



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 120**

**Year: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Fresh Start</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>13<sup>th</sup>, 14<sup>th</sup>, and 16<sup>th</sup> September 2022</b>
<b>Registration Status:</b>	<b>Registered from the 29<sup>th</sup> September 2022 to the 29<sup>th</sup> September 2025</b>
<b>Inspection Team:</b>	<b>Janice Ryan Sinead Tierney</b>
<b>Date Report Issued:</b>	<b>1<sup>st</sup> November 2022</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 3: Safe Care and Support (3.1 only)	
3.2 Theme 5: Leadership, Governance and Management (5.2 only)	
<b>4. Corrective and Preventative Actions</b>	<b>17</b>

## 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 29<sup>th</sup> September 2016. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 29<sup>th</sup> September 2019 to the 29<sup>th</sup> September 2022. Following this inspection, the centre was subsequently re-registered without attached conditions from the 29<sup>th</sup> September 2022 to the 29<sup>th</sup> September 2025.

The centre was registered as a multi-occupancy to provide medium to long term placements where young people of all genders from age thirteen to seventeen on admission could develop, and their needs could be met in a safe and stable environment. The model of care was described as needs assessment led. There were three children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2

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

At the time of this inspection the centre was registered from the 29<sup>th</sup> September 2019 to the 29<sup>th</sup> September 2022. A draft inspection report was issued to the registered provider, senior management, centre manager on the 06<sup>th</sup> October 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 14<sup>th</sup> 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: 120 without attached conditions from the 29<sup>th</sup> September 2022 to the 29<sup>th</sup> September 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### 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.

The centre had policies and procedures in place to protect children from all forms of abuse and neglect and these were currently under review. The inspectors acknowledge that the provider was currently engaged with Alternative Care Inspection and Monitoring Service (ACIMS) to ensure that all child protection policies were fully compliant with the National Standards for Children's Residential Centres, 2018 (HIQA) and Children First: National Guidance for the Protection and Welfare of Children, 2017.

A child safeguarding statement was displayed in the centre dated the July 2022 and it was deemed compliant by the Tusla Child Safeguarding Statement Compliance Unit. 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. A review of personnel files found that the centre's recruitment and vetting procedures were fully adhered to.

A review of the centre's training register evidenced that all staff members had completed Tusla's Children First e-learning module and training in the centre's own child protection policies. On examination of the centre's team meeting minutes ongoing training was provided in the centre's policies and procedures to the staff team. In interview, staff demonstrated knowledge of safeguarding young people in their care, they understood the procedures in reporting a concern and the follow up of same.

The centre had a bullying policy in place and the inspectors found from a review of centre registers and young people's records that bullying did not appear to be an issue. This was also corroborated by the centre manager in interview.

A collaborative and multi-disciplinary approach was taken when discussing areas of concerns with appropriate plans and safety measures being put in place. Young people were consulted in a range of forums for example house meetings, child in care



review meetings, key working, risk management plans and daily plans. One young person was awaiting a new care plan following a recent child in care review and another young person's care plan required updating as it contained information in relation to an interim care order which was now outdated. This plan requires updating. It was evident that care plan goals were being implemented through the young person's placement plans. There was evidence of planned and targeted key working for all young people which addressed placement plan goals.

The inspectors found that the centre developed plans which identified areas of vulnerabilities and there were appropriate control measures put in place to manage these concerns. These plans consisted of placement plans, individual crisis support plans (ICSP), Individual Absence Management Plans (IAMPs). Risk management plans and risk assessments were developed in consultation with social workers young people, clinicians, and the staff team. These were regularly reviewed, and copies were provided to relevant professionals for feedback. However, information in one young person's ICSP in relation to their care status was outdated and required actioning. Also, one young person's IAMP was not in line with the corresponding risk management plans in relation to free time. These need to be reviewed and updated accordingly.

Inspectors found that all referral information was on file, pre-admission risk assessment and impact risk assessment corresponded to known vulnerabilities and risks for each young person. Although there were a range of oversight mechanisms in place for risk assessing areas of vulnerability, the inspectors found that at times some areas of risk were not fully assessed with appropriate control measures put in place to reduce this risk. These behaviours were known at pre-admission and were not assessed with control measures in place on the young person's placement plan either.

Staff in interview were clear on the management plans in place to support safeguarding practices in the centre. Inspectors found relevant information in a young person's care plan pertaining to possible whereabouts of a young person during a recent incident of missing in care. The inspectors recommend that staff read each young person's care plan fully to ensure that control measures are based on known information.

Staff and management had an understanding of the Tusla guidance and reporting mechanism in respect of possible child sexual exploitation. The staff utilised internal tools and resources to guide staff to manage any concerns. The inspectors found that the centre had been instrumental in completing a child sexual exploitation report twelve months earlier and had followed up on numerous occasions in relation to the

status of this concern however, there had been long delays from the social work department. The assigned social worker confirmed in interview with inspectors that they were in the process of following up on the status of same.

The centre had child protection and welfare reporting registers in place for each young person which recorded, monitored, and tracked these concerns. Records examined showed ongoing review of child protection concerns and follow up with regards to the status of these concern. Oversight of the register was provided by the centre manager, and these were discussed at team meetings and management meetings. Inspectors found that all reports were reported in line with Children First National Guidance for the Protection and Welfare of Children, 2017. There was regular communication with the social work department, Gardai and other professionals in respect of the status of these concerns and the centre was responsive in following up on outstanding concerns. However, the inspectors found that three separate child protection and welfare reports were submitted for the same concern when additional information came to light and it would be more beneficial to update the original concern with the new information.

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. However, there had been no audit of Theme 3 of the National Standards for Children's Residential Centres, 2018 (HIQA) in the previous twelve months and this must be actioned.

Young people were supported to understand behaviours of concerns and develop self-awareness skills through individual key working. External supports were put in place to address concerns and at times where there were delays in accessing these supports there was evidence on file to show follow up from the centre. Young people were provided with opportunities to meet external agencies for example Empowering People in Care (EPIC). They were consulted and included in decisions about their care.

The social workers 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.

The inspectors found that there was effective communication between a range of professionals involved in the care of young people and families where appropriate

were also informed of any issues/concerns that arose. In interview with one parent, they spoke very positively of the centre and how they were consulted in all aspects of their child's care.

Staff were clear of the centre's protected disclosure policies however, struggled to identify an external agency to contact if the appropriate response had not been received or addressed within the organisation.

The inspectors met with two young people while onsite and received questionnaires from all three young people as well. Young people spoke well of the centre, and how they enjoyed living there. One young person on the day of inspection did not want to speak to the inspectors.

<b>Compliance with Regulation</b>	
<b>Regulation met /not met</b>	<b>Regulation 16</b>
<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must ensure that an updated care plan is received for one young person.
- The centre manager must review one young person's ICSP to ensure all information is accurate.
- The centre manager must review one young person's IAMP to ensure that it is in line with the corresponding risk management plans in relation to free time.
- The registered provider must ensure that an audit in relation to Theme 3 of the National Standards for Children's Residential Centres, 2018 (HIQA) is completed to identify any issues or improvements that are required in the centre.

## **Regulation 5: Care Practices and Operational Policies**

### **Regulation 6: Person in Charge**

## **Theme 5: Leadership, Governance and Management**

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance, and management arrangements in place with clear lines of accountability to deliver child-centred, safe, and effective care and support.**

There was clearly defined internal and external governance arrangements and structures in the centre. The service had appointed a new social care manager in July this year who was appropriately qualified and had the necessary experience. They were in the process of establishing themselves in the leadership role.

The social care manager was the person in charge with overall executive accountability, responsibility, and authority for the delivery of service. They were supported in their role by a deputy social care manager who completed approximately 90 hours per month completing deputy responsibilities and the remaining hours working directly with young people. A team of qualified social care workers were in place which was appropriate to the purpose and function of the centre. There was an experienced and stable team in place which supported the overall running of the service.

The centre manager was clear with regards to their roles and responsibilities in the centre. They demonstrated leadership at many different levels for example team meetings, supervision, management meetings and day to day oversight in the centre. There was evidence of oversight of records by the centre manager and an understanding of the management role and responsibilities in relation to governance and oversight. The inspectors reviewed a sample of significant events for the centre and found evidence of oversight and governance of same. Significant events were reviewed at the centre's team meetings, management meetings and also as part of the post crisis review meetings which took place following a serious incident. Tracking of incidents for patterns and trends were completed as part of these forums in discussion with the staff team, management, and clinical co-ordinator.

The inspectors found that the centre was completing routine health and safety checks in young people's rooms however, oversight and governance of this practice by the

centre manager requires improvement as these were incorrectly categorised and not appropriate. This needs to be reviewed.

A culture of learning was evident across a range of centre records. The staff spoke positively of the centre manager in interview and the young people had positive reports also. This was also corroborated by two social workers and one parent in interview.

The regional manager had responsibility for supervising the centre manager. The inspectors found that the centre manager had received formal monthly supervision in line with the centre policy since commencing appointment. From a review of supervision records there was evidence of discussions in supervision in relation to the managers role and responsibilities, staffing, young people and settling in. The centre manager had a delegation record in place whilst absent from the centre. This document contained a list of tasks which was delegated between the centre manager and deputy manager. This was a working document and was reviewed monthly and subject to ongoing monitoring by the regional manager.

On review of the staffing information sheet the inspectors noted that there were no social leader posts as part of the internal management team. The inspectors found that this was not impeding on the care of the young people or the running of the service however, this must be kept under review.

There was a new external organisational structure in place with the appointment of two new regional managers for the organisation. This post was in it's infancy and was developing. The regional manager was clear with regards to their oversight and responsibilities. In interview they confirmed that they planned to visit the centre twice monthly following the settling in period for the new centre manager. They attended management meetings monthly which discussed the day to day running of the service. Clear actions were identified at these meetings and follow up and review of these were evident. The inspectors found evidence of review of documents by the regional manager however, improvement was required in this regard to ensure oversight is visible on records reviewed while visiting the centre.

A visitor's log was in place in the centre however, visits that took place in the centre by the regional manager or senior management were not accurate. These need to be recorded accurately to ensure good safeguarding practices and provide evidence of senior managers visits to the centre.

The social care manager spoke about dual reporting between the Deputy CEO and the regional manager. The regional manager reported to the Deputy CEO. In interview, the regional manager confirmed that this was a new role for the organisation and that the centre manager would report direct to them, and this will be embedded down over the coming weeks. The organisation had a Quality Assurance and Practice Manager (QAM) who had responsibility for completing audits in the organisation.

The regional manager confirmed that there was a service level agreement with the national private placement team and that they were provided with reports updating them on all aspects of the service.

As already mentioned under standard 3.1 the organisations were in the process of updating their policies and procedures in consultation with the ACIMS. It was evident from a review of team meeting minutes that training, and discussion took place in relation to the current policies and procedures with the staff team.

There were a number of systems in place for the oversight of practice and to assess compliance with regulations, the national standards and adherence to centre policies and procedures. The service had a dual system of auditing in place which provided oversight and governance of the centre combined with governance monthly reports and centre visits by external management. Internal audits were completed by the centre manager and external audits were completed by the QA manager.

On examination of the internal centre audits the inspectors evidenced that they identified areas of deficits and had implemented good action plans to address these issues. However, timelines were not always included on when these deficits were to be completed by and this needs to be stronger.

External audits were completed against the National Standards for Children's Residential Centres, 2018 (HIQA). The QA manager had completed a range of audits against Themes 2,7,8 and standard 6.3 in the previous twelve-month period. The inspectors as mentioned above in standard 3.1 found there had been no audits in relation to Theme 3: Safe Care and request that this is completed as a matter of priority due to the volume of child protection notifications. The centre had completed an annual compliance report for 2021 which captured elements of Theme 3: Safe Care however, an audit is required to provide analysis of the implementation of this standard against practice. In interview, the regional manager and centre manager confirmed that there was a schedule in place, but it was not specific to themes of the National Standards for Children's Residential Centres, 2018 (HIQA). The inspectors

request that an annual audit schedule is put in place which is aligned to the National Standards for Children's Residential Centres, 2018 (HIQA). Inspectors found evidence in a range of centre records that actions identified from the audits were implemented.

A risk management framework was in place which included an organisational risk register, centre register and range of risk assessments relevant to the care of young people. A risk matrix was used during the risk assessment process to define the level of risk. Staff in interview were clear with managing risk. However, although there was a framework in place for the identification, assessment, and management of risk this needed to be strengthened. The inspectors found that all risks were contained in one folder, and it was difficult to ascertain what was open and closed in the register as many were not updated once closed. Some risks remained open for long periods when it was apparent that the risk was no longer an issue. The oversight mechanism in place requires improvement to ensure that the monitoring of active risks as it was hard to differentiate between what was open and what was closed.

Additional risks associated with the young people's behaviour in relation to self-harm did not have appropriate safeguarding practices or risk assessments in place to manage this behaviour. This needs to be addressed and put in place. Risk registers were updated monthly and reviewed by the centre manager and regional manager. However, the inspectors found that the register did not record what the review consisted of or whether the control measures had reduced or increased, and improvement was required in this regard. The centre manager must ensure all risks are appropriately identified and that the risk management framework is applied consistently across all areas of risk management. The inspectors found that plans and measures put in place to manage risks were proportionate for each young person.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must ensure that routine health and safety checks are categorised, recorded and reviewed appropriately.
- The centre manager must ensure that all visits to the centre by external management are recorded accurately to ensure good safeguarding practices.
- The registered provider must ensure that an annual audit schedule is put in place which is aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).
- The centre manager must ensure all risks are appropriately identified and that the risk management framework is applied consistently across all areas of risk management.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	The centre manager must ensure that an updated care plan is received for one young person.	Completed. Outstanding Care Plan received from Social Work Department on 21.09.22.	In the event of a Care Plan being outstanding, the Centre Manager will escalate the request for the Care Plan in line with Fresh Start's Policies and Procedures.
	The centre manager must review one Young person's ICSP to ensure all information is accurate.	Completed. The Centre Manager reviewed and amended the ICSP on 19.09.22.	The Centre Manager will review paperwork regularly to ensure all young people have an up to date ICSP.
	The centre manager must review one young person's IAMP to ensure that it is in line with the corresponding risk management plans in relation to free time.	The Centre Manager reviewed the IAMP on the 22.09.22 and forwarded to Social Worker for approval. Response received on the 11.10.22 and IAMP implemented. Risk Management Plan updated in line with free time agreement and IAMP.	The centre manager will regularly review IAMP's to ensure all risk management plans and IAMP's are updated accordingly and agreed with the allocated social worker.

	The registered provider must ensure that an audit in relation to Theme 3 of the National Standards for Children's Residential Centres, 2018 (HIQA) is completed to identify any issues or improvements that are required in the centre.	An audit on Theme 3 was completed on 12.10.22. An annual audit schedule was put in place on 23.09.22 which is aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).	The registered provider will ensure themed audits occur in the centre in line with National Standards for Children's Residential Centres, 2018 (HIQA).
5	<p>The centre manager must ensure that routine health and safety checks are categorised, recorded and reviewed appropriately.</p> <p>The centre manager must ensure that all visits to the centre by external management are recorded accurately to ensure good safeguarding practices.</p>	<p>The centre manager reviewed routine health and safety checks on the 20.09.22 to ensure that all relevant paperwork is categorised, recorded and reviewed appropriately.</p> <p>The centre manager addressed external visits to the unit by management at a team meeting on 27.09.22. This was also addressed at a management meeting on 22.09.22.</p>	<p>The centre manager will ensure that routine health and safety checks are categorised, recorded and reviewed appropriately. Paperwork in relation to bedroom checks/ bedroom search have now been amended to bedroom checks in relation to health and safety. Bedroom searches where necessary will be recorded as such and included in the restrictive procedures register.</p> <p>The centre manager will ensure all visits to the centre by external management are recorded accurately to ensure good safeguarding practices. External management will ensure that they sign the visitors book on each visit to the centre.</p>

	<p>The registered provider must ensure that an annual audit schedule is put in place which is aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).</p> <p>The centre manager must ensure all risks are appropriately identified and that the risk management framework is applied consistently across all areas of risk management.</p>	<p>An annual audit schedule was put in place on 23.09.22 which is aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).</p> <p>Completed. The Centre conducted a review of risk for the centre on 18.09.22 and ensured all risks are appropriately identified and that the risk management framework is applied consistently across all areas of risk management.</p>	<p>The registered provider will ensure that an annual audit schedule is put in place which is aligned to the National Standards for Children's Residential Centres, 2018 (HIQA) on an ongoing basis. This will be distributed to all centres by the Quality Assurance Manager.</p> <p>The centre manager will routinely review relevant documentation to ensure that all risks are appropriately identified and that the risk management framework is applied consistently across all areas of risk management.</p>
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