



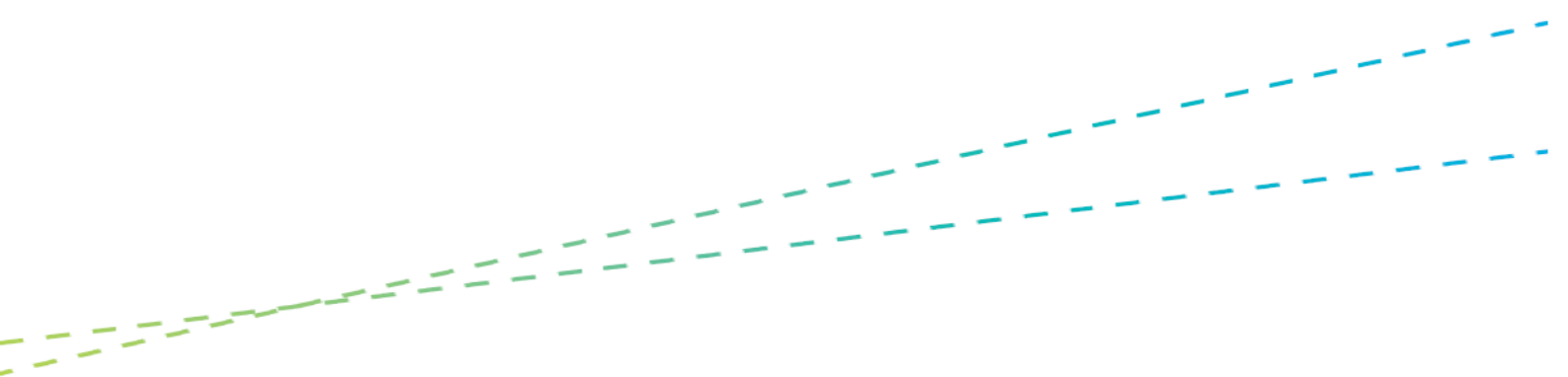
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 082

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Fresh Start Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	20th and 22nd October 2020
Registration Status:	Registered from the 16th December 2019 to the 16th December 2022
Inspection Team:	Sinead Diggin Cora Kelly
Date Report Issued:	9th March 2021

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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 in December 2007. At the time of this inspection the centre was in its fifth registration and was in year one of the cycle. The centre was registered without attached conditions from 16th December 2019 to the 16th December 2022.

The centre was registered to provide medium to long term care and accommodation to four young people of both genders from age thirteen to seventeen years on admission so their needs can be met in a safe and stable environment. A needs assessment model of care was implemented in the centre. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4

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

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work department on the 15th February 2021. 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 15th February 2021. 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: 082 without attached conditions from the 16th December 2019 to the 16th December 2022 pursuant to Part VIII, 1991 Child Care Act.

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 2.1 Each child's identified needs inform their placement in the residential centre.

Inspectors found that there was a focus on the rights of children in the centres admission policy and that it complied with criteria outlined under 2.1.1 in the National Standards for Children's Residential Centres, 2018 (HIQA). The referral system in place included senior management reviewing referral information received from the National Private Placement Team of the Child and Family Agency and forwarding to the centre manager if the needs of the young person matched the centres statement of purpose. This was followed by the completion of a placement proposal, pre-admission and impact risk assessments in consultation with the young person's social worker. For the young person in placement the inspectors found from their review of related documentation senior management and centre management practices complied with these processes. The young person in placement matched the centre's statement of purpose. The young person had the opportunity of visiting the centre, meeting with the centre manager and staff and being provided with information about the centre prior to commencing their placement.

The inspectors viewed the placement plan that was developed by the centre manager in consultation with the staff team and found that it was connected to the actions outlined in their care plan. The social worker expressed their satisfaction of the work being completed by the staff team alongside the goals contained in the young person's care plan and placement plan.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

The young person's child in care review had taken place the week prior to the inspection. The care plan was provided to the centre a month after which complied with regulations. In their interim their previous care plan and minutes of the child in care review meeting assisted the centre manager and staff team in developing the initial placement plan. The inspectors found from the review of weekly plans, weekly evaluation reports and keyworking records that the needs of the young person were being targeted and specific goals were being set and achieved in a planned manner. From the review of documentation, the young person was being supported to participate with developing their placement plans. The contribution of family members to this was through the social work department.

It was evident to the inspectors that external specialist support being provided to the young person was implemented in daily practice by the staff team. The social worker in interview spoke positively of the work being implemented by the staff team in this regard and that it was being completed in conjunction with the clinical support provided internally by the organisation. There was effective communication between staff in the centre and the allocated social worker to ensure continuity of care.

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

The centre had moved to a rural premises the week prior to the inspection. The eight bedroomed dormer house was suitable to providing safe and effective care for the young person in placement and further, to accommodate the registered capacity of four young people and to meeting their individual needs in the centre. The centre was in good condition, well ventilated and clean. Soft furnishings had been purchased with others brought from the old centre. Five of the bedrooms were ensuite.

The young person had their own large ensuite bedroom which they chose and decorated to their own taste. They were also encouraged to decorate the centre and display personal items. The young person in interview with the inspectors stated they were happy with the new centre and of the facilities available. A range of appropriate recreational activities were available both inside and outside the centre.

The inspectors found from the review of fire safety and building control documentation that it complied with fire safety legislation and relevant building regulations. Fire safety procedures were outlined in the centres policies and

procedures and health and safety statement. These included specific daily, weekly and monthly fire safety checks records were found to have been completed in full. Due to the Covid-19 pandemic scheduled site specific fire safety training that was postponed in October 2020 was rescheduled to take place in November 2020. In the interim the centre manager had plans in place to individually speak with staff about fire evacuation procedures. Prior to the draft report being issued the centre manager provided the inspectors with documentation relating to the fire safety training completed by staff members in November 2020.

It was outlined in policy that fire drills are scheduled to take place every three months. It was evident that this was taking place with the last fire drill having occurred the day prior to this inspection. Three staff including the centre manager and young person participated in this. The times of the drills was not always recorded on the fire drill reports. The centre manager must ensure that the times fire drill occur is consistently recorded in the fire drill records.

The site specific health and safety statement was up-to-date and a review date was scheduled. The inspectors observed that all staff had signed the statement. It contained procedures for managing risks to the health and safety of children, staff and visitors and accidents and incidents. A section for accident reports was maintained in the young person's care files. A sample of first aid training records held on staff personnel files were viewed by the inspectors.

The centres single vehicle was appropriately taxed and insured and driven by staff who held full driving licences a sample of which were viewed by the inspectors.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

The centre manager had created clear and well organised care records for the young person. They were found to have been maintained well by the young person's keyworker and the staff team. There was evidence of oversight by the centre manager. The main file and monthly folder system ensured that care records were up-to-date. At the time of the inspection there was a deficit in one record not being on file. This record was being actively followed up the centre manager with the young person's social worker. At the time of the draft report being issued the centre manager had secured the record. Care records were kept confidential and held in accordance with legislative, regulatory and best practice requirements.

Compliance with Regulation	
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	Standard 2.1 Standard 2.2 Standard 2.4
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that the times fire drill occur is consistently recorded in the fire drill records.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that the times fire drill occur is consistently recorded in the fire drill records.	The care team will ensure that they record details of all fire drills, including times, in the fire register once a drill has been completed.	The centre manager will oversee the centres fire register to ensure that all entries are recorded correctly.