



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Fresh Start
Registered Capacity:	Four young people
Type of Inspection:	CAPA Review
Date of inspection:	7th & 8th of August 2024
Registration Status:	30th June 2022 to 30th June 2025
Inspection Team:	Mark McGuire Lisa Tobin
Date Report Issued:	24th September 2024

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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 a corrective and preventive actions (CAPA) review 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 of June 2007. At the time of this CAPA review the centre was in its sixth registration and was in year three 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 a multi-occupancy service providing medium to long-term care for up to four young people aged thirteen to seventeen on admission. At the time of this CAPA review, the centre was operating as a dual occupancy service, with the agreement of the Tusla National Placement Team (NPT), for the duration of the current youngest resident's placement. 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

Inspectors examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated the 6th of April 2023. Inspectors conducted an interview with the centre manager and the allocated social worker for one young person. They also undertook a review of various documentation that were identified formally to the centre manager and requested for submission. Additionally, inspectors visited the centre to conduct a visual inspection of the relevant CAPA actions.

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 2nd of September 2024. The findings of the CAPA review were used to inform the registration decision.

The findings of this CAPA review have determined the centre to have substantially implemented the required actions and therefore 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 of June 2022 to the 30th of June 2025 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 14: Safety Precautions

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.

Issue Requiring Action:

- 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.

Corrective & Preventive Actions:

- 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.
- 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.

- 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 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.
- 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 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.
- The centre manager will review risk management plans and the identified goals monthly. The centre manager 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.
- Several multi disciplinary professional meetings have occurred in relation to 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.
- The centre manager will liaise with the Fresh Start Clinical team to ensure that 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.

Review Findings:

Inspectors reviewed the centre's maintenance logs and carried out a visual inspection of the centre and found that the outstanding tasks for the sitting room, dining room, and bedroom had been completed effectively and in a timely manner. The logs indicated that maintenance work was addressed as soon as possible, with a brief, natural delay while an external specialist service completed the necessary sealing of the relevant walls. Despite this brief delay, the sealing was carried out promptly, and inspectors could see from the logs that the remaining work was addressed swiftly by the centre's own maintenance team. The centre manager expressed overall satisfaction with the timely response received from the maintenance department.

Inspectors observed that the bedroom, which had been temporarily out of use for maintenance, was now operational as a staff sleeping room. Inspectors observed that all required maintenance tasks—including flooring, skirting, painting of walls, ceilings, and the acquisition of new furniture and furnishings—were completed to a high standard before the room was returned to use.

The centre manager's review of risk assessments and risk management plans was clearly demonstrated through documented monthly reviews and updates. Inspectors observed that the risk assessments for the young person referenced in the previous CAPA were regularly updated to reflect their evolving needs, and there was evident oversight of staff practice. Risk assessments were reviewed with the full staff team at team meetings also. The approach to managing the behaviour of concern, as referenced in the previous CAPA, was notably positive. It was clear that the staff team responded in a child-centred and trauma-informed manner, which effectively supported the young person, reduced the identified risks, and contributed to the closure of the health and safety risk concerning both the young person and the centre. Inspectors also noted that senior and centre management had implemented robust health and safety measures while this concern was outstanding. They actively sought and applied external advice on public health matters, ensuring the health, safety, and welfare of both staff and young people in the centre.

While the review and subsequent closure of the risk were conducted collaboratively between centre and senior management, no formal record of the meeting was made, nor was input sought from the social work team on the matter. Inspectors spoke with the allocated social worker for the young person in question, who acknowledged that they should have been involved in the meeting to review the risk assessment closure. Nonetheless, the social worker agreed with the decision to close the risk assessment and noted the generally positive communication and collaboration they receive from

the centre staff and management regarding the young person's placement and related issues. Inspectors recommend that such meetings and decisions be formally documented to ensure comprehensive records of discussions and decisions, and that input from all relevant parties is gathered and considered as part of the risk closure process. External oversight was also provided by the regional manager and through audits conducted by the service's quality assurance manager. However, inspectors observed inconsistencies between the risk assessments and risk management plans, particularly in staff responses to specific risks. This issue was brought to the attention of the centre manager, who acknowledged the need for increased vigilance to ensure consistency across all risk management documents moving forward.

Inspectors identified that the risk management plans for another resident did not fully capture all of their presenting risks or needs in relation to self-harming behaviours. Although the centre manager provided a thorough verbal explanation of how these issues were being managed, there was a clear need for more comprehensive documentation in the risk assessments. The centre manager acknowledged this gap and promptly updated the risk assessments during the inspection. These revised documents were reviewed by inspectors and deemed satisfactory. Additionally, the need for targeted training related to the young person's specific needs was recognized. During the inspection, the centre manager engaged with the service's clinical psychologist to develop a tailored training program on self-harm and suicide ideation for the team, which is scheduled to be rolled out in early September 2024. Inspectors recommend that centre and senior management incorporate ongoing training on managing individualized risks for young people into the centre's training needs analysis.

The centre held monthly multi-disciplinary team (MDT) meetings involving the full staff team and members of the clinical team. These meetings effectively reviewed the young people's needs and provided valuable recommendations and support. However, inspectors noted challenges in tracking the details of attendees and the agreed actions. To improve clarity and accountability, it is recommended that the recording method for MDT meetings be reviewed to include the names and titles of attendees and a clear outline of the agreed actions, along with the individuals responsible for their completion. This need for improvement had also been highlighted through previous inspections to the organisation. The centre manager also acknowledged that more current input from the occupational therapist for one young person would be beneficial, as their presentation had changed significantly since the last MDT meeting they had attended, and committed to following up on this.

Overall, inspectors found that centre management had promptly addressed the actions outlined in the previous CAPA. Some emerging issues were identified during the review; however, these were promptly acknowledged and addressed by the centre manager during the inspection, demonstrating a proactive response to the review process.

Further Actions required:

- No further actions as CAPA implementation is in progress and ACIMS satisfied with timeframes.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 14 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.3
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