



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: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</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>Unannounced Inspection</b>
<b>Date of inspection:</b>	<b>10<sup>th</sup> May 2023</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 Ciara Nangle</b>
<b>Date Report Issued:</b>	<b>21<sup>st</sup> July 2023</b>

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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 29<sup>th</sup> September 2016. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from 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 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
3: Safe Care and Support	3.2

This inspection activity was conducted as a result of unsolicited information being received by ACIMS in relation to the emergency discharge of one young person in the centre without an identified appropriate onward placement. The focus was to determine that all appropriate steps had been taken by the centre to maintain the placement prior to the unplanned emergency discharge.

This was a blended inspection which consisted of interviews and a desktop review of documents and an onsite review of care records for all young people including a wide range of centre records relevant to placement planning, clinical supports, key working, risk management and professional meetings.

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 2022 to the 29<sup>th</sup> September 2025. A draft inspection report was issued to the registered provider, senior management, centre manager on the 20<sup>th</sup> 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 4<sup>th</sup> July 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: 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 3.2 Each child experiences care and support that promotes positive behaviour.

At the time of inspection, the centre had policies and procedures in place for the positive management of behaviour that challenges which promoted the best interest of the young people. The inspectors reviewed all centre and care records for one young person over a four month period from January to April 2023 who had engaged in significant property damage and risk taking behaviour in the centre. This young person had been recently discharged to an emergency placement following the continued impact on two other young people resident in the centre.

From a review of the training register, all staff within the centre had completed training in the centre's model of care. The staff team had also been trained in a recognised framework of behaviour management and associated behavioural management plans were aligned to this framework. The inspectors found from a review of documentation that the staff team were utilising a behaviour management approach to support the young person in the centre. The records evidenced that staff had a very clear understanding of the young person's needs. This was recorded clearly and assured the inspectors that the approach being implemented was aligned to the centre's behaviour management policy, clinical advice and guidance from management and external professionals. Clear discussion took place at the staff team meetings and interventions were reviewed and aligned to the rising needs of the young person.

The inspectors found that staff team were managing a young person that presented with behaviours that challenged in the centre who had experienced huge trauma in their life especially within the past 18 months. The centre engaged on a regular basis with a range of professionals for example the social work department, clinical team, clinical co-ordinator, and senior management to discuss the ongoing concerns for this young person. It was evident that a range of disciplines attempted to engage with the young person in offering support, time outside of the centre, appointments with therapeutic services. However, the young person did not engage in these services. These disciplines also engaged with the staff team to provide support and advice in

managing the complexities of this young person's behaviour that challenged which consisted of property damage, fire setting, self-harm, threatening behaviour towards staff and staff assaults. It was evident that the staff team and management were committed to supporting this young person in stabilising their behaviour.

The inspectors reviewed a range of significant event records associated with the challenging behaviour and found that a range of interventions had been put in place for example 2:1 staffing, clear plans agreed with all professionals around family contact and upcoming family events, missing in care protocols, meetings with Gardai, an offer of external support services, targeted key working and day to day structure and routines. Significant events were reviewed for further learning at the staff team meetings and at the post crisis response meetings which were attended by the clinicians and Therapeutic Crisis Intervention (TCI) instructor. Any recommendations and learning identified was discussed with the staff team and all actions were updated in the young person's individual crisis support plans (ICSPs) or safety plans. The significant events reviewed regularly contained feedback from the centre manager which included improvements to practice or acknowledging good practice among the staff team. The inspectors found that the significant events records were well written, with clear detail of actions taken to manage the event.

There was internal and external clinical input sought on a regular basis to provide further support to the staff team and the young person in the management of behaviours and incidents. Discussions had taken place internally around the options of exploring respite care. This was discussed among internal and external management in an attempt to break the cycle of behaviours. However, this intervention was deemed not feasible at that time as stabilisation was assessed to be the most appropriate option for the young person at this time. The centre had also applied for funding for additional staffing through the social work department and while waiting on same had incurred these costs themselves. The inspectors noted that external management visited the centre to speak with the young person around their current behaviours whilst also seeing what other interventions may be helpful to stabilise their behaviour.

The young person had a range of behavioural management plans in place for example individual crisis support plan (ICSPs), individual absence management plans (IAMPs), safety plans and risk management plans. These plans were detailed and outlined all interventions to be implemented. They were reviewed regularly and updated accordingly once new learning was identified from incidents. All risk assessments were in place, updated accordingly and were aligned to the centre's risk

register to ensure that all risk were regularly reviewed and captured. The centre manager had clear oversight of these plans, and these were discussed and agreed at a range of forums including multi-disciplinary meetings, team meetings and clinical meetings.

Although the centre and staff team were managing to the best of their ability and the interventions being put in place were regularly reviewed it was deemed necessary to provide the National Private Placement Team and social work department with a 28 day notice period to discharge this young person from the service due to the continued impact on the other young people in the centre and continued escalation in the young person's behaviour that challenged. This notice was provided on the 17<sup>th</sup> April however, over the next nine days the young person's behaviour continued to escalate and the overall safety of the other young people was compromised due to the increase in fire setting and exposure to challenging behaviour which resulted in the centre having to rely on assistance from An Garda Síochána on numerous occasions.

A serious incident took place on the 25<sup>th</sup> April and following this event two multidisciplinary meetings took place on the 26<sup>th</sup> April with all professionals to discuss same. While two meetings took place among external and internal professionals in the latter part of the day a range of internal communication (meetings/emails/phone calls) had taken place also with all professionals to inform them of the decision to immediately discharge this young person.

The documentation reviewed by inspectors indicated that the centre had clearly communicated that they were unable to maintain the placement safely due to the potential risks to all three young people on the day of emergency discharge. The inspectors found clear evidence that the centre had contacted the relevant social work department and national private placement team from early in the day advising that this placement would be ceased. It was also clear from the documents reviewed that the social work department were unable to find an alternative placement for this young person. However, given the presenting behaviour and potential risk to all three residents in the centre, the organisation had no other choice to discharge this young person in an unplanned manner.

It was also evident from a review of a centre risk assessment that the centre had given full consideration to maintaining the placement overnight in the absence of an alternative placement being identified however, it was unsafe for all three young people and staff to maintain same for another night. In the absence of an alternative placement the young person had to access the out of hours service as such the young

person was discharged in an unplanned manner which was not best practice. This was acknowledged by centre and external management.

Following this event the centre and external management had conducted a placement review meeting which explored this placement and identified areas for learning and areas that had worked well. The inspectors found this to be beneficial and request that any actions identified are implemented in practice in the centre.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 16</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

#### **Actions required:**

- The registered provider and centre manager must ensure that a plan is agreed with the social work department for a closing piece with the young person given the unplanned nature of the discharge.
- The registered provider and centre manager must ensure that actions identified as part of the placement review meeting are implemented in the centre to support best practice.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered provider and centre manager must ensure that a plan is agreed with the social work department for a closing piece with the young person given the unplanned nature of the discharge.	The Centre completed a memory box containing memorabilia recognising the young person's time in the centre. This was done in conjunction with the Social Work Department on 19.06.23. This will be shared with the young person by the Social Work Department when they deem it appropriate and in the best interests of the young person.	
	The registered provider and centre manager must ensure that actions identified as part of the placement review meeting are implemented in the centre to support best practice.	The actions identified from the placement review meeting have been implemented in practice within the centre. This includes the closing piece for young person provided to the Social Work Department on 19.06.23. The learnings from this review have been agreed and taken on board by centre management and senior management for the service.	Centre management and senior management will remain cognisant of the learnings from the placement review and ensure that any necessary action / early intervention identified in the future is implemented in collaboration with the relevant social work department.