



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: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</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>23<sup>rd</sup> and 24<sup>th</sup> February 2021</b>
<b>Registration Status:</b>	<b>Registered from the 29<sup>th</sup> September 2019 to the 29<sup>th</sup> September 2022</b>
<b>Inspection Team:</b>	<b>Cora Kelly Lisa Tobin</b>
<b>Date Report Issued:</b>	<b>20<sup>th</sup> April 2021</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>8</b>
<b>3. Inspection Findings</b>	<b>9</b>
3.5 Theme 5: Leadership, Governance and Management	
3.7 Theme 7: Use of Resources	
<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 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 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 two 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.

The centre was registered to provide medium to long term placements where young people of both 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 two children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4
7: Use of Resources	7.1

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. Due to the emergence of Covid-19 this review inspection was carried out with a blend of an onsite visit and through a review of documentation and a number of online interviews.

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 18<sup>th</sup> March 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 28<sup>th</sup> March 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: 120 without attached conditions from the 29<sup>th</sup> September 2019 to the 29<sup>th</sup> September 2022 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

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

**Regulation 6: Person in Charge**

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

**Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.**

Senior management within the organisation held responsibility for ensuring that the centres policies and procedures complied with the National Standards for Children’s Residential Centres, 2018 (HIQA) and that reviews of the document occurred annually. It was evident to the inspectors that since the development of the policies and procedures document in December 2019 the centre’s statement of safeguarding and child protection had been updated with the addition of a protected disclosures policy, procedures relating to the role of mandated persons and the designated liaison person. It was identified by the inspectors that further procedures were required in order for the centre to be operating in full compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017. Inspectors found that the reporting procedures did not include procedures relating to concerns that did not reach the threshold for reporting. Also, the inspectors interpreted from their review of the reporting procedures that the designated liaison person was to be notified of all child protection and welfare reports prior to them being submitted to the Child and Family Agency via the online reporting system. Senior management advised that a full review of the organisation’s policies and procedures was being planned for and if possible, would aim to replicate the format of the national standards. To ensure full compliance with current Children First legislation and the national standards senior management must address the findings outlined above when conducting their full review of the policies and procedures document that currently remains outstanding.

The organisation had been experiencing a significant delay in implementing their new auditing system, designed to reflect the organisations implementation of the National Standards for Children’s Residential Centres, 2018 (HIQA). In interview, the operations manager reported it was due to the emergence of the COVID-19 pandemic.

In interview and from the inspector's review of questionnaires and centre records staff demonstrated a very good understanding of the policies and procedures guiding their care practices. A copy of the National Standards for Children's Residential Centres, 2018 (HIQA) was available in the staff office and there was evidence of it being discussed in detail by centre management during supervision and at team meetings.

**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 were clearly defined internal and external governance arrangements and structures in the centre. In interview the centre manager was clear on their role and responsibilities in providing clear, effective and safe care to the young people. They reported to the operations manager who was their line manager on a daily basis through telephone calls and emails. The operations manager provided the centre manager with regular supervision. It was evident to the inspectors that individual staff team members were also clear on structures within the centre and organisation and of their roles and responsibilities.

Internal governance arrangements included centre management completing and submitting monthly audit checklists and monthly health and safety audits to the operations manager and quality assurance practice manager. The format of the checklists ensured that all aspects relating to the operational running of the centre were accounted for. There was evidence of feedback and action plans being provided to the centre manager. From a review of the checklists they were found to have been comprehensive and the action plans accurately tracked deficits identified.

It was clear to the inspectors over the course of the inspection that the experienced centre manager who was charged with overall responsibility for the running of the centre, was providing good leadership to the staff team. This was demonstrated through forums such as supervision, team meetings, ongoing presence in the centre and oversight and review of centre documentation. A culture of learning was evident at these forums. Staff stated that they were provided with ongoing support and direction by centre management. A parent and a young person in interview reported that the manager showed good leadership and was available to them. The centre manager was supported by a deputy centre manager and a team of social care workers that was appropriate to the size and statement of purpose of the centre. In

interview and from their questionnaire the deputy manager had a good understanding of their role, demonstrated clearly specific tasks appointed to them and acted up in the centre manager's absence. Clear arrangements were in place for this as recorded in the delegation of tasks record, a live document that was subject to ongoing monitoring by senior management.

The inspectors observed practices relating to the identification, assessment and managing of risk. They included pre-admission risk assessments, impact risk assessments, general individual risk assessments, individual crisis management plans and absence management plans. A risk matrix was used during the risk assessment process to define the level of risk. In interview a social worker advised that they were consulted with during risk management processes relevant to them. Staff in interview demonstrated a good knowledge of the risk assessment processes and gave examples of risk management plans in place at the time of the inspection including those relating to Covid-19. Organisational and centre risk registers were in place with the centre's risk register reviewed monthly. The centre manager identified that the operations manager was the designated person to contact in emergency cases.

There was a service level agreement with the funding body Tusla with the tendering process on-going by Tusla.

**Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.**

The centre's statement of purpose, which was subject to annual review, was last reviewed by senior management and the centre manager in November 2020. Upon review the inspectors found that it complied with criteria contained under 5.3.1 in the National Standards for Children's Residential Centres, 2018 (HIQA). The statement, displayed in the staff office was found to replicate the day-to-day operation of the centre. A version was available for young people and their families.

In interview and through questionnaires staff demonstrated a good understanding of the needs assessment model of care and outlined clearly how it was implemented in their daily care practices. The inspectors were able to corroborate this too during their review of young people records namely placement plans and supervision. It was evident to the inspectors that the young people resident at the time of the inspection had been appropriately placed in line with the statement.

As part of the centres auditing procedures the statement had been reviewed and evaluated internally and externally. The inspectors found that identified deficits had

been addressed timely. It was evident that services were being delivered as outlined in the statement.

**Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.**

The inspectors observed that the centre manager's processes for the implementation of care practices ensured that quality and effective safe care was being provided to young people on a continuing basis. Internal care mechanisms included placement plan reviews that focused on measurable outcomes, discussions recorded at handovers, supervision and young people meetings. There was good consistency in the staff teams approach in providing feedback to the young people regarding issues or requests they raised at their meetings and that were discussed at team level. Externally, care review mechanisms included monthly multidisciplinary team meetings where clinical input was provided to the centre management and staff to assist their therapeutic work with the young people.

Centre governance arrangements included comprehensive monthly checklists and monthly health and safety audits completed by centre management that were forwarded to the operations manager and quality assurance and practice manager with the latter audit also forwarded to health and safety officer within the organisation. Feedback and action plans were provided to the centre manager and there was evidence of items being tracked and actions being met.

It was found from the review of documentation relating to audits undertaken in 2020 that the quality of the audits was mixed. Two of the three audits, one internal and one external, were against some of the themes of the National Standards for Children's Residential Centres, HIQA (2018). In response to the internal audit completed by the centre manager in February 2020, where themes three and five were examined, the quality assurance and practice manager developed an action plan to address deficits identified for implementation by the centre manager. In March 2020 the external audit completed by the quality assurance and practice manager covered the same themes named above in addition to themes two and six. The inspectors found that though only aspects of theme five were examined it was evident that deficits identified in the internal audit were addressed. The organisation was at the time of the inspection experiencing delays in implementing their new auditing system that was developed to reflect the National Standards for Children's Residential Centres, HIQA (2018). It was proposed that it would be in place by June 2021. However, in the interim and the probability of further delays given the current

Covid-19 pandemic a more robust and regular approach to the centres overall auditing processes is required and to include all aspects contained in the National Standards for Children's Residential Centres, HIQA (2018).

The inspectors found that the centres processes for reviewing and analysing incidents required improvement. Child protection and welfare concerns were a standing item for discussion at team meetings. The centre manager reported in interview that they monitored the child protection register for the purposes of identifying patterns or trends. The complaints officer, to whom complaints were submitted, had oversight responsibilities. With respect to incidents the centres notification of significant events policy lacked formal procedures for reviewing incidents internally within the centre and externally. Internal arrangements for reviewing incidents included discussions at handovers, during supervision where deemed warranted by centre management and through oversight by centre management. Externally, complaints, concerns and incidents were discussed at centre specific clinically led multidisciplinary team meetings.

The organisation had not established a standalone significant event review group for the purposes of developing practice by learning from the centres experience of significant events. Post crisis review meetings occurred for very serious incidents. For the centre, this had not occurred for some time. Senior management must update the notification of significant events policy and complaints policy to include procedures for incident and complaint review mechanisms aimed at promoting improvements in practice. To assist both centre and senior management monitoring responsibilities the inspectors recommend that the last section in the complaints and child protection and welfare concerns registers is updated to include the dates when respective investigations were concluded.

To date, an annual review of compliance with the centres objectives had not been conducted. In interview, the reason for this non-compliance was as a result of the delay in the implementation of the new auditing system which was designed to yield specific data for input into the compliance report. The registered provider must ensure that the centres initial compliance report is completed immediately and annually going forward.

<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>Standard 5.2 Standard 5.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.1 Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- Senior management must, when conducting the outstanding review of the centres policies and procedures guiding document ensure it complies fully with the procedures outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the National Standards for Children’s Residential Centres, 2018 (HIQA).
- Senior management must ensure that there is a more robust and regular approach to the centres overall auditing processes and to include all aspects contained in the National Standards for Children’s Residential Centres, HIQA (2018).
- Senior management must update the notification of significant events policy and complaints policy to include procedures for incident and complaint review mechanisms aimed at promoting improvements in practice.
- The registered provider must ensure that the centres initial compliance report is completed immediately and annually going forward.

## Regulation 7: Staffing

### Theme 7: Use of Resources

#### Standard 7.1 – Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

The inspectors found that the centres use of resources was aligned to the centre’s statement of purpose and model of care. It was evident that there was an appropriate use of resources within the centre, ranging from the day-to-day operation of the centre, to financial resources and those resources relating to staffing. From the review of young people’s records and centre documentation inspectors observed that sufficient financial resources were available to the centre manager and the staff team to meet young people’s needs as identified in their care plans and implemented through the placement planning process.

There were clear plans that took account of the funding and resources available to ensure that child-centred, safe and effective services are provided. From the review of petty cash records funding made available on a weekly basis covered expenses such as groceries, pocket money, savings, independent living, entertainment and activities. In interview, staff reported that appropriate resources were provided to meet the needs of the young people and their families and particularly in facilitating and supporting family access. Funding requests could also be sought for items outside the normal budget for the centre.

With regards to staffing it was clear that an adequate number of qualified, experienced and trained staff were part of the centres workforce. Staff had been provided with an employee handbook where information relating to their rights and responsibilities, benefits, conditions and policies affecting their employment was outlined. To meet the individual needs of the two young people the staff rota comprised of three staff completing sleepover shifts on a daily basis. Through team meetings, supervision, handovers, multidisciplinary meetings, monthly auditing checklists and ongoing leadership provided by the centre manager there was a good focus placed on staff providing child-centred, safe and effective care and support. The centre had appropriate indoor and outdoor facilities in addition to those available in the community.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 7.1</b>
<b>Practices met the required standard in some respects only</b>	<b>None identified</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>Senior management must, when conducting the outstanding review of the centres policies and procedures guiding document ensure it complies fully with the procedures outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the National Standards for Children’s Residential Centres, 2018 (HIQA).</p> <p>Senior management must ensure that there is a more robust and regular approach to the centres overall auditing processes and to include all aspects contained in the National Standards for Children’s Residential Centres, HIQA (2018).</p>	<p>Policies and procedures currently being reviewed by senior management will comply fully with the procedures outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the National Standards for Children’s Residential Centres, 2018 (HIQA). To be completed by April 30<sup>th</sup>, 2021.</p> <p>Senior management will carry out scheduled audits which will include all aspects contained in the National Standards for Children’s Residential Centres, HIQA (2018). Immediate and ongoing.</p>	<p>The centres policies and procedures will be reviewed annually or as necessary by centre management and the senior management team to ensure full compliance against standards and legislation.</p> <p>Senior management will ensure that themed audits that include all aspects contained in the National Standards for Children’s Residential Centres, HIQA (2018) are conducted regularly.</p>

	<p>Senior management must update the notification of significant events policy and complaints policy to include procedures for incident and complaint review mechanisms aimed at promoting improvements in practice.</p> <p>The registered provider must ensure that the centres initial compliance report is completed immediately and annually going forward.</p>	<p>Policies and procedures currently being reviewed by senior management will include procedures for incident and complaint review mechanisms aimed at promoting improvements in practice. To be completed by April 30<sup>th</sup>, 2021</p> <p>The registered provider will ensure that a compliance report is completed by December 31<sup>st</sup>, 2021.</p>	<p>The centres policies and procedures will be reviewed annually or as necessary by centre management and the senior management team to ensure full compliance against standards and legislation.</p> <p>The registered provider will ensure that a report that assesses compliance against the centre's objectives is completed annually.</p>
7	N/A		