



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 124

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Fresh Start
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	23rd, 24th & 25th November 2020
Registration Status:	Registered from 22nd December 2019 to the 22nd December 2022
Inspection Team:	Joanne Cogley Paschal McMahon
Date Report Issued:	23rd December 2020

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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 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 in December 2016. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from the 22nd December 2019 to the 22nd December 2022.

The centre was a community based residential service that provided care for up to three young people. The principle goal of the service was to provide the essential life skills to the young people living there in order to prepare them to live in the least restrictive environment possible. This was undertaken through providing a consistent structured environment while offering opportunities to empower the young people in making decisions that affect their lives.

There were three children living in the centre at the time of the inspection. Two of these young people were placed outside of the centre's purpose and function and a derogation had been approved for both from the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.1, 4.2, 4.3

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 via teleconference 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 8th December 2020 and to the relevant social work departments on the 8th December 2020. 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 15th December 2020. 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: 124 without attached conditions from the 22nd December 2019 to the 22nd December 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10 Health Care

Regulation 12 (1) Provision of food and cooking facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

Inspectors found that there were initiatives and practices in place to promote and protect the life, health, safety, development and welfare of each young person in the centre and these were supported through policies and procedures in line with the National Standards for Children’s Residential Centres, 2018 (HIQA). Inspectors found there was an emphasis on health promotion initiatives particularly around the areas of diet and nutrition, appropriate relationships, self-care and smoking prevention.

There was evidence of the centre working with other agencies such as child and adolescent mental health, equine therapy, Ferns Diocesan Youth Service (FDYS), Assessment Consultation Therapy Services (ACTS) and psychology to help promote the health and development of the young people. The centre had access to the organisation’s clinical team that consisted of a clinical manager, psychiatrist and two assistant psychologists. Each young person was subject to an intake psychology assessment upon admission and the clinical team made recommendations for additional services when required. The clinical team provided clinical direction and input to the team in a number of areas including health and education as well as providing therapeutic support to the young people

One young person had direct access to the organisational psychiatrist to address their issues around substance misuse.

There was evidence of the centre actively working with one young person to support them to quit smoking. The HSE ‘QUIT’ programme was being utilised. The young person was also facilitated to attend their GP and had been prescribed additional supports. Staff members in interview confirmed that they encouraged the young person to break the habit through a combination of diet and exercise. Their social worker highlighted the centre were focused on supporting the young person with their issues.

Inspectors spoke with staff members, two social workers and one guardian ad litem in relation to meal times within the centre and found that meals were a communal event where all were encouraged to eat meals together as a positive social interaction. From a review of records this appeared an important element of the day for the two younger residents. Inspectors reviewed a sample of menu planners in conjunction with team meeting and key working records and found these to be led by the young people with wholesome and nutritious options available to them. Where young people had issues around diet and nutrition these were addressed by keyworkers and supports implemented. One young person had been linked in with a paediatric dietician and was being supported in attending their appointments by their keyworker. A core staff member was a trained chef and taught young people the skills required for planning and preparing nutritious meals.

Whilst no young people in the centre were in the realm of independent living or moving towards aftercare at the time of inspection, it was evident that young people were supported to develop skills in relation to resilience and managing adversity, acquiring life skills and establishing a support network outside of the residential centre. There were dynamic issues within the centre between the young people. Inspectors reviewed a sample of young persons' meetings and keyworking sessions and found significant work being completed with the young people around managing these dynamics, developing appropriate relationships and boundaries and being provided with alternative coping mechanisms to appropriately respond. Whereby it was deemed not appropriate for a young person to manage their own medication due to age or developmental level then staff took responsibility for this.

Two of the three young people were in stable education placements at the time of inspection. Due to their age the focus was not currently on sourcing further education however the third young person had identified the desire to move to alternative training environments and this was currently being facilitated by the centre and social worker.

Standard 4.2. Each child is supported to meet any identified health and development needs.

Inspectors reviewed the care files for all young people in placement and found a range of assessments that had been carried out. These included reports from child and adolescent mental health services, psychology services and family support services. There was evidence on file that the recommendations of these reports had been used to inform placement goals for all young people. Two of the young people

had received additional support in their school setting based on the recommendations of these reports. In the case of one young person there were a number of recommendations outstanding in relation to supports to be provided from occupational therapy and speech and language therapy. Inspectors spoke with the social worker allocated to this young person who informed them that should the young person still be on the waiting list in January 2021, they will begin to source private supports for this young person. Given the complex needs of the young person it is essential the centre and young person receive these supports as soon as possible.

Social workers advised inspectors that they had provided comprehensive social history reports when their young person was admitted and this included all medical and health information. Inspectors reviewed a sample of referral documentation on file that confirmed this. There was evidence on file of young people's medical cards, details and outcomes of referrals to medical, dental and psychology services. Inspectors found in one instance there were immunisation records on file. In the other two cases there was evidence of clear efforts being made by the centre manager to secure immunisation records and social workers should ensure they provide the centre with this information. In interviews staff stated that they were provided with all necessary medical and health information on admission to appropriately develop placement plans and identify goals.

All young people in the centre had access to a general practitioner. One young person maintained their family GP. Two other young people were registered with a new GP upon admission, however, the move was justified due to the logistical aspect of maintaining their previous GP.

Inspectors interviewed two social workers, one guardian ad litem and the centre manager, all of whom confirmed they worked together to ensure access to specialist services for their young people. All external professionals highlighted that the centre manager excelled in their communication skills and advocated to secure the supports required for the young people to help progress their placements.

Inspectors reviewed the medication management policy. This was in line with legislative and regulatory requirements. Staff members interviewed demonstrated an awareness of same in interview. There had been one medication administration error noted in the months prior to inspection and there was evidence that this had been reviewed and changes had been made within the centre as a result. The medication files were well organised with evidence of centre management oversight.

Standard 4.3. Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

At the time of inspection all three young people had an allocated school placement. Two of the three young people were attending school on a regular basis. One young person had maintained their educational placement throughout their school going years despite a move in residential placements and in the other instance the centre had secured a local school following the young person's move to the new centre. Both of the younger residents had complex needs and a number of educational assessments on file and there was evidence of the centre supporting the schools in maintaining the placements. In the instance of one young person who moved schools when moving placement, this transfer occurred carefully and methodically. Despite the Covid restrictions the school and centre worked together to allow the young person to visit and see their classroom and meet with their teachers. The centre manager also maintained a 'communication notebook' with the school where daily updates were provided both from the centre and the school and there was a clear flow of communication. There was a significant amount of work evident to support both young people whilst they were off school during Covid-19 and there was evidence of regular online meetings occurring with teachers during this time to ensure young people were supported. One young person also got a school assigned bus to and from school daily and there was a link worker on this bus who would liaise with the centre daily should any issues arise.

In the cases where a young person refused to attend their educational placement the centre undertook meetings with relevant professionals including the school, centre and social work departments in an attempt to re-engage the young people. There was also evidence that the centre engaged with the local educational welfare officer where appropriate. In these instances, the centre continued to work with the allocated school placement and a school completion officer who were facilitated in meeting with young people on a weekly basis to complete educational work as a bridging piece until new placements were sourced. Young people were engaged to actively work with the centre and their social workers to secure new placements where necessary. Social workers for young people commended the centre on the work being done to maintain the engagement of residents in education.

Inspectors reviewed young people's care files and found a range of exam results, school reports, certificates of achievement and awards on file. There was evidence also of these being celebrated with the young people. Young people had access to an area to complete homework should they need to and this was built into their daily routine and weekly planner.

Whilst young people were not approaching school leaving age, they were being encouraged to think about their preferences and discuss their interests with staff members and were being encouraged and supported to explore these interests further.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 4.1 Standard 4.2 Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- **None identified**

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	None identified		