



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 023

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Freshstart
Registered Capacity:	Three Young People
Type of Inspection:	Announced Themed Inspection
Date of inspection:	29th June, 21st, 26th and 27th July 2022
Registration Status:	Registered from 13th September 2022 to 13th September 2025
Inspection Team:	Linda Mc Guinness Lorna Wogan
Date Report Issued:	22nd September 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 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 13th of September 2013. 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 13th of September 2019 to 13th September 2022.

The centre was registered as a multi-occupancy service providing medium term care for up to four young people of all genders from age thirteen to seventeen years on admission. On occasion, and in consultation with the Alternative Care Inspection and Monitoring Service the centre accepted referrals for young people under 13 years under a derogation to the statement of purpose. 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 three young people living in the centre at the time of the inspection. One of the young people was under the stated age range of the purpose and function and a derogation had been granted for their placement in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers, and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff, and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 23rd August 2022. 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 01st September 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: 023 without attached conditions from the 13th September 2022 until 13th September 2025 pursuant to Part VIII of the Child Care Act, 1991.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

Inspectors found that practice in this respect was child centred. Young people participated in planning and were consulted in all aspects of their care. They regularly expressed their discontent about the use of language associated with being in care and the systems, policies and procedures in place to facilitate their care however, inspectors found that their voice was heard and staff made every effort to be mindful of their views.

Young people had the opportunity to contribute to the agenda of their house meetings and one of the young people chaired the weekly meeting. As previously stated, the young people did not like to engage in formal structured processes, however the inspectors found evidence of engagement with the young people through informal discussions and opportunity led work. Information on their rights was provided in the young person's booklet and there was evidence through key work and significant conversations that staff explained and outlined their rights to them. The supervising social worker and appointed guardian ad litem (GAL) both commented positively on the care provided and how young people were listened to, and their voices were heard in a meaningful way.

There was a booklet for parents that outlined the focus on working in partnership and giving them information about their children's progress. From review of centre records and inspection interviews, inspectors found that this was evidenced in practice. In general, parents stated that their young people were very well cared for and that they got updates from the staff team.

Inspectors found from speaking to parents there was not absolute clarity about the complaints process and it would be beneficial if it was refreshed with them from time to time. Also, a small number of expressions of dissatisfaction by parents were

responded to informally but were not recorded in line with the organisations complaints policy.

There was evidence that complaints made by the young people were reported and recorded through the significant event notification process. They were also escalated through governance reports and discussed in team and senior management meetings.

Information relating to the complaints process was provided in the young people's handbook upon their admission to the centre. There was evidence that it was refreshed with them from time to time most recently when the acting manager took up post. While all relevant information was contained in the booklet inspectors recommend that upon next review that there is a child friendly definition of complaints, and that the language is reviewed to make it more user friendly. Inspectors also recommend that the information booklets for both parents and young people when next reviewed should more clearly separate information on complaints from incidents which may be concerns about harm/abuse. The booklets should also include timeframes for dealing with complaints and the appeals processes.

Managers and staff indicated in interview that there was a culture where complaints were welcomed by staff and were used to help improve the care provided and this was outlined in written information for children and parents. Inspectors found that this too was evidenced in practice.

There was a written complaints policy which was reviewed and updated in April 2022. Changes in the policy were communicated to the staff in the team meeting and staff interviewed were aware of their role to support young people to use the complaints process. There was evidence that review of complaints was a standing item on the team meeting agenda. Complaints were notified to the relevant parties as a significant event and minor complaints were resolved locally and notified to the social worker on weekly progress reports and were recorded on the complaints log.

The policy outlined that complaints were classified as either notifiable or non-notifiable, and the reporting, recording, and reviewing processes to be followed by staff was outlined. Some additional information is required within the policy to ensure absolute clarity in relation to the thresholds for each category of complaint. Also, substantial segments of text were copied from the Health Act 2004 and were not relevant or appropriate. The policy should be reviewed and revised as necessary.

Inspectors found that two complaints relating to staffing levels and bats that are roosting in the attic space and have flown into the centre living spaces were initially recorded as non-notifiable. Notwithstanding that, the social worker was made aware of these complaints, however given the nature of these complaints they should have been categorised as notifiable complaints from the outset and followed the relevant procedure.

Young people were afforded opportunities to provide feedback on the complaint procedure. They expressed their frustrations that every time they raised an issue it was managed in the context of the centre's complaints policy and procedure. Information was provided to the young people about other supports available to them outside of the centre if they had complaints or concerns about their care. The young person's booklet set out contact details for external bodies such as the Ombudsman for Children and Empowering People in Care (EPIC) whom they could contact for advice or support. EPIC had met recently with young people in the centre. Complaints that two of the young people made about family contact were appropriately responded to in consultation with the social work department and were resolved to the satisfaction of the young people.

Another complaint related to young people's dissatisfaction that their daily routines were negatively impacted when it was not possible to have a third staff member on shift when staff were sick and relief cover was not available on a small number of occasions. There was evidence that the reasons were explained to the young people, staff apologised, and the issue was escalated to senior management for attention and action. This was resolved by the time of inspection.

At the time of inspection, the young people had raised several complaints and expressions of dissatisfaction about the presence of bats in the house with one young person expressing that they were scared. This issue occurred in 2021 and at that time the water became contaminated. Measures were put in place to ensure that this did not reoccur. Management and staff informed inspectors that they had made efforts with maintenance works to ensure that the bats did not get into the house however the issue was ongoing. Between 3rd and 21st July bats entered the living space on seven occasions. The National Parks and Wildlife Trust advised that the bats are a protected species and could not be removed from the attic space until after September 2022.

There was evidence that this was escalated appropriately and that there was communication with relevant agencies to resolve the issue. The social worker and

GAL who spoke with inspectors were aware of the issue and that young people were upset. Parents too, stated that they had communicated dissatisfaction about the issue stating the young people were distressed and one in particular, was afraid and very unsettled at night. They said that their preference was that the young people would not have to live in the house while bats were present. This was not dealt with as a complaint in line with policy and should have been.

Families and professionals were later informed that a derogation was requested to the national parks and wildlife service to move the roost. The social work department and GAL both stated that if this situation was not resolved imminently the expectation was that the centre moves temporarily to another location until it can be resolved. Inspectors acknowledge that regular meetings were taking place between centre management, social workers, and other professionals to discuss the issue and come to a satisfactory conclusion. Risk assessments and management plans were in place and reviewed regularly. Notwithstanding this, if the situation is not resolved by 30th November 2022 the registered proprietor must source alternative premises for the centre. Parents must also be given formal feedback to the concerns they raised.

The role of the complaints officer was to review and give feedback on the management of complaints. Two audits relating to standard 1 of the National Standards for Children's Residential Centres, 2018 (HIQA) were conducted by the quality assurance and practice manager in 2022. Inspectors found that audit findings and actions required were shared with the staff team and senior management. The system of auditing was recently developed and while all aspects of relevant standards were reviewed the management commentary and narrative was limited. Inspectors recommend that this remains under review to ensure there is a full record of the audit process and any findings.

The centre maintained a complaint register and all but two recent complaints by young people were closed. There were clear and comprehensive records of the complaint process followed, the outcome and follow up actions if required. There was evidence that young people received feedback and an apology if a complaint was upheld.

Social workers for the young people had responsibility to inform the parents about complaints and/or concerns in relation to their child's care. Inspectors found evidence that parents were involved in planning, their voices were considered and any concerns they raised were taken seriously, albeit not recorded in line with the complaints process.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the information booklets for parents and young people outline the timeframes for investigating complaints and the appeals process.
- The registered provider must ensure that the complaints policy is reviewed and revised taking account the findings of this report.
- The registered proprietor must ensure if the situation regarding bats in the centre is not fully resolved by 30/11/22 that they source alternative premises for the centre.
- The centre manager must ensure that the centre's complaint procedure is periodically reviewed with parents and that parents are provided with formal feedback following concerns raised by them

Regulation 5: Care practices and operational policies
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.

There were systems in place to safeguard the young people and protect them from abuse. The staff in the centre worked in partnership with young people, families, social workers, and other professionals to promote their safety and welfare.

The organisation's policy document including the child safeguarding policy was reviewed and updated in June 2022 and was subject to annual review. The policies included safe recruitment and vetting, professional code of conduct and the complaints procedures. Inspectors found several deficits and omissions in the child protection and safeguarding policies that require review and additional information. These policies should be reviewed in conjunction with Tusla's guidance document, *Child Safeguarding: A Guide for Policy Procedure and Practice* to ensure they are compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017.

The centre had a child safeguarding statement (CSS) that was updated in March 2022. Inspectors found that while it was mostly in line with the requirements of the Children First Act, 2015 the risk assessment contained generic risks associated with general behaviour rather than risk of harm as defined by the Children First Act 2015. Thus, the risk of harm/abuse for children living in the centre not sufficiently evident on the statement.

The statement was displayed in the staff office and staff interviewed were familiar with the statement however, during interviews, the risk of harm and exposure to abuse was not initially identified by staff. Instead, they were focused on relaying all the various risks for the children such as health and safety risks, environmental risks, and non-attendance at education. Recording and managing these other risks outside of the CSS would facilitate clarity in respect of the purpose of the risk assessment to consider the potential for harm to children as identified in Children First, 2017 while they are in the organisation's care. It should be noted that risk in this context is the risk of abuse and not general health and safety risks.

The centre manager was the designated liaison person (DLP) for the centre and the acting deputy took on this responsibility during any leave or absences. Neither person had received training relating to the roles or responsibilities of the DLP. Staff interviewed during inspection were aware of the procedures in place for reporting any child protection concerns. All staff had received training in Tusla's E-learning module: Introduction to Children First and were aware of their responsibilities as mandated persons. In-service child protection training with a specific focus on the centre's child safeguarding policy was also provided. This must be revisited when the policy is updated. All staff were appropriately vetted, and policy dictated this was refreshed every two years.

Inspectors noted that the manager and staff team were not aware of the Tusla guidance and reporting mechanism in respect of possible child sexual exploitation. This was circulated by the National Private Placement Team NPPT in March 2021. This must be incorporated into policy, procedures, and practice in the centre. The team should access any e learning training that is available.

Inspectors found that child protection concerns were reported to Tusla as required, in line with Children First legislation. There was a system in place to record, track and monitor all reported child protection and welfare referrals made to Tusla, and there was evidence that these were discussed at team, management, and multi-disciplinary meetings. There was evidence of oversight by the centre manager and the quality assurance and practice manager.

All but two of the child protection concerns reported since the last inspection were closed. There was regular communication with social work department and Gardai and other professionals in respect of open referrals. A confidential folder was maintained for each young person protecting sensitive information.

There was evidence that staff and management were alert to issues of safeguarding and child protection and that they provided support to young people following any disclosures or ongoing processes. Inspectors found that there was good interagency and interdisciplinary cooperation and communication.

There was an anti-bullying policy that included the risk of bullying on-line and through social media platforms and this risk was also identified on the centre's child safeguarding statement. The staff team were alert to potential bullying and had measures in place to manage bullying type behaviour between the siblings and there was evidence that an issue of online bullying of one of the young people was taken

seriously and managed appropriately. Inspectors noted that the policy in respect of bullying did not reference reporting under Children First if required, however staff were clear that they would do this if they had any such concerns.

The social workers and GAL informed inspectors that they felt young people were safe and protected, well cared for in the centre and that they could talk to staff or management about any concerns they may have. They were satisfied with the supervision of young people. There was evidence that individual areas of vulnerability were identified on risk assessments and risk management plans/safeguards were identified to respond to any risks. Review of young people's files evidenced that staff members used opportunities to talk with young people about keeping safe in the community and online.

All child protection concerns were reported in the monthly governance report which at the time of inspection, was sent to the quality assurance manager and to the deputy CEO. Inspectors were informed that there will be changes to this system as two new regional manager roles develop. While there was an auditing system in place to ensure that the centre operated in line with and complied with the relevant policies as outlined in Children First and the relevant legislation this had not highlighted deficits in the policies. Inspectors were provided with an audit schedule for the remainder of 2022.

Staff interviewed were clear that where any incident or allegation of abuse occurred that the social worker had responsibility to inform the young people's parents. There was a policy and procedure on whistleblowing/protected disclosures. Staff who spoke with the inspectors were familiar with the policy and there was evidence that they were aware of their responsibilities to raise any concerns about poor practice. Managers and staff reported that there was a healthy culture where staff reflected on practice and were encouraged to support and to challenge each other. There were no protected disclosures in past twelve months.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the child protection and safeguarding policies are reviewed to ensure they are fully compliant with Children First, National Guidance for the Protection and Welfare of Children, 2017.
- The registered provider must ensure that the child safeguarding statement risk assessment is reviewed. It should contain only information relevant to the protection of young people under Children First Act 2015 and Children First, National Guidance for the Protection and Welfare of Children, 2017 and all staff must be fully familiar with these risks.
- The registered provider must ensure that training is provided to those holding the position of designated or deputy designated liaison person.
- The registered provider must ensure that all staff are aware of the Tusla guidance and reporting mechanism in respect of possible child sexual exploitation.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Each young person had an up-to-date care plan and placement plan where the health and development needs were identified. Staff interviewed were aware of the health needs of all the young people and there was evidence that there was a focus on general health and wellbeing.

Health needs were identified in information provided prior to admission and each young person received a medical upon admission. There were immunisation records on file however there was a lack of clarity in respect of the HPV vaccine. The centre manager stated they would follow this up with the social work department and relevant medical professionals.

The daily records and key work records evidenced a focus on physical health and emotional wellbeing. The staff completed work with young people about puberty, sexual health, diversity, and a broad range of health-related issues. The Guardian ad Litem and the social worker interviewed stated that efforts were made to have positive routines and ensure that young people were active. Staff encouraged activities and hobbies as ways to keep the young people active and healthy. This was not always successful and should remain a priority. There was evidence of staff talking to young people about the harmful effects of smoking/vaping and consuming high energy drinks.

Each young person was registered with a general practitioner and attended dental and optical appointments as required. Funding was sought and approved for necessary specialist work. A record was maintained all medical and specialist appointments and the team worked closely with health care professionals to promote the young people's health and wellbeing.

Accidents/incidents were reported promptly and there was evidence of appropriate follow up.

The young people and staff team had access to organisational clinical supports. There was evidence that recommendations from any assessments were incorporated

into planning processes. There were regular multidisciplinary meetings to support the staff team with planning particularly in respect of any complex issues arising.

Each young person had appropriate specialist supports and the team advocated for these to continue for one young person at their request.

Appropriate medication management policies and procedures were in place relating to storage, administration, and disposal of medication. Records reviewed by inspectors relating to administration of medication were complete and showed oversight of senior management. The team consulted with the social worker to facilitate one young person to manage their own medication and there were good systems to track this. There were regular audits of medication and findings were shared with the team to support good practice. Staff were trained in the safe administration of medicines and medications were stored securely in line with centre policy. The staff team also had to complete a competency assessment relating to the administration of medication.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

None required

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The registered provider must ensure that the information booklets for parents and young people outline the timeframes for investigating complaints and the appeals process</p> <p>The registered provider must ensure that the complaints policy is reviewed and revised taking account the findings of this report.</p> <p>The registered proprietor must ensure if the situation regarding bats in the centre is not fully resolved by 30/11/2022 that they source alternative premises for the centre.</p>	<p>Information booklets for parents and young people will be amended to outline timeframes for investigating complaints and the appeals process by 30th September 2022.</p> <p>The registered provider will ensure that the complaints policy is reviewed and revised accordingly. To be completed by September 30th, 2022.</p> <p>The registered provider has secured a licence to ensure that the situation with the bats is fully resolved however this can only be completed legally between November and February in line with the European Communities (Birds and Natural Habitats) Regulations 2011.</p>	<p>The centre manager will share the new amended version of the information booklet for parents and young people to ensure they are aware of the timeframe in investigating complaints and the appeals process available to them.</p> <p>The registered provider will ensure that the policies & procedures document is reviewed on an annual basis to ensure it is compliant with required standards and best practice guidelines.</p> <p>Measure to ensure that Bats do not re-enter the premises are being taken in line with permitted legislation.</p>

	The centre manager must ensure that the centre's complaint procedure is periodically reviewed with parents and that parents are provided with formal feedback following concerns raised by them	The centre manager will ensure the complaints procedure is periodically reviewed with the parents of the young people in this centre and that parents are provided with formal feedback following concerns raised by them. Immediate and ongoing.	The centre manager will share the newly devised parents' information booklet with the parents, and review periodically with the parents, to ensure they are aware of the centre's complaints procedure. The centre manager will continue to review complaints fortnightly with the care team during team meetings and provide formal responses to the parents as they are required.
3	<p>The registered provider must ensure that the child protection and safeguarding policies are reviewed to ensure they are fully compliant with Children First, National Guidance for the Protection and Welfare of Children, 2017.</p> <p>The registered provider must ensure that the child safeguarding statement risk assessment is reviewed. It should contain only information relevant to the protection of young people under Children First Act 2015 and Children</p>	<p>The registered provider will ensure that the child protection and safeguarding policies are reviewed to ensure they are fully compliant with Children First, National Guidance for the Protection and Welfare of Children, 2017. To be completed by September 30th, 2022.</p> <p>Completed and reviewed with staff on 24.08.2022.</p>	<p>The registered provider will ensure that the policies & procedures document is reviewed on an annual basis to ensure it is compliant with required standards and best practice guidelines.</p> <p>The centre manager will review the child safeguarding statement on each new admission to the centre or if there has been a material change to any matter in which the statement refers.</p>

	<p>First, National Guidance for the Protection and Welfare of Children, 2017 and all staff must be fully familiar with these risks.</p> <p>The registered provider must ensure that training is provided to those holding the position of designated or deputy designated liaison person.</p> <p>The registered provider must ensure that all staff are aware of the Tusla guidance and reporting mechanism in respect of possible child sexual exploitation.</p>	<p>Completed. Training on the role of Designated/Deputy designated liaison person was provided on August 25th, 2022.</p> <p>The TUSLA guidance and reporting mechanism in respect of possible child sexual exploitation will be reviewed with staff to ensure they are aware of same. To be completed by September 30th, 2022.</p>	<p>All new persons assuming a designated/deputy designated persons role will be provided with relevant training as required.</p> <p>The TUSLA guidance and reporting mechanism in respect of possible child sexual exploitation will be covered with staff when completing their child protection training.</p>
4	None required		