



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number:** 022

**Year:** 2017

**Lead inspector:** Paschal McMahon

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Fresh Start</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>8<sup>th</sup> June 2017</b>
<b>Registration Status:</b>	<b>Registered from the 6<sup>th</sup> of October 2017 to the 6<sup>th</sup> of October 2020</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Lorraine O'Brien</b>
<b>Date Report Issued:</b>	<b>17<sup>th</sup> of October 2017</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

## 1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration.

The centre opened in 2012 and is registered to provide short to medium-term care for up to three young people aged between thirteen and seventeen years of age on admission. The centre aims to offer each young person a safe, caring and responsive environment that will bring stability to their lives. The overall goal is to help the young people address their immediate and long term needs and to assist them in making appropriate decisions about their future. The centre works in consultation with the young people and other agencies regarding education and training, their health and protection needs, looking at stabilising behaviours and developing social skills. At the time of the inspection there were two young people living in the centre aged 15 and 16 years of age.

This inspection was announced and was a year three inspection of the three year registration cycle. The centres current registration is due to expire in October 2017. The inspectors examined standards two, part of four and five, eight and nine of the National Standards for Children's Residential Centres (2001). This one day inspection took place on the 8<sup>th</sup> of June 2017.

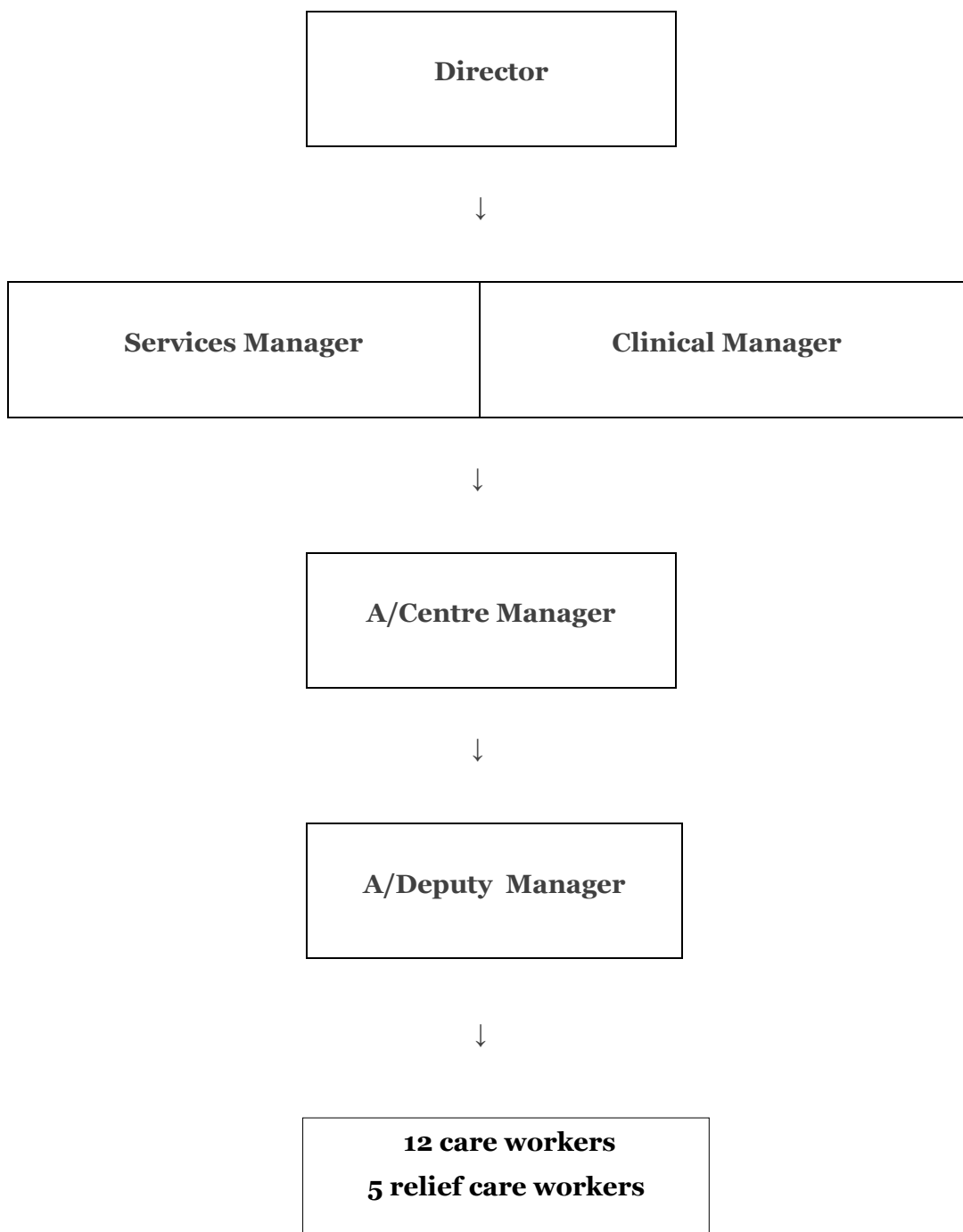
- ◆ An examination of the questionnaires completed by:
  - a) The centre manager
  - b) The centre deputy manager
  - c) The services manager
  - d) The director of the service
  - e) Twelve of the care staff
  - f) One young person residing in the centre
  
- ◆ An examination of the centre's files and recording process.
  
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively

- a) The centre manager
  - b) The centre deputy manager
  - c) One staff member
  - d) Two young people
  - e) Two of the allocated social workers
  - f) One Guardian Ad Litem
- ◆ Some observations of care practice routines and the staff/young person's interactions.

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.

## 1.2 Organisational Structure





## 2. Findings with regard to Registration Matters

The draft inspection report was issued to the centre manager, services manager and the relevant social work departments on 20<sup>th</sup> September 2017. The centre manager returned the report with completed action plan on the 3<sup>rd</sup> October 2017. The inspection service sought further clarification in relation to the centre responses to the required actions. The centre manager provided the required clarification to the inspection service on 13<sup>th</sup> October 2017.

The findings of this report and assessment of the submitted action plan deem the centre to continue to operate in adherence to regulatory frameworks, the National Standards for Children's Residential Centres and in line with its registration. As such the registration of this centre remains registered without conditions from the 6<sup>th</sup> of October 2014 to the 6<sup>th</sup> of October 2017.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

##### **Management**

Inspectors found that there had been a change of management in the centre since the previous inspection. At the time of this inspection the manager and deputy manager were both in acting roles having been appointed three and four months previously. Both had recognised social care qualifications with a combined experience of over 20 years in residential child care and had worked in the company in previous roles. The inspectors found that the manager and deputy manager were informed about the needs of the young people living at the centre and interventions were put in place to meet their needs.

The centre manager was responsible for overseeing daily practices within the centre. The inspectors found evidence that the centre manager satisfied themselves that appropriate and suitable care practices were in place by using a range of methods to oversee the work of the centre including observation of staff practice, regular contact with young people, attendance at shift handovers, team meetings and reviewing records.

The acting manager reported to the company's clinical manager and services manager who in turn reported to the company director. Inspectors found evidence that the new centre management team were being supported by the services manager through monthly meetings along with regular phone contact, visits and oversight of care files. The clinical manager provided supervision to the centre manager and attended staff meetings and monthly clinical meetings. The manager conducted monthly monitoring audits in the centre which were forwarded to the services manager. The inspectors reviewed these audits and noted that there was no recorded feedback from the services manager to the centre manager. Inspectors recommend that the services manager issues a written response to these audits. This response should include commentary and outline specific actions that need to be taken in response to any issues requiring action.

## **Register**

A register of all those who live in the centre was maintained by the centre and the admission details of the present residents were properly recorded. The gender of the young people also needs to be recorded in the register. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency in accordance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21.

## **Notification of Significant Events**

The inspectors examined the centre records and found that significant event reports were promptly notified in line with the regulations. The centre maintained a register of significant events and significant event reports were also referenced in the daily logs. The social workers were satisfied that all significant events had been reported in a prompt manner. They were reviewed on a monthly basis by centre management to monitor trends and the quality of responses to them.

## **Staffing**

The staff team in the centre comprised of twelve full time care staff and five relief members. Inspectors found that there had been a significant number of changes to the staffing in the centre in the twelve months prior to the inspection and a number of experienced staff had left the service for various reasons. Nine new staff members had been recruited that worked alongside the six experienced staff that remained, two of whom assumed the managerial posts. The six remaining full-time staff team, including the centre manager and deputy manager had a good deal of experience as social care workers and had worked for the service for many years. In interviews, management and staff while acknowledging that changes have had an effect on the dynamics of the team stated that the team had come together to ensure the impact on the young people was minimal. Social workers the inspectors spoke with were aware of staff changes and were satisfied that a sufficient experienced core team remained in the centre.

The inspectors reviewed the centre rota and found evidence that there were adequate numbers of staff to fulfil its purpose and function. Staff worked 24 hour shifts which included a sleep over. In one case the inspectors found that a staff member had a pattern of working 48 hour shifts which was not in compliance with the Organisation of Working Time Act 1997 Part II in relation to sleepover and appropriate breaks between shifts. The company must ensure that this practice is not the norm and that all statutory provisions in relation to employment are adhered to in accordance with the regulations.

Inspectors examined a sample of the staff personnel files and found these to be in compliance with the necessary vetting requirements. All new staff receive induction training and are subject to a 3 month and 6 month probation review. New staff are also assigned a more experienced staff as a mentor to support them.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Supervision and support**

An inspector examined the staff supervision records and found good evidence that the team received regular formal supervision during the period under review. The centre manager was supervised by the clinical manager. The manager and deputy manager supervised the staff team. At the time of inspection the deputy manager did not have the required supervisory skills training. Senior management must ensure that the deputy manager completes his training as a matter of priority.

All staff attended a staff meeting and clinical meeting once a month. The clinical meeting was attended by the organisations consultant psychiatrist, psychologist, and clinical manager and in some cases the centres behaviour management co-ordinator along with the staff team. The purpose of this meeting was to provide clinical input, guidance and support to the staff in their work with the young people. The team found these meetings very beneficial in understanding young people's needs and planning interventions. The inspectors examined staff meeting records which reflected that young people's needs were prioritised and the team contribute to the agenda of the meetings. Staff handover meetings took place between work shifts; an inspector attended a handover meeting and observed clear communication between work shifts. Support mechanisms were in place to assist the staff team including debriefing following serious incidents and support from the organisations clinical team if required.

#### **Training and development**

Training for staff was organised centrally by the company. An inspector reviewed training records and found that records maintained in the centre were not up-to-date. The inspectors require that the manager conducts a staff training audit and forwards it to the inspectors for review. In interviews with management and staff it was evident that there were deficits in core training in fire safety, first aid, behaviour management and child protection for a number of staff which must be addressed as a matter of priority. Inspectors found that substance misuse was a current issue within the centre and training in drug and alcohol awareness was being sourced for staff; completion of this training should be confirmed to the inspection service.

### **Administrative files**

The inspectors found that recording systems were organised and maintained to facilitate effective management and accountability. However, information provided to inspectors at the time of inspection in relation to social work contact was not accurate (see section on social work role). Centre records showed evidence that records were being monitored by the centre manager and services manager. The centre management must ensure that accurate up to date records are maintained on file of all social work contact.

### **3.2.3 Practices that did not meet the required standard**

None identified

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*  
*-Part III, Article 5, Care Practices and Operational Policies*  
*-Part III, Article 6, Paragraph 2, Change of Person in Charge*  
*-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*  
*-Part III, Article 16, Notification of Significant Events.*

### **Required Action**

- Senior management must ensure that the deputy manager completes supervision training.
- The centre manager must conduct a staff training audit and forward it to the inspection service and evidence that up to date training records are maintained on file for all staff members.
- The director/senior management must ensure that deficits in the required core training in behavior management, child protection, fire safety and first aid are addressed as a matter of priority.

### 3.4 Children's Rights

#### **Standard**

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

#### **3.4.1 Practices that met the required standard in full**

##### **Consultation**

Young people were consulted about decisions that affected their lives. The young people stated that staff were very supportive of them and this was also evident in the inspector's observations of interactions between young people and staff in the course of the inspection. The young people presented as confident and articulate and told inspectors that they knew about their rights and they felt that staff listened to them.

The inspectors reviewed minutes of young people's weekly meetings which detailed consultation with young people about day to day living in the centre and provided an opportunity for them to raise any issues. There was also evidence that issues raised by young people were responded to appropriately by the manager and staff. Young people confirmed that they had attended their child in care reviews and EPIC the children's advocacy group had also visited the centre.

##### **Complaints**

The centre had a policy on complaints and a system for recording, managing and notifying complaints to relevant external professionals and senior management in the company. The centre manager was responsible for the management of complaints. The inspectors reviewed the complaints register and found that there were ten complaints recorded in the preceding 12 month period. The inspector found evidence that they had been dealt with in an appropriate manner. Young people told the inspectors that they knew how to make a complaint and that they were given information on complaints on admission. Social workers told the inspectors they were satisfied that all complaints were notified to them. Inspectors found that although all the relevant information in relation to complaints was available; the complaints section on one young person's file was disorganised and required reorganisation so that complaints are stored in chronological order with the relevant documentation attached which was brought to the centre manager's attention.

### **3.4.2 Practices that met the required standard in some respect only**

#### **Access to information**

The centre had a written policy on young people's access to information. Young people were informed that they had the right to access age appropriate information about themselves. Inspectors were informed that the young people living in the centre at the time of inspection had been offered the option of accessing their records through key working but had declined to do so. Young people interviewed by inspectors were unclear about access to their files and there was no robust evidence on file of young people being offered access to their records. Inspectors require that the centres emphasis on young people's access to files is strengthened with clear evidence on file of young people being offered access to their files.

### **3.4.3 Practices that did not meet the required standard**

None identified

### **3.4.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

#### **Required Action**

- Centre management must ensure that the emphasis on and recording of young people's right to access information on their files is strengthened.

## **3.5 Planning for Children and Young People**

### **Social work role**

#### **Standard**

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

### **3.5.1 Practices that met the required standard in full**

The inspectors arranged telephone interviews with the two supervising social workers. The social workers were happy with the placement, felt there had been positive developments for the young people and that although there was ongoing risk factors that there were plans in place aimed to reduce these risks. Both social workers were satisfied with the level of communication with the centre and they confirmed

that they were promptly notified of all incidents relating to the young people. Care plans and review dates for the young people met the relevant regulations.

Social workers confirmed that they had visited the young people regularly and stated that they had read young people's records. As highlighted earlier in the report, records presented by the centre at the time of inspection in relation to social work contact were not accurate. Post inspection one social worker provided evidence to inspectors of them reviewing young people's records and following a further review of centre records by centre management it was confirmed that both young people had been visited regularly by their social workers. The centre must ensure that accurate up to date records are maintained on file of all social work contact.

### **3.5.2 Practices that met the required standard in some respect only**

#### **Children's case and care records**

The inspectors found that care records were kept in a way that helped effective care planning. However, information provided to inspectors at the time of inspection in relation to social work contact was not accurate. The centre management must ensure that accurate up to date records are maintained on file of all social work contact.

### **3.5.3 Practices that did not meet the required standard**

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

#### ***-Part IV, Article 24, Visitation by Authorised Persons***

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

#### ***-Part III, Article 17, Records***

#### **Required Action**

- The centre must ensure that accurate up to date records are maintained on file of all social work contact.



### 3.8 Education

#### **Standard**

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

#### **3.8.1 Practices that met the required standard in full**

The inspectors found through interviews with management and young people that young people were encouraged on an ongoing basis to explore the options available to them for education and training. The centre's clinical team were also providing guidance to the staff team in relation to managing issues in relation to the young people's educational needs. At the time of inspection one of the young people was attending an educational placement on a reduced timetable. The young person informed the inspectors that they would like their hours increased and the centre manager and the young person's Guardian ad Liteum were advocating on the young person's behalf. The second young person admitted three months prior to the inspection was not attending an educational/training placement at the time of inspection. The young person was admitted mid-term and the option was open to them returning to mainstream education the following term. Inspectors were informed post inspection that the young person had secured employment.

#### **3.8.2 Practices that met the required standard in some respect only**

None identified

#### **3.8.3 Practices that did not meet the required standard**

None identified

#### **Required Action**

None identified

### 3.9 Health

#### **Standard**

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

#### **3.9.1 Practices that met the required standard in full**

The inspectors found that the health needs of the young people were assessed and met and they were given information and support to make appropriate choices in

relation to their health. The inspectors reviewed the young people's care records and found that all the young people had a medical assessment on admission to care. The centre manager and social workers stated that the young people received medical, dental and other specialist services as required. There was evidence of appropriate guidance for the young people in health education including smoking and sexual health carried out by the young people's keyworkers. At the time of inspection substance misuse was an issue for the young people. There was evidence that young people were linked in with appropriate support services and staff were providing guidance to young people in relation to the risks associated with the use of illegal substances. Young people were encouraged and facilitated to maintain healthy lifestyles through gym membership and involvement in local sports organisations.

### **3.9.2 Practices that met the required standard in some respect only**

None identified

### **3.9.3 Practices that did not meet the required standard**

None identified

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>Senior management must ensure that the deputy manager completes supervision training.</p> <p>The centre manager must conduct a staff training audit and forward it to the inspection service and evidence that up to date training records are maintained on file for all staff members.</p> <p>The director/senior management must ensure that deficits in the required core training in behaviour management, child protection, fire safety and first aid are addressed as a matter of priority.</p>	<p>Acting Deputy Manager completed Supervision Training with Social Care Training Ireland on 11th July 2017.</p> <p>Staff training audit completed. See attached.</p> <p>The deficits identified in staff training have been scheduled as per attached training plan.</p>	<p>Staff will complete supervision training prior to beginning any supervision duties.</p> <p>Staff training audits will be monitored through the centre’s internal auditing systems.</p> <p>Staff training and development records will be monitored through internal monitoring systems. .</p>

<p><b>3.4</b></p>	<p>Centre management must ensure that the emphasis on and recording of young people's right to access information on their files is strengthened.</p>	<p>Young people's rights to access their information will be routinely addressed through monthly keyworking sessions.</p>	<p>Monthly key work meetings will take place and be monitored through the centre's internal monitoring system.</p>
<p><b>3.5</b></p>	<p>The centre must ensure that accurate up to date records are maintained on file of all social work contact.</p>	<p>Centre files have been updated and an accurate record is in place.</p>	<p>Social Work visits will be recorded accurately and will routinely be monitored through the internal monitoring system.</p>