



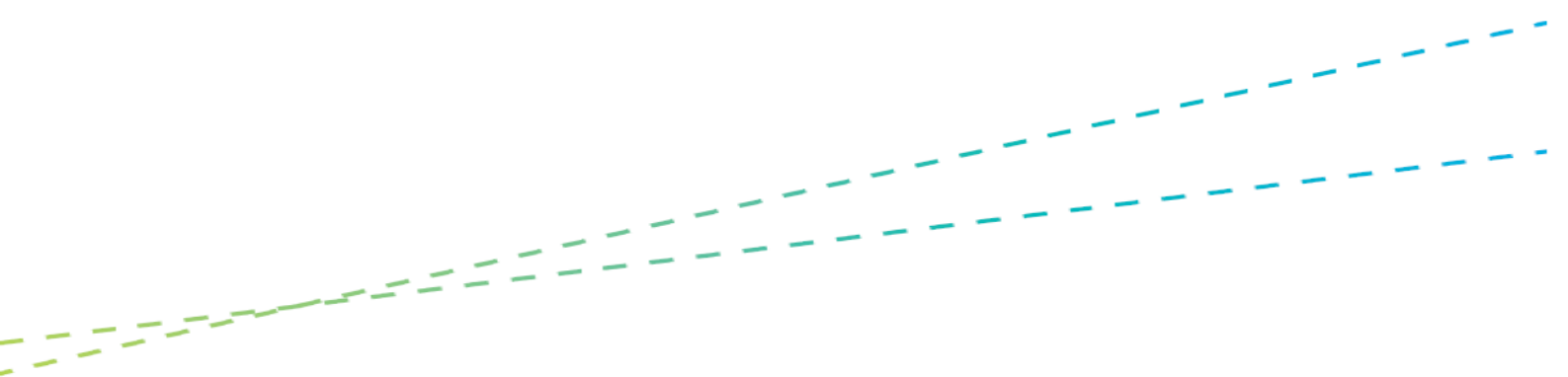
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 003

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Fresh Start Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	13th, 15th & 20th January 2020
Registration Status:	Without attached conditions from 8th April 2020 to 8th April 2023
Inspection Team:	Lorraine Egan Cora Kelly
Date Report Issued:	26th March 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 on the 08th April 2011. At the time of this inspection the centre was in its third cycle of registration and was in year three of the cycle. The centre was registered without attached conditions from 08th April 2017 to 08th April 2020.

The centre was registered to provide care to up to four children of both genders from age thirteen to seventeen years on admission. The centre operated a needs assessment model of care with the aim being to offer children a safe caring environment delivered through a nurturing system. The model is described as having clearly defined boundaries and expectations that responds to the child's immediate needs. 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	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 12th of February 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 25th February 2020. After further communication with the centre manager in respect of the CAPA, it 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: 003 without attached conditions from the 8th April 2020 to 8th April 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

A review of the centre's child safeguarding policy was completed by inspectors and it was found that a number of procedures were not contained in the document in order to ensure the centre's compliance with the relevant policies as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act 2015. For example, there was an absence of a policy on protected disclosures, the role and responsibility of mandated persons was not outlined and there was no reference to how concerns of a colleague's conduct would be managed. Further, the mandatory reporting procedures and the non-statutory obligations for workers to report safeguarding concerns or allegations lacked clarity in the steps that were defined in the document. The registered provider must ensure that the centre's child safeguarding policy and procedures are updated in line with Children First: National Guidance for the Protection and Welfare of Children 2017 and accompanying legislation.

Despite the centre's safeguarding policy requiring the inclusion of further procedures, there was substantial evidence observed on centre files where child protection concerns were appropriately reported to Tusla through the web portal. Inspectors reviewed the child protection register and noted that there had been five entries for 2019. In all instances, these reports were completed by the centre manager, who was a mandated person under the Children First Act, 2015. Inspectors also noted corroboration on centre records of staff seeking further information on the progression of serious child protection reports already submitted to the Child and Family Agency, but that had not been responded to by Tusla in a prompt and appropriate way for the child in placement.

The centre had an anti-bullying policy in place and it outlined ways to minimise its effect where it may occur and also it incorporated a procedure on cyber bullying. Inspectors recommend that this policy should be expanded to include possible exploitation on the internet and social media. The child safeguarding statement was up-to-date and had been approved by the Tusla's Child Safeguarding Statement Compliance Unit and staff had completed Tusla's E-Learning Programme:

Introduction to Children First. Ancillary training in child protection had also been provided by the organisation and while not all of the team had completed this training, sessions had been rescheduled for 2020. Inspectors saw ample evidence on centre files and in every day practice, that safe care was a priority for the centre and children's individual areas of vulnerability were identified. This was observed across the spectrum of daily plans, placement plans and absence management plans (AMPs). The AMPs included comprehensive direction and guidance along with detailed information regarding the consideration of a number of individualised risks for children. The centre manager had established robust management practices and good evidence-based decision-making in responding to any safeguarding issues and concerns that they became aware of. Discussions in this respect were strongly reflected in the records of team meetings. However, at interview and from questionnaires submitted, staff, in general, did not demonstrate a good knowledge of the centre's specific child safeguarding policy and procedures. Inspectors recommend that centre management consider this issue when providing subsequent child protection training modules to the staff team.

In relation to specific instances of online safety, the centre had responded well to managing the incidents and had linked appropriately with the child's social worker for advice and guidance in this respect. They also had developed and implemented a cyberbullying procedure in order to manage the risk of the online concerns. Allocated social workers stated that they were very satisfied with the way the centre implemented safety interventions and were contacted promptly on any child protection issues that arose. They had also been included in the development of risk management plans for children placed there and where appropriate, family members were involved.

Children were well supported to become aware of how to stay safe, through one-to-one conversations and key-working sessions which covered a range of topics relating to keeping safe when children are out of the centre on free time and when online. A number of programmes were also in place that included sexual health and positive peer relationships. The centre's child safeguarding policy outlined a procedure for informing parents or guardians of any allegations of abuse through the child's social work department. As mentioned, there was no protected disclosures procedure contained in the policy document and staff interviewed were unaware of what measures might be followed in this regard.

Standard 3.2

The majority of centre staff had received training in a recognised model of behaviour management that challenged. One of the staff team who had yet to complete this had been rescheduled for 2020. The behaviour management policy in place supported interventions based on a framework of setting consistent boundaries, structure and routine and reinforcing children's positive behaviours. The core of the model focused on the staff team building a strong relationship of trust with children in the centre. The allocated social workers found that behaviour management strategies were managed very well by staff and where certain behaviours were causing disharmony and difficulties between residents, these were de-escalated positively and communicated expediently to them by the manager.

Management and staff demonstrated a very good knowledge-base on the approaches used in practice with children. They could describe the specific interventions that worked best with individual children and also give examples of positive outcomes. This was based on an awareness gained through training, specialist advice and support and also through consistency of practice. Behaviours of concern for each child, along with intervention strategies were evidenced across centre records including, multidisciplinary team meetings, placement plans and individual crisis management plans. Clear direction and guidance in the underlying causes of challenging behaviour was provided to staff by the centre manager and was complemented by members of the organisation's clinical team. Notable improvements in outcomes for children over a period of time were observed by inspectors as a consequence of certain targeted approaches in use. An example of this was regular attendance at school, improved peer and family relationships and children in placement attending specialist support provided by the agency.

Key working sessions had taken place showing that children were supported to understand their own behaviour in line with their needs as outlined in their care plan and placement plan. Where specific incidents of bullying behaviour had taken place, there was strong evidence to show that responses by the staff team were planned, prompt, effective and consistent across the team. It showed respect for the rights of the children affected and consideration for the negative impact on them. Social workers were communicated with regarding harmful behaviour and they stated that they were very satisfied with the way in which the team managed these challenges that had proved difficult to address both inside the centre amongst children themselves and also within the school context. They said that they had seen evidence of improvements for one child in this regard and that centre management would

regularly engage with them for support where there was a risk of any incidents escalating.

The quality assurance and practice manager had responsibility for oversight of the self-auditing practices conducted by the centre manager on a monthly basis. The system in place captured the numbers of sanctions, rewards and incidents with review of behaviour management events taking place at multidisciplinary team meetings. However, the audit tool in use was not yet aligned to the National Standards for Children’s Residential Centres, 2018 (HIQA) and did not reflect fully the monitoring of the approach to behaviour management used in practice. The operations manager told inspectors that a new audit framework would be introduced in the organisation to reflect all the themes outlined in the standards. However, there was no timeline for this implementation. The operations manager must ensure that the new audit tool incorporates mechanisms to audit the centre’s approaches to managing challenging behaviours.

There was one restrictive practice in place in the centre which had been in operation for some time without review. This included a kitchen door being locked nightly and had been implemented in response to an identified risk regarding a child who no longer was in placement in the centre. Inspectors could not find evidence to suggest that the restriction in use was required currently and an assessment of its continued use had not taken place at the time of inspection. From a review of centre files, inspectors observed where one of the children had requested that the practice be reversed but this had not been responded to by way of a formal review. A restrictive procedures policy was submitted to inspectors’ post inspection. The centre manager must ensure that children are not subjected to any restrictive procedures unless there is evidence that it has been assessed as being required. Where restrictive procedures are in place they should be reviewed and monitored as being necessary and should be in use for the shortest duration possible.

Standard 3.3

Inspectors found that there was an open culture in place in the centre where children had various opportunities to raise concerns and report incidents. This was noted by inspectors in children’s meetings which were held regularly and also through the centre’s complaints system along with individual work with keyworkers and the staff team. Staff tended to check in with children to see how they were coping and how they were managing in relation to issues that were affecting them. They also sought feedback from them on how their concerns and issues were being dealt with by the team. This was particularly evident where bullying amongst peers had been

prevalent. Although there wasn't a formal mechanism in place for social workers to provide feedback to the centre, they said at interview that they could convey opinions and also comment on the care that children were receiving through care reviews and through engagement with the centre on aspects of programme planning. The centre has now revised their 'parent information booklet' to include a section inviting feedback from parents/guardians. This booklet was submitted to inspectors' post inspection.

Complaints were managed well and in line with policy, however there was a further tracking system needed in the register in order to identify at what stage the specific complaint was at in the process and also to identify whether the child's allocated social worker had been communicated with in relation to achieving a resolution. At the time of inspection, the centre manager said they would review this immediately and inspectors recommend that this is done as soon as possible.

There was a mechanism in place where significant events (SEN) and serious incidents were notified and reviewed. In general, incidents were notified promptly to professionals by the centre and in line with policy. Review and monitoring took place at the monthly multi-disciplinary team meeting which included representations from the clinical team and staff team. Social workers for the children in placement said that they also worked closely with the centre manager in respect of serious incidents that needed escalation. There was evidence on team meeting minutes of analysis of events for learning purposes with staff and also evaluation of patterns of behaviours were observed on the placement plan assessments.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.3
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that the centre's child safeguarding policy and procedures are updated in line with Children First: National Guidance for the Protection and Welfare of Children 2017 and accompanying legislation. This should include a policy on protected disclosures.
- The operations manager must ensure that the new audit tool incorporates mechanisms to audit the centre's approaches to managing challenging behaviours.
- The centre manager must ensure that children are not subjected to any restrictive procedures unless there is evidence that it has been assessed as being required. Where restrictive procedures are in place, they should be reviewed and monitored as being necessary and should be in use for the shortest duration possible.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The operations manager, clinical manager and quality assurance and practice manager each had role in ensuring that the centre's day-to-day practice operated in compliance with the National Standards for Children's Residential Centres, 2018 (HIQA). Policies and procedures had been updated by the clinical manager in December 2019 and actions from the monthly audits were developed by both the operations and quality assurance manager. As referred to previously in this report, the centre's child safeguarding policy required further review in order to be aligned to Children First: National Guidance for the Protection and Welfare of Children 2017. As mentioned also, a new inspection framework was in the process of development at the time of inspection and was being designed to reflect the implementation of the National Standards for Children's Residential Centres, 2018 (HIQA) within the organisation and to capture emerging gaps in compliance.

There was a copy of the National Standards for Children's Residential Centres, 2018 (HIQA) available in the staff office for the team to become familiar with, however they had not yet been presented at staff meetings or through other fora for discussion. Staff interviewed were aware of some of their statutory obligations in

relation to Children First legislation, specifically the mandated person's role as per the centre's child safeguarding statement. The registered provider must ensure that the centre is operating in compliance with the requirements as set out in the National Standards for Children's Residential Centres, 2018 (HIQA) and Children First legislation. Staff should be fully informed of regulations, policy and standards appropriate to their role so that it can be reflected in their day-to-day practice with children.

Standard 5.2

The internal management structure in operation in the centre reflected clear accountability, decision-making and risk management. The centre manager was very experienced and demonstrated strong and effective leadership and also provided direction and guidance to the staff team. The governance arrangements created a child-centred and safe centre. Staff were clear about their roles and responsibilities, individual accountability and understood the governance arrangements in place external and internal to the centre.

Inspectors observed across centre records, the manager's attendance at team, senior and multidisciplinary meetings, evidence of their engagement with children, families and allied professionals and their presence on a day-to-day basis in the centre. Oversight was evident on children's care records and their role in monitoring care practices included placement plan evaluations and the completion of a monthly self-audit report for submission to senior management.

The manager was supported by a deputy manager who shared management functions on a daily basis and acted-up for the manager when they were absent. A written record of delegated duties was provided to inspectors that outlined the responsibilities and tasks to be completed by any assigned delegated person. Inspectors saw evidence that this template had been reviewed to include a section for key decisions made. The manager was supervised by the operations manager on a six weekly basis who also visited the centre regularly. A service level agreement was in place between the organisation and their funding body.

The risk management system operating in the centre included a risk register which was reviewed on a monthly basis. There were also comprehensive risk management plans in place which were shared with each child's social worker along with absence management plans providing details of current risks for children. Two impact risk

assessments were on file for one child with a threshold calculated for each risk. There was significant evidence across children's files of how risks in practice, were being effectively identified, managed and evaluated by the centre. Social workers confirmed the collaborative work that was ongoing for children placed there in this regard.

Standard 5.3

There was a statement of purpose in place which was updated in December 2019. It outlined the aims and objectives of the model of care delivered in the centre. It described the range of services and types of programmes implemented to meet children's needs, along with arrangements for the wellbeing and safety of children placed there. It also referred to the organisational structure including staffing.

The staff team demonstrated a good knowledge and awareness of the model of care and were able to describe the practices in place that reflected its stated objectives. Inspectors saw evidence of specialised services being provided by the centre to meet children's individual needs as outlined in their needs assessments, care plans and placement plans. The purpose and function was well reflected across day to day care programmes, interventions and on centre records. The statement was available as required and was also outlined in the 'Parent Information Booklet' for families and children. Social workers were satisfied with the way in which care was being provided and understood how the model was being implemented.

Standard 5.4

There were systems in place, both internal and external to the centre that monitored the quality, safety and continuity of care provided to children so as to inform and support improvements in practice. Inspectors saw evidence of this from the centre manager through the completion of placement plan evaluations that included measurable outcomes that were aligned to each child's specific needs. Oversight of this system was undertaken by the clinical manager. Other mechanisms included tracking of monthly audits by the quality assurance and operations managers, reviews of serious incidents and fora such as team meetings, multidisciplinary and senior management meetings and close working relationships with allocated social workers and other professionals and services.

As stated previously, the monthly auditing system in place included self-monitoring by the centre manager with oversight and assessment by the quality assurance and practice manager and also the operations manager (external to the centre). This mechanism was not fully consistent with the National Standards for Children’s Residential Centres, 2018 (HIQA) and an improved framework was yet to be adapted and implemented by the organisation. This should be completed as a matter of priority for the service. The operations manager stated that they were in the centre often and worked closely with the centre manager on governance issues, these discussions and decisions reached were, in general, recorded at supervision sessions that were held regularly and in line with centre policy.

There was evidence to show that information in relation to complaints and serious events were recorded, acted on and monitored and learning from this was discussed at multidisciplinary and team meetings. Improvements were observed across centre records as a consequence from the analysis from a number of these incidents.

An annual review of compliance with the centre’s objectives was not yet conducted by the organisation and inspectors recommend that the registered provider ensures that this is completed.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.2 Regulation 6.1
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.2 Standard 5.3
Practices met the required standard in some respects only	Standard 5.1 Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that the centre is operating in compliance with the requirements as set out in the National Standards for Children's Residential Centres, 2018 (HIQA) and Children First legislation. Staff should be fully informed of regulations, policy and standards.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered provider must ensure that the centre's child safeguarding policy and procedures are updated in line with Children First: National Guidance for the Protection and Welfare of Children 2017 and accompanying legislation. This should include a procedure on protected disclosures.</p> <p>The operations manager must ensure that the new audit tool incorporates mechanisms to audit the centre's approaches to managing challenging behaviours.</p> <p>The centre manager must ensure that children are not subjected to any restrictive procedures unless there is</p>	<p>Safeguarding policy has been reviewed in line with Children First: National Guidance for the Protection and Welfare of Children 2017 and accompanying legislation. This has happened since February 2020.</p> <p>The organisation is currently devising an audit tool which will incorporate mechanisms to audit the centre's approach to managing challenging behaviours. The audit tool is expected to be in use by April 1st 2020.</p> <p>A restrictive Practice policy has been implemented and any restrictive procedures which are utilised will be in</p>	<p>Updated policy and procedure documents have been distributed to centres with additional policies and procedures including Designated Liaison Person; Mandated Person, Protected Disclosures, Bullying & Cyber Bullying, and Retrospective Disclosures.</p> <p>Once implemented, the audit tool will ensure approaches to managing challenging behaviours are continually audited.</p> <p>Any restrictive procedures which are implemented will be in line with the newly implemented policy.</p>

	evidence that it has been assessed as being required. Where restrictive procedures are in place they should be reviewed and monitored as being necessary and should be in use for the shortest duration possible.	line with policy; utilised only when necessary, reviewed and monitored, and be in use for the shortest duration possible.	
5	The registered provider must ensure that the centre is operating in compliance with the requirements as set out in the National Standards for Children’s Residential Centres, 2018 (HIQA) and Children First legislation. Staff should be fully informed of regulations, policy and standards.	The registered provider will ensure the centre is operating in compliance with the requirements as set out in the National Standards for Children’s Residential Centres, 2018 (HIQA) and Children First legislation by ensuring staff are fully informed of regulations, policy and standards.	The registered provider will continue to ensure compliance with the requirements as set out in the National Standards for Children’s Residential Centres, 2018 (HIQA) and Children First legislation.