



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 055

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Fresh Start
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	07th, 08th & 09th February 2022
Registration Status:	Registered from 05th May 2022 to 05th May 2025
Inspection Team:	Paschal McMahon Joanne Cogley
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 Assurance 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 in 2010. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from the 05th May 2019 to 05th May 2022.

The centre was registered to provide short to medium term care for four young people of both genders from age thirteen to seventeen years on admission. The centre's model of care was described as a needs assessment model which draws on a number of therapeutic approaches including the trauma model and attachment theory. At the time of inspection there were four young people living in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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 relevant social work departments on 22nd March 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 05th April 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: 055 without attached conditions the from 05th May 2022 to 05th May 2025 pursuant to Part VIII of the Child Care Act, 1991.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was a two-storey building located in a rural setting. The house was detached and set in its own grounds with large gardens. The centre was in good structural repair and the layout and design of the centre was suitable for providing safe and effective care for the four residents. The premises was spacious, comfortable, and well maintained overall.

Each young person had their own bedroom and ensuite bathroom with adequate and secure space to store their personal belongings. Inspectors viewed one of the young people's bedrooms during the inspection and it was nicely decorated and personalised. The young person told inspectors that they had been encouraged to participate in the decoration of the centre and were provided with finance to decorate their room, to purchase furnishings and additional items.

There was adequate communal space for both indoor and outdoor recreational activities. Within the centre there were board games, jigsaws, books and arts and craft materials. While the building was in good structural repair the centre manager identified during the audit of the premises that the centre required some repainting and decorating. Inspectors would also recommend that some of the soft furnishings in the living room and other areas should also be replaced.

The grounds were well maintained and there was plenty of space outside for activities. There was a trampoline, basketball ring and other sports equipment available to the young people which appeared in good working order. At the time of inspection, the centre was clean, adequately lit and ventilated. The centre had adequate bathroom facilities and private spaces where young people could meet with

family members and social workers. There were photographs of the young people on display in the young people's rooms and other areas of the centre.

The centre manager was the appointed fire and health and safety representative. Inspectors reviewed the fire safety records and found that there were appropriate fire safety checks carried out by the staff team including daily, weekly and monthly checks on the means of escape, fire doors, firefighting equipment and fire alarm system. The centre had contracts in place with fire protection companies for the servicing of the alarm and firefighting apparatus in the centre. There was a delay in the annual servicing of the fire equipment which was due in December 2021 and was not carried out until February 2022.

From the training records provided all staff had received fire training except for one new staff member whose training was scheduled. There had been a number of incidents of fire setting inside and outside the centre in the year prior to the inspection. These incidents were reviewed, risk assessments put in place and individual work undertaken with a young person in response to these incidents.

There was evidence of regular fire drills taking place. Inspectors found that the young people did not always participate in fire drills despite encouragement from staff and this was not recorded in the fire drill records. Inspectors noted that three of the young people participated in the last fire training in the centre along with the staff team. Inspectors recommend that the centre records whether the young people engaged in fire drills on their template form under the section "any difficulties encountered" to ensure the accuracy of the records.

The centre had a recently updated safety statement and there were procedures in place to manage risks to the health and safety of staff, young people and visitors. A risk register was in place and monthly health and safety environmental audits were completed by the centre manager that provided details on compliance on areas such as fire safety, first aid, premises and centre vehicles. These audits were sent to senior management and the organisations safety consultant for review. The staff and a young person inspectors spoke with stated that members of senior management would visit the centre periodically during which they would view the premises and meet with the young people. All permanent staff had received training in first aid. Inspectors found that accidents were recorded and responded to appropriately. The centre had measures in place for the management of Covid 19. Staff informed inspectors that the centre had adequate supplies of anti-bacterial products, hygiene equipment, personal protective equipment, antigen tests and an increased cleaning

schedule was in place. There was evidence that the risks associated with Covid were reviewed on a regular basis at team and management meetings.

Routine maintenance and repair work was carried out by a maintenance team employed by the organisation. The inspectors reviewed the maintenance log and found that it was not always recorded when repairs were completed, and this should be rectified going forward. The centre had two relatively new vehicles one of which inspectors inspected during the visit. Records on file confirmed that both vehicles were appropriately serviced and maintained and had valid tax and insurance details on file.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that funding is made available for redecorating and the replacement of some soft furnishings in the centre.
- The centre manager must ensure that the centre records whether the young people took part in fire drills to ensure accuracy of records.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Inspectors found that there was a positive approach to managing behaviour in the centre. The centre had a number of policies in relation to behaviour management including a sanctions policy, anti-bullying policy and post crisis response policy. However, the centre did not have any policies pertaining to the management of positive behaviour, online safety or the recording of significant incidents. During the inspection, the operations manager informed the inspectors that the organisation is in the process of reviewing and reorganising its policies and procedures in relation to behaviour management. Any deficiencies or revisions made will be addressed during this process, which is due for completion by the end of February 2022.

The centre's model of care was described as a needs assessment model which was based on a number of therapeutic approaches including the trauma model of care and attachment theory and all those interviewed demonstrated a good understanding of these models and their implementation in practice in their work with the young people.

All staff had received training in behaviour management. There was evidence in interviews and in team meetings that there were open discussions around the most effective approaches to managing the young people's behaviour and issues such as the appropriateness of sanctions. Inspectors found that there was not an overreliance on sanctions to manage behaviour and there was evidence of the young people's positive behaviour being rewarded. Each young person had an individual crisis support plan (ICSP) in place to provide direction to staff in managing the young people's behaviour which was based on the organisation's behaviour management model. A safety plan for one young person had been developed on two occasions following serious incidents and these were reviewed as required with the allocated social worker.

There were individual risk assessments on file in relation to each young person and appropriate measures in place to manage these risks. However, inspectors found that there were no risk assessments on file for some behaviours of concern at the time of

inspection. Overall, the inspectors found it was difficult to identify and locate the current highest risks and many of the risk assessments on file were no longer live. While the manager reported that progress had been made in the area of risk management further work is required and the centre manager must review the system in relation to the identification and management of risk.

The centre had an individual absence management plans (AMPS) on file which detailed the centre's response and actions to be taken should young people be reported missing from care. Inspectors found that the AMPS were not being reviewed monthly in accordance with *Children Missing from Care: A Joint Protocol Between An Garda Síochána and the Health Service Executive*. The template used by the centre also did not include all of the information required in the joint protocol report form. The template did not record the young person's curfew time and individuals that should be contacted if the young people are reported missing in care and needs to be amended to include these details.

There was a clinical team in place to support the centre which included a clinical manager, psychologists, behaviour management trainers and a consultant psychiatrist and they met with the team on a regular basis providing them with clinical guidance and support to assist them in understanding and managing the young people's behaviour. Minutes of these multi-disciplinary meetings and interviews with staff provided evidence that there was good guidance provided in terms of understanding the young people's behaviours and providing staff with approaches and strategies for working with the young people which they found beneficial. The centre was also linked in with the Tusla ACTS (Assessment Consultation Therapy Service) who provided support, training and guidance in responding to the needs of one of the young people.

The four young people in placement all had complex needs and there was evidence of conflict and a negative dynamic between the young people on occasions. There had been a number of incidents of bullying recorded in particular in relation to one young person who appeared to have been isolated from the group for a period. This young person made a number of complaints including one to the registered provider who offered to meet with the young person to discuss their complaints. Inspectors met with this young person during the inspection, and they were satisfied with the responses to their complaints and reported that they had no issues of concern currently. There was evidence in key working records and house meetings that management and staff made efforts to address the negative dynamics and to improve the relationships between the young people. Minutes of the multidisciplinary

meetings showed evidence that guidance on how best to respond to these issues was provided by the organisations clinical team. These concerns were also discussed in several meetings with the young people's social workers, and the social workers reported to inspectors that they were satisfied with the centre's response

The young people were aware of the expectations for their behaviour through key working, significant conversations, life space interviews, young people's meetings, and on-going discussions with staff. It was evident from interviews and a review of the records that the staff were knowledgeable about the young people and attuned to the young people's emotional wellbeing. Social workers and a Guardian Ad Litem confirmed in interviews that staff had built good relationships with the young people, and that the young people's behaviour was well managed.

There was evidence that the manager reviewed and commented on all significant events and that significant events were reviewed at the multi-disciplinary meetings. The centre also had a post crisis review group to review significant incidents if required to provide support and learning following significant events. A strategy meeting was convened in July 2021 to review the young people's placements following an increase in significant events and was attended by the staff team, clinical team and the registered provider. A number of actions were identified including a greater focus on engaging the young people in activities outside the centre along with the provision of additional supports and resources for the staff team. These measures proved to be effective with a significant reduction in the recorded significant events from July 2021 to the time of this inspection.

The organisation's quality assurance auditor conducted a themed audit which included a review of the centre's management of behaviour in June 2021 and had also compiled and categorised a list of significant events that occurred in that year.

The centre had a policy on restrictive procedures and there were restrictive practices in place to ensure safety. There was evidence that restrictive practices were reviewed at team meetings. There were no records of restraints in the centre since the time of the last inspection. Social workers were aware of the restrictive procedures in place and were satisfied they were required to ensure safety.

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

Compliance with standards	
Practices met the required standard	Standard 3.2
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- The registered provider must review the centre's policies and procedures in relation to behaviour management and any deficits or revisions of policies must be addressed in this process.
- The centre manager must review the centre's system for the identification and management of risk.
- The centre manager must ensure that the young people's individual absence management plans contain all of the information required in the *Children Missing from Care: A Joint Protocol Between An Garda Síochána and the Health Service Executive* report form.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Inspectors found that there was a strong focus on the young people's education in the centre and all four young people were engaged in an education or training programme at the time of inspection. Through review of centre records and inspection interviews it was evident that the team sought to identify the individual strengths, interests and abilities of each young person. All of the young people were supported to attend their educational/ training placements and there was evidence of the centre supporting the schools/ training programmes in maintaining these placements. The centre had established good links with local education services in the region and in cases where young people's educational placements broke down the

centre were proactive in reengaging the young people in alternative placements. The centre was aware of the role of the education and welfare officer and had linked in with them in relation to accessing an educational placement for one of the young people.

There was a good level of consultation with the young people around their education and their choice of education/ training options and this was confirmed in records and in interviews with social workers. One young person who was coming to the age of leaving care informed inspectors that they were being supported in regard to their education, future plans and aftercare needs.

There were attendance issues at times with some of the young people. Key working records viewed by inspectors evidenced staff highlighting the importance of education and encouraging the young people to attend their placements. The centre maintained regular contact with the young people's educational placements and attended relevant meetings. The centre manager was the key liaison person for the more complex situations to support and maintain contact with the young people's schools which was appropriate. Parents where possible were consulted around the young people's education and were updated on their progress.

Inspectors found that there were comprehensive educational records on file including school reports and certificates of achievement. These records included educational assessment reports along with records of efforts made to access appropriate supports and services based on the young people's needs. At the time of inspection one young person required an educational assessment and the young person's social worker informed inspectors that this was being followed up.

When young people were admitted attempts were made to maintain them in their own school placements. Within the centre there was adequate space for young people to study and appropriate educational resources available to the young people. Social workers and a Guardian Ad Litem inspectors interviewed spoke highly of the centres commitment to engaging the young people in education and their level of creativity in accessing a range of educational and training options to meet the needs of the young people.

Compliance with regulations	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that funding is made available for redecorating and the replacement of some soft furnishings in the centre.	The registered provider has made funding available for redecorating and the replacement of soft furnishings. The works are due to begin in April 2022 with an agreed schedule of the end of June 2022 for the completion of works. New soft furnishings will be in place by the last week of May 2022.	Regular and routine checks of the premises will be carried out by the centre manager and senior management and all works will be scheduled in a timely manner.
	The centre manager must ensure that the centre records whether the young people took part in fire drills to ensure accuracy of records.	Where a young person does not participate in a fire drill this will be followed up in a key working session with the young person and a record of this will be cross referenced in the fire drill log. Completed with immediate effect.	The centre manager will maintain oversight of all information pertaining to fire drills to ensure accuracy of records.
3	The registered provider must review the centres policies and procedures in relation to behaviour management and any deficits or revisions of policies must	The registered provider has reviewed the centres polices & procedures document and ensured any deficits or revisions of the policies and procedures were addressed.	The registered provider will review the centres policy and procedure document annually.

	<p>be addressed in this process.</p> <p>The centre manager must review the centres system for the identification and management of risk.</p> <p>The centre manager must ensure that the young people's individual absence management plans contain all of the information required in the <i>Children Missing from Care: A Joint Protocol Between An Garda Síochána and the Health Service Executive</i> report form.</p>	<p>Completed in March 2022.</p> <p>The centre manager has reviewed the centres systems for the identification and management of risk at their team meeting on the 4th of April 2022.</p> <p>The centre manager reviewed all of the young people's absence management plans with the relevant social work departments and all young people's absence management plans have been updated to include all the information that is identified and sought on the <i>Children Missing from Care: A Joint Protocol Between An Garda Síochána and the Health Service Executive</i> report form.</p> <p>Completed in March 2022</p>	<p>Management of risk and the identification of risk has been placed as a standing item on the centres house meeting agenda.</p> <p>The centre manager will maintain oversight of the absence management plans in consultation with the placing social work department.</p>
4	N/A		