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: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Fresh Start**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced**
Date of inspection:	**10th, 11th & 12th November 2021**
Registration Status:	**Registered from 22nd December 2019 to the 22nd December 2022**
Inspection Team:	**Joanne Cogley** **Paschal McMahon**
Date Report Issued:	**17th January 2022**

Contents

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 two 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 principal 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
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 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 2nd December 2021 and to the relevant social work departments on the 2nd December 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 16th December 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: 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 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection there were three young people residing in the centre, two of which were placed outside of the centre's statement of purpose. The inspectors found evidence that statutory care plans for all three young people in placement were reviewed in line with the timeframes set out in the legislation and as required in compliance with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*. Two of the young people had up to date care plans. Whilst statutory reviews were occurring on a monthly basis for one young person, a significant amount of care plans remained outstanding despite efforts made by the centre manager to obtain these. Whilst the centre manager had made efforts to obtain these care plans, inspectors saw no evidence of this being escalated by any member of senior management. This was acknowledged during interview with the operations manager. There was evidence on file to demonstrate young people had been involved in the care planning process either through attendance at meetings or through completion of their "me and my care plan" form.

There was evidence of regular contact with families and significant people on file updating them on the young people's progress, in particular regarding education and access. Inspectors did not find evidence to show they were specifically asked for input into their child's placement plan however in two instances, statutory reviews were occurring on a monthly basis and parents attended and participated in these meetings. All three young people in placement were attending school full time. Inspectors met with all three young people on the day of inspection and all stated they were happy in their placement. One young person stated they had a say in their placement and were consulted on areas of importance to them. Each young person had a placement plan on file that was developed by their keyworker and case manager on a monthly basis. Social workers and a guardian ad litem interviewed confirmed they were satisfied that these plans were in line with the young people's care plans and that placement planning was meeting the needs of the young people.

Placement plans were reviewed on a monthly basis at organisational multidisciplinary team meetings, that were attended by the staff team, centre management and the organisation's clinical manager. Goals and approaches being utilised were discussed at these meetings and areas for further growth and exploration identified.

All three young people in placement had identified areas of need which required additional specialist support. While some required supports had been provided, access to a number of identified specialist services was impacted negatively due to the Covid 19 pandemic. The centre manager, in conjunction with social workers, were following up on waiting lists and alternative services.

There was evidence of effective communication between the centre and social work departments on file. Regular email communication was evident along with all monthly documents being sent to social workers for review. The allocated social workers and guardian ad litem interviewed confirmed there were no issues with communication and they received regular updates from the centre manager.

Compliance with Regulation	
Regulation met	**Regulation 5**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 2.2**
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**

Actions required

- None required

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.

The management structure within the centre consisted of a centre manager and deputy manager. Both had been appointed to their posts in February 2021 following the departure of the previous centre manager. Both had worked in roles within the centre since its opening in 2016 and were appropriately qualified. This management structure was appropriate to the size, purpose and function of the centre and staff members interviewed confirmed they found the current manager to be approachable and supportive in their role. There was a clear delegation list of management tasks that was completed on a weekly basis and the deputy manager confirmed they would cover the manager's periods of annual leave throughout the year.

There were clearly defined governance structures within the centre. All staff interviewed were aware of all management levels within the organisation and were clear on their respective roles and responsibilities. Staff members stated that senior management were available to them and they felt comfortable should they need to approach them to raise any issues or concerns. All staff members interviewed confirmed they had received job descriptions and contracts. The centre manager and deputy manager both confirmed they received updated job descriptions and contracts prior to taking up their new roles. The previous manager was in post for a four week period prior to the new management team assuming responsibility for the centre to provide them with induction and they were receiving ongoing support from the senior managers within the organisation.

The centre manager completed a monthly governance report that they presented to the quality assurance manager. This was a quantitative checklist that provided updates on various areas of the centre but did not evidence any qualitative assessment being carried out by members of senior management. Themed audits in line with the National Standards for Children's Residential Centres, 2018 (HIQA) were also undertaken by the centre manager with the support of the deputy manager.

Inspectors noted there was no action plan at the end of these audits and there did not appear to be any system implemented by senior management to validate the information being presented by the centre manager. The operations manager and quality assurance manager must ensure, where the centre manager is carrying out self audits that there is clear evidence to demonstrate robust oversight from management external to the centre.

The organisation employed a quality assurance and practice manager. Two audits had been completed by them in 2021; a supervision audit and an audit completed against Theme 5 of the national standards. Action plans were provided to the centre manager for both and they were expected to complete and return the action plan within an agreed timeframe. There had been no audits completed on childcare practice by personnel external to the centre in 2021. The organisation set out its governance policy under "standard 3 – monitoring" of its policy and procedure document. Inspectors did not deem this policy to be robust in relation to creating the lines of authority and accountability. The policy did not reference the auditing process nor the role of the quality assurance and practise manager and should be reviewed to reflect the current work practices.

The centre's policies and procedures were reviewed in June 2021. The current policy document was written under the framework of the former national standards therefore senior management must review the policy document in full to ensure all policies and practices outlined in the National Standards for Children's Residential Centres 2018 (HIQA) have been captured in their policy and procedure document.

The centre had procedures in place for designated people to contact in case of an emergency and operated an effective on call system. The operations manager confirmed the organisation had a service level agreements with Tusla.

The centre operated a risk management framework that included the use of a risk matrix for the identification, assessment and management of risk. Inspectors found through interview and on-site observations that neither centre management nor staff were familiar with this framework or were implementing it correctly. There were inconsistencies in approaches by the staff and managers on the use of the matrix scoring systems. Inspectors were informed it was the intention of the quality assurance manager and operations manager to attend a team meeting in January 2022 to complete training on risk management.

Inspectors reviewed all three young people's care files in the context of risk. The centre had a system for pre-admission risk assessments and impact risk assessments. Pre-admission risk assessments were completed and on file for two of the three the young people in placement, the third was not filed. Impact risk assessments were completed and on file for all young people and they gave due consideration to the young person currently in placement when new referrals were being considered. There was also a comprehensive assessment of the impact of the new residents on the young person residing in the centre. There were a limited number of young person's risk assessments on file for review. Inspectors identified a number of areas of risk associated with the young people through review of files however did not find corresponding risk assessments relating to these areas. Social workers interviewed confirmed risk formed a regular part of discussions with them however they did not receive written risk assessments in the majority of cases. Restrictive practices were identified and listed however there were no risk ratings assigned, no risks identified and no measures identified to reduce the need for restrictive practice. The centre operated a risk register. This was a comprehensive document and identified both company, centre and young person's risks however some risks identified during the course of inspection were omitted. Inspectors also found no register evident from August 2020 to January 2021.

Inspectors noted some concerns in relation to the centre's management of the ongoing Covid-19 pandemic. Two risk management plans were on file since the onset of the pandemic, dated March 2020 and dated February 2021. Both risk management plans were identical and there was no evidence to show they had been reviewed or updated in line with public health guidance. The centre had implemented a "covid-19" folder however bar one memo in 2021, all correspondence to the team was dated in 2020 meaning there was no evidence on file to show any updated guidance in line with public health advice since February 2021. Sanitising stations were not evident on inspectors arrival nor was mask wearing implemented, with the last guidance on file on mask wearing to the team being May 2020. Social workers and guardian ad litem interviewed confirmed that upon their visits staff did wear masks but didn't wear them when around the young people, which in their view was appropriate given the age and needs of young people. There was evidence of refusal to accept a Covid-19 vaccine by a resident and this had not been factored into risk management. A recent email was evident on file from senior management informing managers that antigen tests would be available to staff should they be required however awareness of this did not appear to have reached the staff team when interviewed. From a review of management meeting minutes with senior managers and house managers present it was evident that Covid -19 formed a regular

part of discussion with ongoing review of public health guidance however these discussions did not appear to have been carried back to the centre inspected upon review of onsite documentation and interviews.

The operations manager must review the current risk management framework to ensure all centre management and staff are aware of the framework and understand how to implement it. They must ensure continued oversight of risk management to ensure effectiveness.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**5.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The operations manager and quality assurance manager must ensure, where the centre manager is carrying out self audits that there is clear evidence to demonstrate robust oversight from management external to the centre.
- The operations manager must ensure that the "monitoring" policy is reviewed to reflect the current work practices.
- Senior management must review the policy document in full to ensure all policies and practices outlined in the National Standards for Children's Residential Centres 2018 (HIQA) have been captured in their policy and procedure document.
- The operations manager must review the current risk management framework to ensure all centre management and staff are aware of the framework and understand how to implement it. They must ensure continued oversight of risk management to ensure effectiveness.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The centre staff team comprised of a centre manager and deputy manager along with thirteen full time social care workers. All staff members were appropriately qualified. One staff member was on maternity leave at the time of inspection and their post was being filled by members of the relief panel. The centre had access to a suitably qualified relief panel and utilised this where required. Workforce planning was active on management meeting discussions reviewed by inspectors. There was evidence that staff recruitment was regular and ongoing and sick leave was reviewed throughout all centres. The centre appeared to go through a period of instability in February 2021. During this time there were a significant amount of staff working in the centre and a high level of sick leave. This was managed through an emergency discharge process and there appeared to have been no further concerns in relation to sick leave or high numbers of staff working in the centre since then. The centre utilised staff members from other houses within the organisation during the summer months to cover periods of annual leave. The organisation had a procedure for on call arrangements in the evenings and weekends. This included centre managers and deputy managers rotating on call. Staff members interviewed highlighted this process was effective and they received adequate support if they contacted on call however some members of the on-call rota had raised concerns in a management meeting in relation to the lack of staff available to cover in the event of on call requiring them.

Six of the fifteen members of staff had been in the centre since its opening in 2016, with only three of the remaining nine joining since 2020. The organisation had arrangements in place to promote staff retention through the provision of increments, maternity benefits, pension scheme and team building days. Inspectors noted there had been a turnover of two staff members since the previous inspection in November 2020. One was the centre manager who moved to a more senior post with a different organisation and the other staff member transferred within the organisation. Social workers and guardian ad litem confirmed that the staff team appeared stable and consistent and conversations had been had in relation to the staff team enjoying their work within the centre.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 6.1**
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**

Actions required

- **None required**

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None required		
5	The operations manager and quality assurance manager must ensure, where the centre manager is carrying out their own audits that there is a quality assurance system evidenced to ensure information is validated and accurate and that an action plan emulates from same. The operations manager must ensure that the "monitoring" policy is reviewed to reflect the current work practices. Senior management must review the policy document in full to ensure all	The Operations Manager and Quality Assurance Manager will ensure, where the Centre Manager is carrying out their own audits that there is a quality assurance system evidenced to ensure information is validated and accurate and that an action plan emulates from same. To be completed by 31-01-2022 The Operations Manager will ensure that the monitoring policy is reviewed to reflect the current work practices. To be completed by the 31-01-2022 The Senior Management Team are currently reviewing the policy document in	The Operations Manager and Quality Assurance Manager will review audits and action plans carried out by Centre Manager against their quality assurance system to ensure information is validated and accurate. The policies will be reviewed annually or as the need arises with Centre Management and Senior Management team. The policies will be reviewed annually or as the need arises with Centre Management

	policies and practices outlined in the National Standards for Children's Residential Centres 2018 (HIQA) have been captured in their policy and procedure document. The operations manager must review the current risk management framework to ensure all centre management and staff are aware of the framework and understand how to implement it. They must ensure continued oversight of risk management to ensure effectiveness.	full to ensure all policies and practices outlined in the National Standards 2018 (HIQA) are captured in the policy and procedure document. To be completed by the 31-01-2022 The Operations Manager will review the current risk management framework to ensure all centre management and staff are aware of the framework and understand how to implement it and maintain oversight of risk management to ensure effectiveness.	and Senior Management team. Risk management framework will be added to Team Meeting agenda for ongoing review by centre management and staff team.
6	None required		