



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 098

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Fresh Start
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	06th April 2023
Registration Status:	30th June 2022 to 30th June 2025
Inspection Team:	Ciara Nangle Janice Ryan
Date Report Issued:	26th July 2023

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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 30th June 2007. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from the 30th of June 2022 to the 30th of June 2025.

The centre was registered as multi-occupancy for maximum of four young people from age thirteen to seventeen years on admission on a medium to long term basis. The model of care was described as needs assessment led. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3

This inspection activity was conducted as a result of an escalation sent by Tusla's National Private Placement Team to ACIMS in relation to a particular behaviour of concern in respect of one young person which was impacting on the living environment within the centre. The focus of this inspection was to determine whether appropriate plans were in place in the management of this behaviour and the impact of it on the centre, staff and young people.

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 on the 13th June 2023 and to the relevant social work departments on the same date. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 27th June 2023. 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:098 without attached conditions from the 30th June 2022 to 30th June 2025 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 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was clean and tidy on the day of inspection and the communal living areas were fit for purpose. There was a large sitting room to the front of the building which was clean and had ample seating for the staff and young people. To the rear of the house was a large open plan kitchen, with the cooking facilities and the necessary fire equipment. There was a large dining area and inspectors observed one young person engage with staff over lunch in this area. There was a relaxed atmosphere during the lunch with staff and the young person sitting and eating together comfortably which suggested that this is a regular occurrence within the centre. There was a second sitting room off the dining area, and this is reported to be the most used area within the house. All areas were clean, tidy and child friendly with the young people having notice boards and pictures of themselves around the centre.

However, due to the sustained behaviour of concern for one young person, there was damage to the internal walls and ceilings in the front sitting room and dining area in addition to the upstairs bedroom. This required maintenance work to the internal ceiling and walls. Extensive work had been completed following the damage however it was not yet finalised, and both the front sitting room and dining areas required painting. This had been raised in a maintenance request by the centre manager at the end of March 2023, however had not been completed by the time of inspection as work to the upstairs needed to be finalised in advance.

Upstairs in the house, the general area was clean. There was a communal bathroom, which was appropriate to meet the needs of the young people. Both young people had their own bedrooms. One of the bedrooms within the house had significant damage to the flooring, skirting and walls which resulted in this room becoming unusable. On

the day prior to inspection, the centre had replaced the flooring structure and installed new flooring, skirting, architraves and records reviewed indicated that the room had undergone a deep clean. The walls, skirting and architraves required painting which was raised to maintenance in March 2023. However, maintenance advised this work couldn't be completed until the floor had been replaced.

There was an attic area which the centre manager reported was used as storage space. The Velux windows required cleaning in this area as there was a build up of moss on the glass.

Outside the centre, the grass and garden areas required attention. This had been highlighted in an audit completed on the 3rd April 2023, by the Agency's own Quality Assurance and Practice Manager and a request for this to be addressed had been submitted by the centre manager to maintenance.

On the day of inspection, the inspectors observed faeces and other waste on the path surrounding an outside drain in the front of the house. When this was raised with the centre manager, they advised it had just occurred and was as a result of an issue with the downstairs bathroom which maintenance had already been out to attend to and were due to return to finalise the work. During the day, maintenance arrived and removed the waste from the paths and advised it had occurred as a result of a blocked pipe which was rectified.

The centre had a procedure in place for managing risks to health and safety for the young people, staff and visitors. The centre maintained a health and safety risk register where identified risks were rated and risk management plans put in place as appropriate. The risk registers for the centre were currently under review by the organisation and would be updated in the coming weeks. In relation to this particular behaviour of concern which presented a risk to the health and safety of the young people and staff, the centre had appropriately recorded the risk and had a risk management plan dated January 2023 in place. Inspectors saw evidence of the controls in place to support staff and the young person around this and could see improvements in the implementation of some of these controls since the last inspection activity in October 2022.

The centre had also made structural changes to a bedroom within the centre to incorporate an ensuite bathroom and installed special flooring within the room to minimise the risk to the young person and staff and to support the management of

the behaviour of concern. Key working around this was also completed with the young person to reduce the risks.

However, within the risk management plan in place which was dated January 2023, the centre set out to complete daily cleaning of the young person's bedroom which they were unable to successfully complete for the previous months. From interview with the centre manager and review of meeting minutes from February 2023, inspectors could ascertain that agreement had been made for the intensity of the cleaning schedule to be reduced due to positive progress in the behaviour of concern reducing. However, these changes to the cleaning schedule weren't reflected in the risk management plan, in the controls in the risk assessment or in the daily logs of the young person and this requires review to ensure the plan in place is appropriate to the presenting needs of the young person. Additionally, the young person's daily logs didn't always reflect the details of the checks completed by the staff team so it wasn't always clear if the staff had been able to access the room to determine if there was any concerns or if they were undertaking visual checks from the door way.

Inspectors could see that actions had been taken by the centre to ensure that all reasonable measures had been taken to reduce this risk, which included regular professionals meetings, discussions with the multi-disciplinary team, accessing external specialists for advice and support, medical review and on-going upskilling of the staff team to ensure the young persons needs were met in as far as possible within the centre.

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	Not all standards were considered as part of this inspection
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards were considered as part of this inspection

Actions required

- The registered provider must ensure that outstanding maintenance tasks in the decorating of the sitting room and dining room are actioned as soon as possible.
- The registered provider must ensure that the maintenance tasks identified for the bedroom are actioned prior to the room being reopened to the centre.
- The centre manager must ensure that risk management plans and the identified controls within risk assessments are reflective of the agreed plans for the young person and their current presenting needs.
- Ongoing multi-disciplinary professional meetings in respect of this young person and the behaviour of concern must continue to take place to ensure that supports are implemented in a timely manner whilst ensuring that the risks to the health and safety of the staff and young people within the centre do not increase.

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 outstanding maintenance tasks in the decorating of the sitting room and dining room are actioned as soon as possible.	On the 29-03-23 Maintenance sanded and sealed the walls in the sitting and dining area. This piece of work was a requirement before any further painting/decorating could occur. Maintenance then completed all remaining outstanding work to the sitting room and the dining room on the 13-04-23 and this work completed is logged accordingly in the maintenance book. Completed	The centre manager will ensure that all maintenance work identified will be recorded and sent to the regional manager overseeing maintenance every Thursday as required, who in turn will organise a maintenance visit to ensure all tasks are completed in a timely manner. Any outstanding maintenance will be flagged to the Regional Manager in a timely manner to ensure prompt completion.
	The registered provider must ensure that the maintenance tasks identified for the bedroom are actioned prior to the room being reopened to the centre.	On 05-04-23, work was completed on the flooring and skirting of the bedroom by an outside company. On 05-04-23, centre manager then sent a maintenance list to maintenance advising that such work was now completed. On the 13-04-23 all	The centre manager will ensure that all maintenance work identified will be recorded and sent to the regional manager overseeing maintenance every Thursday as required, who in turn will organise a maintenance visit to ensure

		<p>maintenance tasks identified for the bedroom were then completed. This included the sealing and painting of all walls, ceiling, and doors of the bedroom, along with new furniture and furnishings purchased.</p> <p>Completed</p>	<p>all tasks are completed in a timely manner. Any outstanding maintenance will be flagged to the Regional Manager in a timely manner to ensure prompt completion.</p>
	<p>The centre manager must ensure that risk management plans and the identified controls within risk assessments are reflective of the agreed plans for the young person and their current presenting needs.</p>	<p>The centre Manager has since reviewed the risk assessments on the 11-04-23, 09-05-23 and 13-06-23. The centre manager will review the risk management plans monthly, to ensure such identified goals are reflective of the agreed plans for the young person and their presenting need. The centre manager will ensure greater oversight of staff practices and clear recording and oversight of such. The risk management plans and identified controls were reviewed at the team meeting on the 20-06-23.</p>	<p>The centre manager will review risk management plans and the identified goals monthly. The centre manger will liaise with the Fresh Start clinical team as required to ensure that the identified control measures are reflective of the agreed plan in place for the young person.</p>
	<p>Ongoing multi-disciplinary professional meetings in respect of this young</p>	<p>Several multi disciplinary professional meetings have occurred in relation to</p>	<p>The centre manager will liaise with the Fresh Start Clinical team to ensure that</p>

	<p>person and the behaviour of concern must continue to take place to ensure that supports are implemented in a timely manner whilst ensuring that the risks to the health and safety of the staff and young people within the centre do not increase.</p>	<p>behaviours of concern and will continue to occur. The next multi- disciplinary meeting is scheduled for 04-07-23, comprising of the staff team, clinical team, and the OT for this young person. During this meeting all involved will review behaviours and implement supports for the young person and the care team within the centre, to ensure that the risk to the health and safety to the young people and staff do not increase. The centre manager continues to liaise regularly with all professionals involved in the young person's care to ensure on going supports are implemented for the young person and the care team. This is also reviewed at the monthly MDTM and monthly team meetings.</p>	<p>behaviours of concern as well as supports implemented will continue to be reviewed during monthly MDTM's as well as organising and engaging in ongoing multi-disciplinary professional meetings as required.</p>
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