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: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Fresh Start**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced themed inspection**
Date of inspection:	**22nd, 23rd & 24th November 2021**
Registration Status:	**Registered from the 06th October 2020 to 06th October 2023**
Inspection Team:	**Michael McGuigan** **Anne McEvoy**
Date Report Issued:	**16th March 2022**

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

The centre was registered as multi-occupancy to accommodate four young people of both genders from age thirteen to seventeen on admission. The model of care was descried 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 four young people living in the centre at the time of the inspection. Two of those young people were under the stated age range of the purpose and function and a derogation had been granted for their placements in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
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, 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.

As a result of concerns related to practices in the centre, inspectors found it necessary during inspection to expand the methodology to cover Theme 3: Safe Care and Support (standard 3.1 only). Given the nature of the information contained in this report and the details pertaining to the placements of young people, this report will not be published on the Tulsa website. The report has been issued as per the normal processes to the registered provider and centre manager and also to relevant parties within Tusla.

2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, senior management and the relevant social work departments on the 22nd December 2021. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 16th February 2022 and the inspection service received evidence of the issues addressed. The initial findings were that the centre was not compliant with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing. However, the registered proprietor took immediate steps to address the issues and inspectors are satisfied with this action and the centre came into compliance.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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 06th of October 2020 to the 06th of October 2023 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 personal development.

There were four siblings living in the centre at the time of inspection and there were care plans on file for each young person. As noted, two of the young people were placed under derogation as they were outside of the stated age range of the centre. Child in Care reviews had been occurring monthly for these young people in line with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive* with the exception of October 2021. For that month the reviewing officer within the social work department agreed that a full multi-disciplinary team meeting would be beneficial, and this was held to support the planning of care for young people. Inspectors noted that care plans for two young people were hand-written due to the cyber attack in May 2021. These plans were due to be reviewed and updated in December 2021.

Inspectors found evidence that young people were consulted in relation to their care plan reviews. In cases where young people did not attend, they had completed child in care consultation forms and staff undertook consultative work with them to ascertain their views. Centre records evidenced the young people received feedback following their child in care reviews.

Inspectors found that each of the care plans noted that the purpose of the placement was assessment. Further, placement planning documents in the centre also noted that an assessment of needs was to be carried out and there was an assessment report on file for each of the young people. However, inspectors found during interview that staff members could not describe or explain the assessment model or process. It was also observed that the needs assessment documents contained the same information as the centre placement plans. The clinical manager must review the assessment processes in the centre with staff to ensure that this is fully understood. Assessment reports should be provided to the social work department in a timely manner.

There was an up-to-date placement plan for each young person. This plan was based on their care plan and prepared by their key worker in conjunction with the deputy manager and multi-disciplinary team. The young people that were interviewed by inspectors stated that they were aware of their placement plans and they had been consulted by their key workers on the work to be undertaken with them. However, from a review of the placement plans for young people, inspectors found that these did not fully address all of the presenting issues. Placement plans were set out under the headings: interactions; education; relationships; emotional presentation; legal issues; substance misuse; physical health and environment. The goals in these plans were limited and further actions to address the presenting needs of young people were required.

Inspectors reviewed the key working records on file for young people and found that often the work carried out did not correlate to the goals of the placement plan or care plan. Further, the structure of key working and the oversight of placement planning needed to be reviewed. It should be noted that issues with key working were not identified during audits of the centre by senior managers and had not been raised at the multi-disciplinary team meetings. While key working training was provided to the team on 15/11/21, key working had not improved in the centre. Inspectors found that the changes in staff team over the four months prior to the inspection significantly affected the standard of key working in the centre. There had been a number of changes to key workers for young people and some key workers lacked experience.

Inspectors found that young people in the centre were not engaged in specialist services. While there were a number of services being considered these had not been followed up in a timely manner. Further, there was disagreement and a lack of clarity on which services young people should access. Inspectors recommend that this issue is discussed at a multi-disciplinary forum including the organisation's clinical team and social workers to ensure there is agreement on accessing specialist services.

Inspectors found that there was effective communication between staff in the centre and the allocated social workers to ensure they were up-to-date on the care being provided.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 17**
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 2.2**
Practices did not meet the required standard	**Not all standards were assessed**

Actions required

- The clinical manager must review the assessment processes in the centre with staff to ensure that this is fully understood. Assessment reports should be provided to the social work department in a timely manner.
- The clinical manager should undertake a complete review of placement planning and key working in this centre to ensure that it meets the needs of young people.

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 had mechanisms for the review of child protection and safeguarding procedures in the centre. The operations manager and the quality assurance and practice manager for the organisation reviewed care files, met with young people and staff and conducted audits of child protection systems. An audit against Theme 3 of the National Standards for Children's Residential Centres, 2018 (HIQA) was conducted in June 2021. This audit found that there were no issues in relation to child protection and safeguarding but noted that these items should be discussed at team meetings and staff supervisions.

The organisation had policies that were broadly compliant with the Children First Act, 2015 and Children First: National Guidance for the Protection and Welfare of

Children, 2017. The registered proprietor informed inspectors during interview that the organisation was changing who it nominated as designated liaison persons under the act. Previously DLPs had been senior managers, this was now changing to centre managers. This would increase the number of DLPs in the organisation and ensure that DLPs were immediately identifiable and available to staff if they wanted to discuss issues relating to child protection notifications or the thresholding of concerns. There were also policies in place to address bullying, harassment and exploitation and inspectors found that staff in the centre had received training in child protection and safeguarding.

As noted in section 1.1 (Centre Description), two of the young people living in the centre were placed there under derogation as they were outside of the stated age range of the purpose and function. All of the young people placed in the centre were siblings and the two young people under derogation were sharing a room. While the fact that the young people were sharing a room was known to placing social workers and the Tusla National Private Placement Team, this information was not shared with the Alternative Care Inspection and Monitoring Service. This information should have been included in the application for derogation that was submitted to ACIMS and appropriate risk assessments should also have been created.

Further, during the course of the inspection, it was found that some of the young people living in the centre were frequently sharing beds together at night. Inspectors also found that there had been two allegations of sexually inappropriate contact between two young people and other family members. The centre staff and the organisation in general had failed to recognise the safeguarding risks associated with young people sleeping in beds together on a frequent basis. This was not being addressed with the young people by centre staff and was being accepted as safe. While the centre had a child safeguarding statement in place, this issue was not noted on it and there were no risk management plans for this issue. When the risks were highlighted to the CEO and centre manager, they took action to ensure that an immediate safeguarding plan was implemented.

Inspectors reviewed the key working that had been undertaken with young people. As noted above under standard 2.2, it was found that staff members had not completed sufficient key working to support the young people to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Key working in the centre and the development of placement plans needed to be reviewed at multi-disciplinary team level to ensure that key working reflected the needs of the young people as set out in their care plans.

Inspectors found that some known areas of vulnerability had not been addressed or risk assessed and safeguarding measures were not in place. Despite the fact that young people were sleeping in the same bed frequently, there was no risk assessment around this or risk assessments on other key areas and no safety plans in place. Environmental risk controls such as door alarms to alert staff to young people leaving their bedrooms to sleep in a sibling's bed were not in use. Staff members stated during interview that, despite these alarms being in place, they had been turned off.

There were mechanisms in place for parents and guardians to be in informed of any incident or allegation of abuse and the centre had a policy on protected disclosures. During the inspection, inspectors observed warm and caring interactions between the centre manager and the young people. They also observed strong relationship work and discussions on building life skills. However, this work must be reflected in the placements plans and key work documents for young people.

There was evidence that staff members communicated with the allocated social workers for young people and detailed records of this communication were held on the young people's files. There was also evidence that the centre manager and staff worked to promote good relationships with family members and to keep them informed and involved in the care of the young people.

Compliance with Regulations	
Regulation met	**Regulation 16**
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 3.1**
Practices did not meet the required standard	**Not all standards were assessed**

Actions required

- The operations manager must ensure that appropriate risk assessments are in place for each of the young people.
- The operations manager must resubmit the application for derogation for the young people noting the sharing of rooms and beds and include an appropriate derogation risk assessment on this.

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.

There was a change of manager in the centre since it was registered in September 2020. The new manager commenced in post in September 2021. This person held an appropriate qualification and had significant experience managing children's residential centres. They were the named person in charge and held overall executive accountability for the delivery of service. The centre manager was supported by a newly appointed deputy manager. Inspectors noted that there were defined governance arrangements in place and that external line managers each had a specific role in service delivery. Staff were clear on their own roles and responsibilities and the roles of external managers. There was a person to act in the centre manager's absence during periods of leave and a record of delegated tasks.

Inspectors found that policies were reviewed at team meetings and staff members had been asked to present aspects of policy at this forum. Following recent inspections in other centres for this organisation, the CEO had decided to conduct a complete review of the policy body. This review was under way at the time of the inspection of this centre.

The organisation had a risk management framework. Risk was discussed at management meetings and there a matrix in place that allowed risk to be captured and assessed. Where necessary, there were mechanisms for the escalation of risk from centre level to senior management up to the CEO. The centre had a risk register that was updated monthly and there was also a corporate / organisational risk register in place.

However, inspectors found that a number of the risk framework documents for the centre needed to be reviewed and updated as they did not sufficiently address the presenting risks for young people. The individual crisis support plans were not being updated monthly as required. Further, the individual absence management plans were not in keeping with *Children Missing From Care: A Joint Protocol Between An*

Garda Síochána and the Health Service Executive, (2012). These plans were also not being updated monthly as required. The individual risk assessments for young people were not sufficient and a complete review of the risk management processes in place for young people is required. Inspectors found that while risks for the centre and young people were discussed at team meetings, the records did not adequately document the discussions.

As noted, there were mechanisms in place for the external line managers to provide oversight and governance of the centre. Each document created was available to senior managers in electronic copy on a shared server. Further, the centre manager completed a self-report template each month that was sent to the quality assurance and practice manager. However, this self-report template did not allow for a review of the care practice in the centre and was mainly a quantitative review of paperwork tasks. The quality assurance and practice manager had conducted themed audits of the operations of the centre in June and October 2021. Inspectors found these audits had not identified serious issues with care practices including issues with risk management, recording on daily logs and key working and placement planning.

There was one team meeting and one multi-disciplinary team meeting each month for this centre to support the planning of care for young people. Inspectors found that recording practices for team meeting minutes had improved in the months prior to the inspection. However, it is recommended that the organisation's standing agenda is used for every meeting. The organisation held monthly management meetings and issues of risk, child protection and safeguarding, care practices and the planning of care in centres were frequently discussed at this forum.

There was a service level agreement in place with the funding body and regular reports on compliance were provided. There was an on-call system in place and staff knew who to contact in the event of an emergency. Staff confirmed that they had access to an adequate supply of PPE and there were measures in place to mitigate against the spread of Covid 19 in the centre.

Compliance with regulations	
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	**Not all standards were assessed**

Actions required

- The CEO must review the auditing and governance mechanisms for this centre to ensure that appropriate oversight is in place.
- The CEO must review the risk management processes for this centre to ensure that risk for young people is captured, assessed and adequately addressed.
- The centre manager must ensure that all risk planning documents in place are up-to-date and reviewed when required.

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 for this centre was regularly discussed at all levels of senior management. However, from a review of the rosters and staffing information provided, inspectors found that there were only 5.7 full time social care workers allocated to the centre at the time of inspection. This was not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: *Staffing*. Further, in the twelve months prior to the inspection there had been substantial turnover in staff with 13 people leaving the centre. Exit interviews had been conducted by the organisation but no pattern or trend had been established on why staff were leaving.

During interviews with the centre manager and operations manager, they both acknowledged that there had been a significant turnover in staff and that this was having an impact on the care being provided to the young people. Both persons stated that the centre was not fulfilling the purpose and function as a result of the changes in staffing.
Issues with staff turnover and retention had been escalated by the centre manager to the organisation's operations manager and to the CEO and the company had been actively recruiting in an attempt to address the staffing issues. Two new full time social care workers and two relief staff were due to start work in the centre in late November and early December 2021. Inspectors noted from a review of senior management meeting minutes that workforce planning had been discussed at this forum. However, it was evident that the staff retention strategies in place for this centre had not been effective in the 12 months prior to inspection and this needed to be addressed.

Inspectors found that in the four months prior to inspection, 34 different staff members had worked in the centre with the young people. Further, in November 2021, nine staff from other centres in the organisation who were not allocated to this staff team were due to work in the centre to support the shortfall in staff. The centre operated a staffing ratio of 3:4 with two sleepover shifts and one day shift each day. Inspectors found that this ratio was always maintained and three staff were allocated each day despite the staffing shortages.

Inspectors reviewed a sample of staff files and found that these generally held up-to-date Garda vetting, references that were verified and a copy of the staff member's qualifications. However, inspectors found that in some instances, academic references were obtained rather than from recent employment and this is not best practice. Inspectors recommend that the organisation reviews its policy on references to ensure that suitable references are obtained in each instance.

Compliance with regulations	
Regulation met	**Regulation 6**
Regulation not met	**Regulation 7**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed**
Practices met the required standard in some respects only	**Not all standards were assessed**
Practices did not meet the required standard	**Standard 6.1**

Actions required

- The operations manager must ensure that the centre the number, qualifications, experience and availability of members of the staff of the centre are adequate, having regard to the number of children residing in the centre and the nature of their needs.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The clinical manager must review the assessment processes in the centre with staff to ensure that this is fully understood. Assessment reports should be provided to the social work department in a timely manner. The clinical manager should undertake a complete review of placement planning and key working in this centre to ensure that it meets the needs of young people.	The psychology service is currently reviewing the assessment process which will be completed by 28/02/2022. This will then be discussed at multidisciplinary team meetings with staff teams to ensure they understand the model of care and assessment process. A review of placement planning and key-working in the centre will be carried out by the clinical manager. To be completed by March 31st, 2022.	The model of care and assessment process will be discussed with new members of staff at induction and reviewed periodically by the Clinical Manager and Centre Manager at multidisciplinary team meetings to ensure staff remain current in their knowledge. The Centre Manager will continue to oversee key-working and placement planning in the centre to ensure it meets the needs of the young people. The Clinical Manager or designated clinician will review Keyworking for the centre on a monthly basis via documentation review.
3	The operations manager must ensure that appropriate risk assessments are in place for each of the young people.	The Operations Manager will ensure that appropriate risk assessments are in place for each young person. Centre Manager will complete risk assessments as required and furnish these to senior management on completion.	The Operations Manager will ensure that appropriate risk assessments are in place for each young person from the time of admission and are reviewed on a monthly basis by centre management.

	The operations manager must resubmit the application for derogation for the young people noting the sharing of rooms and beds and include an appropriate derogation risk assessment on this.	This is no longer applicable as the young people are no longer living together.	
5	The CEO must review the auditing and governance mechanisms for this centre to ensure that appropriate oversight is in place. The CEO must review the risk management processes for this centre to ensure that risk for young people is captured, assessed and adequately addressed. The centre manager must ensure that all risk planning documents in place are up-to-date and reviewed when required.	The CEO has reviewed the auditing and governance mechanisms. Completed in January 2022. A schedule of audits are in place for 2022 that will ensure appropriate oversight is in place. The CEO has reviewed the Risk Management Process. Completed in January 2022. The centre manager will ensure all risk planning documents are reviewed and update as required.	Regular audits to be completed by the Quality Assurance & Practice Manager using the auditing systems in place for the service. Risk management to be discussed and agreed with the SW dept on an ongoing basis. The centre manager will regularly review risks for the young people in the centre which will be reviewed with the Care Team at team meetings on a monthly basis. Risk assessments will be routinely reviewed by the senior management team on an ongoing basis.

6	The operations manager must ensure that the centre the number, qualifications, experience and availability of members of the staff of the centre are adequate, having regard to the number of children residing in the centre and the nature of their needs.	Recruitment and deployment of staff for the centre is under way to fulfil the requirements under the centre's statement of purpose. To be completed by February 28th 2022.	The operations manager will ensure that regular workforce planning takes in to account the needs of the centre with regard to the number of children residing in the centre and the nature of their needs. Immediate and ongoing.