



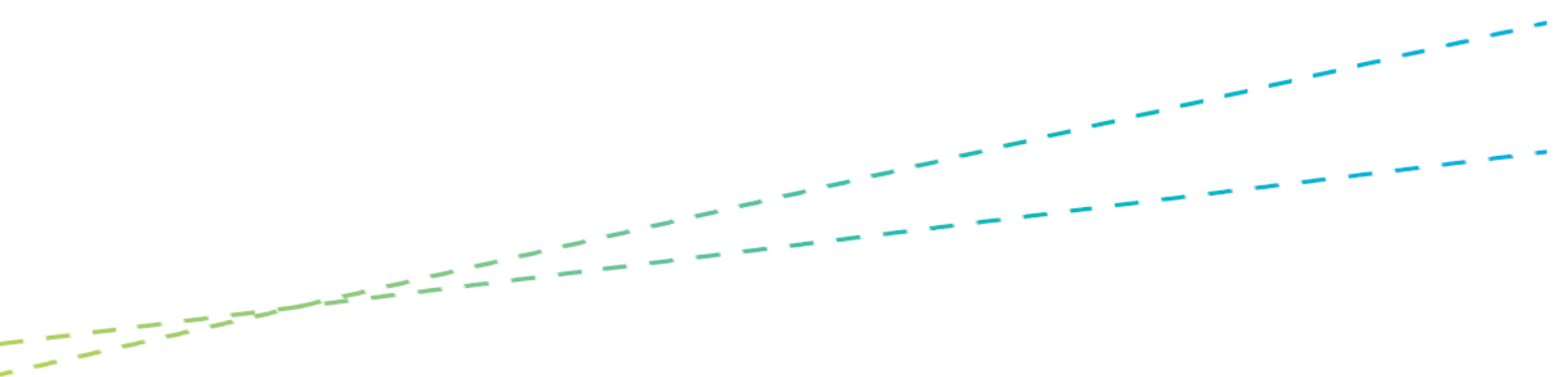
**An Ghníomhaireacht um  
Leanaí agus an Teaghlach**  
Child and Family Agency

## **Alternative Care - Inspection and Monitoring Service**

### **Children's Residential Centre**

**Centre ID number: 023**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Fresh Start Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>26<sup>th</sup> and 27<sup>th</sup> June 2019</b>
<b>Registration Status:</b>	<b>13<sup>th</sup> September 2019 to 13<sup>th</sup> September 2022</b>
<b>Inspection Team:</b>	<b>Cora Kelly Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>5<sup>th</sup> September 2019</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 Centre Description

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 operation of the centre in line with its registration. The centre was granted their first registration on the 13<sup>th</sup> September 2013. At the time of this inspection the centre were in their second registration and were in year three of the cycle. At the time of the inspection the centre was registered without attached conditions from the 13<sup>th</sup> September 2016 to 13<sup>th</sup> September 2019.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission and in exceptional cases takes young people outside of this age group with the permission of the Inspection and Monitoring Service. In line with the derogation process four young people under thirteen years with one young person placed under Article 56 of EC Regulation 2201/2003 were residing in the centre. Their model of care was described as providing a consistent, structured environment to empower the young people in making decisions affecting their life.

The inspectors examined standard 6 'care of the young people', standard 8 'education' and standard 10 'premises and safety' 'of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 26<sup>th</sup> and 27<sup>th</sup> June 2019. At the time of the inspection four young people were residing in the centre.

## 1.2 Methodology

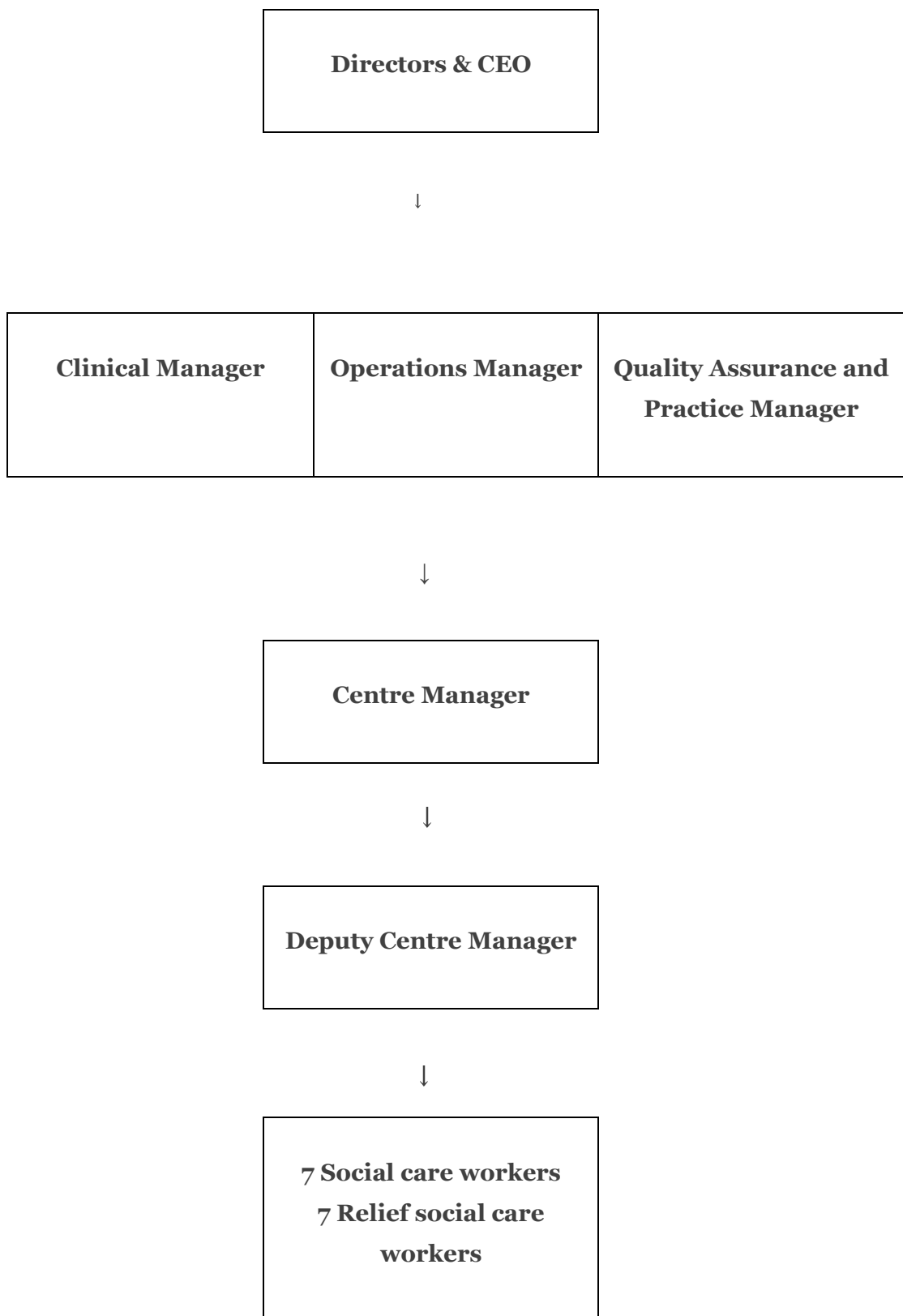
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) Eleven of the care staff
  - b) Three young people residing in the centre
  - c) The chief executive officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
  - Centre records and registers
  - Sample of staff personnel files
  - Care files
  - Supervision records
  - Maintenance log and health and safety documentation
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The centre manager
  - b) The operations manager
  - c) Two staff members
  - d) Two young people
  - e) Social worker with responsibility for three young people residing in the centre
- ◆ 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.

## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, operations manager and the relevant social work departments on the 6<sup>th</sup> August 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 16<sup>th</sup> August 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 023 without attached conditions from the 13<sup>th</sup> September 2019 to 13<sup>th</sup> September 2022 pursuant to Part VIII, 1991 Child Care Act.



## 3. Analysis of Findings

### 3.6 Care of Young People

#### **Standard**

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

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

##### **Individual care in group living**

As outlined in the centre's statement on care of the young people it was evident to the inspectors that the individual needs of the young people were met in a consistent, age appropriate and developmental manner. Staffing arrangements in the centre facilitated each young person in having one-to-one time with staff on a daily basis. This was proving effective in ensuring young people were positively engaging in their daily and weekly plans and were aware of the behaviour expected of them. Individual care plans, updated placement plans and weekly plans were held on each young person's file. Young people had the opportunity to be involved in devising their weekly plans. In addition to social work and centre care planning it was clear to the inspectors from the review of the daily logs, team meeting minutes and young people house meetings minutes that the needs of the young people were discussed in-depth and that they were being met, tracked and updated.

Each young person had a keyworker and a support key worker the latter whom they could choose themselves. Young people reported to the inspectors that they liked their keyworkers and enjoyed doing activities with them. In interview staff reported they attended monthly clinical team meetings and that recommendations from these meetings formulated placement plans and keyworking plans. The inspectors evidenced this clinical input during the review of placement plans, keyworking records and fortnightly keyworking meetings. Areas of clinically led keyworking included friendships skills work, expressing and managing feelings, personal hygiene and social skills learning.

Recreational activities were available to the young people both individually and as a group. In interview and through questionnaires the young people named the

following as being available to them: football, playground, cinema, youth clubs, music classes, swimming, days out, fishing, shopping. Young people were encouraged and supported in engaging in these activities. The young people had celebrated birthdays and attended peer birthday parties. One young person had recently had a school graduation that was attended by a keyworker. Young people received pocket money and a weekly clothing allowance and they were happy with these.

### **Provision of food and cooking facilities**

The kitchen was domestic in style with a large dining table to accommodate all young people and staff. The kitchen was equipped with necessary cooking appliances and the provision of food was good. The young people had opportunities to assist with the food shopping and contribute to the weekly menu. The staff guided the young people in this to promote healthy eating. The staff attempted to monitor the young people's diets and encouraged healthy eating habits. The centre manager stated that the young people and staff have dinner together and at the request of the young people the inspectors had an opportunity to join them for dinner. The interaction between the young people and staff was found to have been natural and there was good conversation between all.

### **Race, culture, religion, gender and disability**

The centre had an anti-discrimination policy that assured staff were committed to building relationships with young people in the centre and that efforts would be made to ensure that they enjoyed the same opportunities as their peers. This was evident to the inspectors over the course of the inspection process. In accordance with their wishes staff encouraged the young people in engaging with their religious beliefs. The role of the family in the lives of the young people was very evident. Staff planned, facilitated and monitored family access and telephone calls. The wishes of the young people regarding family access were observed during the file review and from questionnaires.

### **Managing behaviour**

The centre had a policy on managing behaviour that was understood by staff in interview and was outlined in questionnaires. Individual crisis management plans were on each young person's file. As advised by the centre manager in interview these were found to have been regularly reviewed and updated. There were records of risk assessment and management plans on file that named the safety measures in place and intervention strategies to be used. There was evidence of the social work department being involved in the process.

The expected behaviours of the young people was outlined in the young person's welcome booklet that they received upon admission to the centre. In addition to the young people receiving pocket money for completing household chores the centre operated a positive token behaviour system to allow young people earn an extra treat or activity. It was evident from the review of the rewards register that the system was proving effective for all of the young people. Positive behaviour was supported by reflective positive responses and feedback from staff. The centre had a policy on sanctions. The incidence of applying sanctions was low in the centre. When implemented, they were found to have been age appropriate and short in duration.

The centre had a policy on bullying that was being implemented to reinforce positive interaction among the young people inside and outside of the centre. Staff promoted and role modelled acceptable behaviour. Clinically led work included staff assisting the young people in developing their social skills to increase their self-esteem and to formulate friendships. There was evidence of the goals outlined in placement plans being implemented during keyworking sessions.

### **Restraint**

In interview the centre manager advised the inspectors that there had been no physical restraints used for the current group of young people. The review of the restraints log verified this. Staff were regularly trained in a recognised model of behaviour management. Crisis management plans were on each young person's file. The inspectors found that they were reviewed every six weeks and suitably updated.

### **Absence without authority**

The centre had an absence without authority policy. There had been no instances regarding the current group of young people being absent without authority. Absence management plans were on file should the young people leave the centre or staff's company. It was indicated in the policy that the centre would adhere to the Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012 in managing missing from care incidents.

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

None identified.

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

None identified.

### **3.6.4 Regulation Based Requirements**

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

### **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**

Education was clearly valued by centre management and staff. This was evident from the review of the young person files, interviews with centre management and staff. This was further corroborated in a social work interview. All young people had, at the time of the inspection educational placements and attendance was observed as excellent. There was regular contact between the staff and educational professionals for each of the young people. Staff supported and assisted with homework and this was verified by the young people. Centre care planning ensured that learning opportunities were provided in the centre in consultation with the young people's schools and input from the organisations clinical team. Education goals were set and tracked in each of the young person's statutory and care planning documents. Young people were supported in participating in recreational activities to develop and maintain peer relationships as this was seen to support the young people in their education paths. It was clear from interviews and the file review that educational assessments were sought and additional supports were available when and if required. The assistance of an education welfare officer was recognised by centre management as being important in their work in attaining the most appropriate school placements and supports for the young people. Previous and up-to-date school reports were on file for the individual young person in the centre.

#### **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.

### **3.10 Premises and Safety**

#### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

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

##### **Accommodation**

The dormer bungalow was located in a rural location style and was found to have been in good structural repair and decorated nicely. The centre was surrounded by a nice sized garden area with recreational facilities. The organisations maintenance department was tasked with maintaining the upkeep of the garden. Further recreational amenities were in close proximity to the centre as well as access to shops and services in the local town. The furnishings and facilities were adequate for the number of young people in the centre. The kitchen and dining area was domestic in style. Laundry facilities were located in the adjoining utility room and cleaning products were securely locked away. There was room for young people to meet with family, friends or social workers privately. Each young person had their own rooms that they could decorate and store their belongings. The centre's certificate of insurance was made available to the inspectors and the centre was found to have been adequately insured against accidents or injuries to children.

##### **Maintenance and repairs**

There were clear guidelines, in place regarding who was to be contacted for specific repair work. The centre had a maintenance log that recorded the dates when repair work was requested, the action required and the dates repairs were completed. Requests for repairs were found to have being promptly responded to. The centre manager submitted a maintenance list to the quality assurance and practice manager on a weekly basis. General house maintenance was also a standing item on the monthly monitoring checklist that was completed by the centre manager.

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

#### **Safety**

The centre manager, operations manager, quality assurance and practice manager and the organisations health and safety advisor held roles with regard to managing, overseeing and responding to health and safety matters in the centre. The centre manager was the appointed health and safety representative and had received relevant training. The health and safety statement contained specific responsibilities for the centre manager and for the staff team. The centre manager and most members of the staff team had signed the document. The inspectors recommend that the remaining staff read and sign the document. The health and safety advisor was recently tasked with auditing the centre's health and safety statement and any changes to be made to the statement would arise from the audit findings. Monthly health and safety checklists that were completed by the centre manager were submitted to the health and safety advisor for review and feedback that was provided to the centre manager by the operations manager. Health and safety checks were part of the monthly monitoring checklists completed by the centre manager that were forwarded to the quality assurance and practice manager. A risk assessment was on file that outlined the procedures for dealing with health and safety hazards in each area of the centre.

The centres medicine cabinet was securely located in the staff office as well at the appropriately stocked first aid box. A third of the staff team, a mix of full-time and relief staff were found to require training in first-aid techniques. The centre manager advised the inspectors that with the exception of one individual, there were no available places for the remaining individuals to participate in the training for the rest of the calendar year. Centre management must ensure and be satisfied that an appropriate number of staff are trained in first-aid.

The centre had two cars that were insured, taxed and driven by licensed staff. Upkeep of the vehicles included weekly vehicle checklists being completed. Both cars were found to have been recently serviced and had first aid kits.

#### **Fire Safety**

Inspectors viewed the centres fire safety certificate and it was found to be in compliance with the fire regulations. The centre manager was the appointed fire safety representative. The fire register log was comprised of six sections: daily fire safety checks, weekly fire safety checks, monthly and quarterly fire safety checks, annual maintenance, fire alarm log book and fire drill reports. The daily, weekly and

monthly fire check records were completed in full to date this year. The log also detailed the duties and responsibilities of staff in completing the above checks, listed the fire fighting equipment in the centre and included the centres fire evacuation plan. The fire extinguishers were appropriately placed in addition to the fire blanket in the kitchen. The inspectors observed that the fire extinguisher in the kitchen was not securely held in place. The inspectors recommend that it is securely attached in position. The centre's emergency lighting, fire detection and alarm system were serviced in the six months prior to the inspection which is in line with the fire regulations. Fire escape routes were marked and sufficient.

A total of four fire drills had taken place to date this year with one held upon the admission of young people to the centre that is in line with centre policy. It was evident that some staff who had recently joined the staff team had participated in a fire drill but deficits for others were noted. Centre management must ensure that all staff new to the centre receive induction training on emergency evacuation immediately. The review of the fire drill records showed that the times for three of the drills were not recorded. Given this the inspectors were unable to determine if any fire drills had taken place during the hours of darkness. The inspectors recommend that the times of the fire drills are recorded.

There were deficits found with regard to staff being provided with site specific fire safety training. The centre manager must ensure that all staff have up-to-date site specific fire safety training and that this takes place in line with centre policy.

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

None identified.

### **3.10.4 Regulation Based Requirements**

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*,

*-Part III, Article 8, Accommodation*

*-Part III, Article 9, Access Arrangements (Privacy)*

*-Part III, Article 15, Insurance*

*-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*

*-Part III, Article 13, Fire Precautions.*

## **Required Action**

- Centre management must ensure and be satisfied that an appropriate number of staff are trained in first-aid.
- Centre management must ensure that all staff new to the centre receive induction training on emergency evacuation immediately.
- The centre manager must ensure that all staff have up-to-date site specific fire safety training.



## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3.10</b></p>	<p>Centre management must ensure and be satisfied that an appropriate number of staff are trained in first-aid.</p> <p>Centre management must ensure that all staff new to the centre receive induction training on emergency evacuation immediately.</p>	<p>Two people are scheduled to attend first aid training in October 2019 with four staff including centre management attending refresher training in the latter months of this year. The centre manager will ensure that a member of staff trained in first aid will be on shift daily.</p> <p>New staff have now received induction training on emergency evacuation – see attached documentation. The centre manager will ensure that all new staff assigned to the centre will receive this training during their induction to the centre.</p>	<p>The organisation will ensure that staff are first-aid trained on an on-going basis. The centre manager will continue to complete a training needs analysis on a monthly basis highlighting any training deficits to the training manager. A training plan for 2020 will be completed by the training manager in the coming months will ensure that first aid training is provided in accordance to the needs of the centre.</p> <p>The organisation will ensure that all new staff starting in the centre will receive this training immediately. This will be checked and overseen by the centre manager and the external manager.</p>

	<p>The centre manager must ensure that all staff have up-to-date site specific fire safety training and that this takes place in line with centre policy.</p>	<p>Site specific training takes place yearly. Staff who subsequently join the service/ centre will be facilitated in attending the next scheduled fire safety training at one of the organisations other centres. They will then attend the next site specific training scheduled for the centre. Staff new to the centre will also have completed the above mentioned emergency evacuation training.</p>	<p>The centre manager will continue to complete a training needs analysis on a monthly basis. This will identify staff that require site specific fire training and they will be scheduled to attend the next available one in the centre or another centre in the organisation until. This will be overseen by external management to ensure that the centres policy is adhered to.</p>
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