management framework in place which included an organisational risk register, a centre register and individual risk assessments in respect of each of the young people as required. A risk rating matrix was utilised as part of the risk management framework to categorise the level of risk. Staff in interview were aware that a framework was in place and that risks were rated on a scale. There were 27 open risks recorded on the centre's risk register and on review of these inspectors found that some of these risks were no longer present and should have been closed. Additionally, there wasn't a corresponding risk assessment for each risk recorded. The centre risk register was overseen by the centre management and the QA Manager. The oversight mechanism in place requires improvement to ensure that the monitoring of active risks is robust.

Risk assessments in respect of specific needs of the young people in the centre were completed, at times some of these risks could have been managed as part of the young people's care provision. When risk assessments were necessitated, inspectors found that the plans and measures put in place to mitigate the risks were appropriate and proportionate. The centre manager must ensure all risks are appropriately identified and that the risk management framework is applied consistently across all areas of risk management. Staff training must be completed to ensure the effective implementation of the framework.

The centre had alternative arrangements in place when the person in charge was absent. The deputy manager fulfilled this role and was supported by the regional manager. Inspectors observed a recorded log of duties that were delegated to the designated person in management when the manager was absent, this log also included a record of duties that had been delegated on an on-going basis. It included timeframes for review of these to ensure that the arrangements were effective. There was an on-call policy in place also to support the staff team when required.

As detailed in section 3.1, the registered provider was in the process of reviewing its policies and procedures and anticipate having this completed by end November 2022.

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 were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	None identified

Actions required

- The registered provider and centre manager must ensure that Supervision of staff within the centre occurs in line with the policy.
- The registered provider must schedule for an audit under Theme 3 of the National Standards Framework to be completed within this centre
- The centre manager must ensure all risks are appropriately identified and that the risk management framework is applied consistently across all areas of risk management.
- The centre manager must complete staff training to ensure the effective implementation of the risk management framework

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.

Inspectors found that workforce planning occurred at management meetings with actions arising from this. The centre manager advised that they regularly completed reviews of the workforce within the centre to inform their planning. From the sample reviewed, inspectors saw evidence of a deficit in the workforce being identified in one monthly general audit completed by the manager, however the workforce was not something consistently reported on through these audits. The regional manager advised that she is not involved in the day-to-day planning of the workforce and that

Human Resources (HR), or the Centre Manager raise it if an issue arises. Since the last inspection in this centre, there have been five resignations (two full time staff and three relief). These occurred over a five month period. Given the high turnover of staff within the past year and the instability this creates for young people within the centre robust planning for the workforce within this centre must occur to create stability and consistency for the young people.

The centre was operating with 8.2 full time social care staff on their core team. This included the deputy manager's hours of direct work with the young people. The Deputy Manager had clearly defined hours within which they worked in a management role and a social care role and this was specified on the monthly roster. There are three staff on shift within the centre. In recent months, some experienced staff within the organisation had transferred to this centre.

There is a panel of two relief workers available to this centre should they be required to cover emergencies, sick leave, annual leave etc. Currently they are providing regular cover to the centre.

When the staffing roster cannot be filled by the core team or relief staff members, care staff from alternative centres within the service are utilised. From a review of the rosters, inspectors could see that attempts were made to use the same staff members when utilising staff outside the core team, however this was not always possible. The centre is due to have a full-time staff member commence on the 01st November 2022. This staff member has worked in the centre previously and as such this will provide some consistency to the young people.

From a review of personnel files, interviews completed, and the work being undertaken with the young people the staff team have the competences to work with the young people within the service.

Staff retention is discussed at management and senior management meetings and a recent staff survey was completed. Inspectors noted there had also been an Employee Satisfaction Group established, which consists of a representative from each of the centres within the agency. From records reviewed the first meeting of this group was due to occur in October 2022. Staff interviewed did not seem to be clear on the purpose or expected outcomes to be achieved from this group and could not identify any other staff retention strategies in place. The regional manager advised that there is no specific policy or strategy in place currently in relation to staff

retention, but it is something that the organisation is focussed on and discusses regularly.

Exit interviews are completed with staff which inspectors had the opportunity to review. These are now completed by HR to facilitate open discussions and feedback. Currently there is no overview or analysis of these interviews being completed. Inspectors were advised that specific individual feedback is given by HR if a particular issue is raised. The organisation could benefit from reviewing trends or patterns in staff leaving the service to inform any staff retention strategies they develop. Further work is required to develop staff retention strategies for the organisation to ensure that there is consistency within the staff team for the young people within the service. It is also imperative that when these strategies are developed that staff are made aware of them so that they can be of benefit.

There is a two-tier on call system in place which consists of out of hours on call being provided by a centre manager and back up on call being provided by a senior manager. Staff confirmed in interview that they were aware who was on call and there is a roster on the staff noticeboard. Rosters are in place for a month at a time. This system was found to be effective in its implementation.

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 were assessed**
Practices met the required standard in some respects only	**Standard 6.1**
Practices did not meet the required standard	**Non identified**

Actions required

- The centre manager must ensure that robust work force planning for the centre is completed on an on-going basis to create consistency for the young people
- The registered provider must develop a staff retention strategy to promote staff retention within the organisation to support consistency within the staff

teams. Staff must be informed and up to date on any of these strategies for them to be effective.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must ensure that a formal outcome letter/e-mail is received from the supervising social work team in relation to each Child Protection and Welfare Referral prior to it being closing on the centre's register. The centre manager must ensure that the staff team are fully aware of the risks identified within the new Child Safeguarding Statement for the centre and the safeguards in place.	The centre manager has requested a formal outcome letter from the supervising social worker, on 18.11.22, in relation to each of the Child Protection and Welfare referrals which will be placed on file once received. Immediate and ongoing. The new Child Safeguarding Statement is displayed on the notice board on the wall in the office. Each staff member has been instructed to read and familiarise themselves with the revised document. Further discussion about the Child Safeguarding Statement will take place at a team meeting on 01.12.22, to ensure the staff team are fully aware of the risks.	The centre manager will ensure that formal written correspondence is received from supervising social workers in relation to any Child Protection Referrals and placed on centre records prior to it being closed off. The centre manager will periodically discuss and review the Child Safeguarding Statement at team meetings to ensure staff remain current in their knowledge.

	The centre manager must complete further training with staff in respect of the new suite of Policies and Procedures once in place to ensure their effective implementation. The centre manager must ensure that IAMPs are updated in line with policy and free time arrangements for each young person. The centre manager must ensure that learning from SEN reviews is used to inform the development of best practice and improve the care provided in the centre.	Once in place, the centre manager will provide an information session with the staff team in respect of the new Policies and Procedures document. The centre manager will ensure IAMPs are updated in line with policy and free time arrangements for each young person. Immediate and ongoing. The centre manager will ensure that patterns, trends, and analysis of SEN reviews is discussed at team meetings to ensure the development of best practice and to improve the care provided in the centre. Immediate and ongoing	The centre manager will ensure all new staff are familiar with the new Policies and Procedures document and include review of same as part of their induction period. The centre manager will continue to review IAMPs in line with policy and free time arrangements and agreed with the young person's allocated social worker. The centre manager will continue to hold discussions during team meetings to ensure learning from SEN reviews occurs.
5	The registered provider and centre manager must ensure that Supervision of staff within the centre occurs in line with the policy. The registered provider must schedule for an audit under Theme 3 of the	The centre manager will ensure supervision of staff occurs in line with organisational policy. Supervision will be scheduled on the centre's staff rota. Immediate and ongoing. The registered provider will ensure that an audit on Theme 3 of the National	The centre manager will carry out supervision as per the supervision schedule and the organisations supervision policy. The registered provider will ensure that an audit on Theme 3 of the National

	National Standards Framework to be completed within this centre.	Standards Framework is prioritised in the Auditing schedule and will be completed by the Quality Assurance Manager prior by January 31st, 2023.	Standards Framework is completed annually or as necessary by the Quality Assurance Manager.
	The centre manager must ensure all risks are appropriately identified and that the risk management framework is applied consistently across all areas of risk management.	A review of the risk management framework is currently underway to ensure all risks are appropriately identified. To be completed by December 31st, 2022.	Once the review is completed, the centre manager will ensure the risk management framework is applied consistently across all areas of risk management.
	The centre manager must complete staff training to ensure the effective implementation of the risk management framework.	Once the review of the risk management framework is completed, the centre manager will provide an information session to the staff team to ensure the effective implementation of the risk management framework. To be completed by January 31st, 2023.	The centre manager will periodically discuss and review the risk management framework at team meetings to ensure the staff team remain current in their knowledge of the framework.

6	The centre manager must ensure that robust work force planning for the centre is completed on an on-going basis to create consistency for the young people. The registered provider must develop a staff retention strategy to promote staff retention within the organisation to support consistency within the staff teams. Staff must be informed and up to date on any of these strategies for them to be effective.	In consultation with the regional manager and HR, the centre manager will continue to ensure that work force planning issues are addressed on an ongoing basis to provide consistency for the young people. Immediate and ongoing. As staff retention strategy will be developed for the organisation which staff will be informed of. To be completed by December 31st, 2022	The centre manager will continue to regularly review work force planning issues with the regional manager and HR. The staff retention strategy will be routinely reviewed by senior management to ensure it is successful in promoting staff retention. Any revisions of the strategy will be shared with staff members across the organisation.