



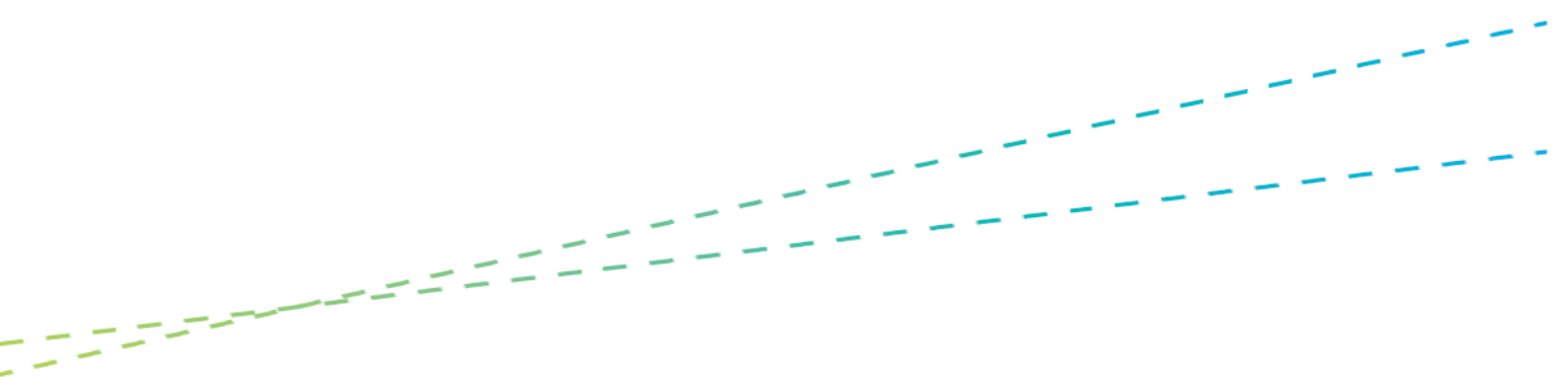
**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 055

Year: 2019

Two dashed lines, one green and one blue, curve upwards from the bottom left towards the right side of the page.

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 - D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Fresh Start
Registered Capacity:	Four young people
Dates of Inspection:	14th and 15th of February 2019
Registration Status:	Registered from 5th May 2019 to 5th May 2022
Inspection Team:	Paschal McMahon
Date Report Issued:	07th May 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.2 Management and Staffing	
3.4 Children’s Rights	
3.8 Education	
3.9 Health	
4. Action Plan	18

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 on-going 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 on-going 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 in 2010. At the time of this inspection the centre was in their third registration and was in year three of the cycle. The centre was registered without conditions attached from the 5th of May 2016 to the 5th of May 2019. The centre relocated to a new premise in October 2017.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre's model of care was described as a "needs assessment model of care" which draws on a number of therapeutic approaches including the trauma model and attachment theory. At the time of inspection there were three young people in residence.

The inspector examined standards 2 'management and staffing', 4 'children's rights', 8 'education' and 9 'health' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 14th and 15th of February 2019.

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

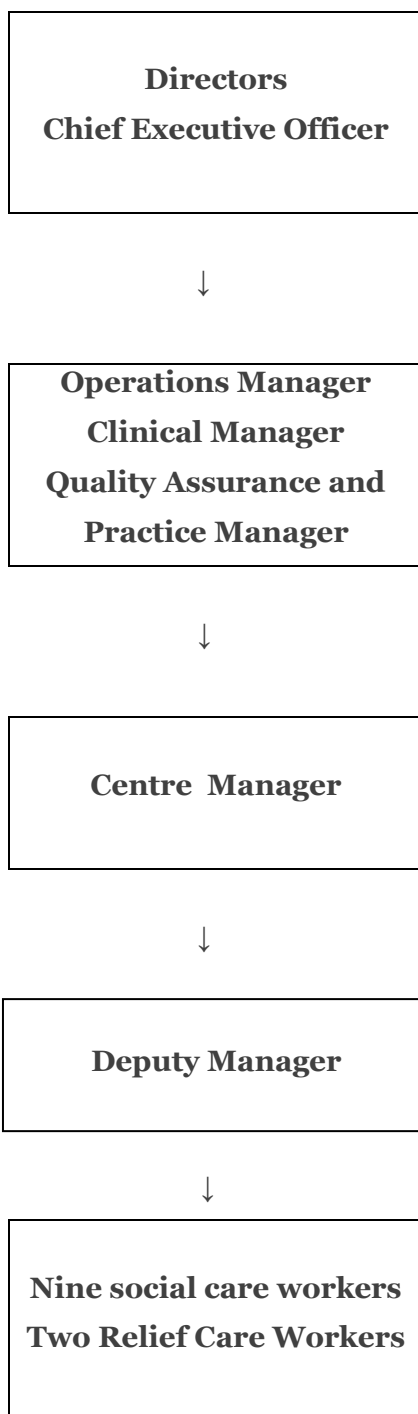
- ◆ An examination of the questionnaires completed by:

- a) The operations manager
 - b) The deputy centre manager
 - c) Nine of the care staff
 - d) Other professionals e.g. General Practitioners and therapists.
- ◆ An examination of the centre's files and recording process.
 - Three young people's care files
 - Staff personnel files
 - Supervision records
 - Training records
 - Centre register
 - Complaints register
 - Staff team minutes
 - House meeting minutes
 - Centre audit reports
 - Management meetings
 - ◆ 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 operations manager
 - c) Three staff members and one student on placement
 - d) The three young people residing in the centre
 - e) Three social workers with responsibility for 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 inspector 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 10th of April 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 26th of April 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: 055 without attached conditions from the 5th May of 2019 to the 5th of May 2022.

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

The centre manager was suitably qualified and had extensive experience of working in residential care. The manager was responsible for ensuring suitable and appropriate operational practices were in place which was carried out by the supervision of the staff team, daily interactions with the young people, observations of staff practices, attending daily handovers, staff meetings and reviewing records. The manager was supported in their role by an experienced deputy manager. The inspector found evidence that the centre manager monitored the progress of young people, followed up on significant events and liaised with external professionals regarding the young people. Placing social workers informed the inspector that communication practices to them regarding the transfer of key information relevant to each individual young person were proactive and effective.

The centre manager reported to an operations manager who in turn reported to the chief executive officer (CEO) of the company. The operations manager visited the centre once a month and provided supervision to the centre manager. During these visits they also held a three way meeting with the manager and deputy manager, met with staff and young people present as well as reviewing centre records and inspecting the premises.

The company had a quality assurance and practice manager who carried out regular audits of the centre. Each month the manager was required to forward a monthly self-audit form to the quality assurance and practice manager. This was followed by a monitoring visit by the quality assurance and practice manager who produced a report outlining any outstanding actions. The inspector reviewed a number of these reports and found evidence that issues identified in the audits requiring action had been responded to by the centre manager. The operations manager was also provided with copies of these audits and met regularly with the quality assurance and practice

manager and clinical manager who along with the CEO were responsible for the governance of the service.

There was a clinical team in place to support the centre which included a clinical manager, assistant psychologist, therapeutic crisis trainers and a consultant psychiatrist. These professionals provided clinical guidance and support to the centre focussing on a number of areas such as placement planning and key working. Management meetings took place on a monthly basis and were attended by centre managers in the region and the senior management team. The records of these meetings viewed by the inspector reflected attention to issues including staffing, complaints, supervision, maintenance and training. These meetings identified actions to be taken, person's responsible and time frames for completion of tasks.

Register

The inspector found that the centre register was up to date and contained all relevant information as to the admission, discharge and destination of the young people. 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.

Notification of Significant Events

The centre had a system in place for the notification of significant events. The inspector found evidence on file that social workers were promptly notified of significant events and social workers in interview confirmed that they were satisfied that information relating to significant events was communicated effectively and in a timely fashion. Significant events were reviewed at team and clinical meetings and where necessary by the company's therapeutic crisis coordinator.

Staffing

There was a stable experienced team in place at the time of inspection with a good level of experience and gender mix, all of whom had a social care or equivalent qualification. The staff compliment consisted of nine social care workers and two relief staff. In the year prior to inspection the centre did not have a sufficient relief panel and had occasionally used a small number of agency staff to support a placement and to cover staff leave. At the time of inspection the centre manager informed the inspector that interviews had been scheduled to recruit additional relief staff.

The inspector observed that staff were committed and the young people were well cared for in the centre. The interactions observed during the inspection between staff and young people were friendly and respectful.

A sample of staff personnel files were reviewed as part of the inspection and they were found to comply with the vetting requirements in regards to Garda vetting and references from previous employers. Copies of qualifications were also on file and there was evidence that these had been verified with the relevant colleges.

There was a policy and procedure in place for induction for new staff. Staff members interviewed confirmed that they received induction prior to taking up duties. They stated that they found the induction helpful, informative and that it assisted them in preparing to take up full time duties.

Administrative files

The centre records were comprehensive, well maintained and easy to navigate. There was evidence that the manager had responsibility for the administrative system and that they ensured that the recording system contained relevant information. Young people's records were maintained in perpetuity by the organisation.

There were clear financial systems in place for the centre. The centre was allocated a weekly budget which was overseen by the manager. A purchase order system was in place for additional funding which was approved by the CEO. The centre manager was satisfied that they were provided with appropriate funding to operate the centre.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The centre had a policy on supervision which stated that staff should be supervised every four to six weeks. The manager and deputy manager had both received training in a recognised model in the delivery of supervision and were responsible for the supervision of the staff team. The inspector examined a sample of staff supervision files and observed that signed supervision contracts were in place and that overall supervision had taken place at regular intervals in line with the organisation's policy stated above.

In previous inspections, inspectors found when reviewing supervision records that there was a significant difference in the way that both supervisors recorded their supervision sessions. The inspector found that this was still the case in this

inspection. The inspector noted that some sections of the supervision recording template used were not completed and in some cases records were limited and did not record sufficient detail in relation to the implementation and progression of young people's placement plans. As highlighted in the previous inspection report this reflected poor oversight by senior management of the records and needs to be addressed.

There were good systems in place for the staff team to communicate effectively and efficiently with each other. Handover meetings were held at the beginning of each shift and details of this were recorded in a standard handover format. Team meetings took place every two weeks and attendance was compulsory. A review of the team meeting minutes showed that each young person was discussed focussing on their placement plans and goals. Issues raised at young people's meetings were also discussed along with operational issues. Every second meeting was attended by the clinical team which included the consultant psychiatrist, psychologist, clinical manager and the organisations trainer in a recognised model of physical intervention and de-escalation. Each young person's progress was discussed at these meetings and placement plans were reviewed and signed off. The inspector examined a sample of the clinical meeting records which reflected the young people's needs and outlined tasks to be carried out by the team.

Training and development

The inspector examined the training records and found that the permanent staff had attended certified training organised centrally by the company, in fire prevention, occupational first aid, health and safety, behaviour management and child protection. There was also a calendar of planned training in place for the coming year. Training records reviewed by the inspector showed that a number of the relief staff did not have the required training in first aid and fire safety and this must be addressed. The centre had a "needs assessment model of care" which was based on a number of theoretical approaches. The last inspection of the centre identified that staff would benefit from further training in how the therapeutic aspect of the programme of care is delivered in reality. The inspector found in this inspection that not all staff interviewed were clear in relation to the implementation of the centre's model of care. While there was evidence that additional training had been provided since the last inspection this needs to be developed further with the staff team.

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 as a priority review the processes for recording minutes of supervision and ensure that sufficient detail is recorded in relation to the implementation and progression of young people's placement plans.
- The centre management must ensure that training in first aid and fire safety is provided for staff that require it without delay.

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

A review of the care files along with observations of staff practice and interviews with young people in placement provided evidence to support the finding that consultation with young people had been a regular feature of staff practice. Young people were invited to participate in their daily and weekly plans, decoration of their bedrooms, meal planning and activities. Young people were consulted as part of their statutory care plan and care plan review meetings and for those who chose not to attend staff advocated for them on their behalf and provided them with feedback.

Young people interviewed felt listened to by the staff team and also reflected that the staff took time to discuss the rationale behind decision making with them. There was

good evidence on file that residents meetings were taking place. These meetings were held individually as it was felt it was more beneficial given the profile of the young people. A review of the house meeting records showed that young people's issues were being recorded along with feedback from team meetings in response to issues raised.

The three young people told the inspector that they knew about their rights and were familiar with the information booklet they received when they were admitted to the centre. The young people in the centre had also been visited by the children's advocacy group, EPIC (Empowering Young People in Care) and one young person had attended a number of EPIC events.

Complaints

The centre had a written policy detailing the complaints process for young people. Young people who spoke to the inspector were aware of the various options they could avail of if they wished to make a complaint, and could describe how to do this. All of the young people stated that staff were receptive to the concerns they raised, they felt listened to and felt that the issues were resolved as best they could be. The centre maintained a register of complaints which recorded both formal and informal complaints. The inspector reviewed the register and found that there were three formal complaints and a small number of informal complaints recorded in the year prior to inspection. Two of the formal complaints had been resolved and one was in the process of completion. The inspector recommends that the terms "formal" and "informal" complaints are no longer used going forward. All complaints whether they are of a minor or serious nature should be recorded as complaints and the severity of the complaint should determine the response from the centre. The staff members interviewed were clear about complaint procedures and social workers confirmed that they were satisfied with how complaints in the centre had been managed. Young people and staff in interview and questionnaires confirmed that they were familiar with "Tell Us", the Tusla policy for complaints and feedback.

Access to information

The centre had a written policy on young peoples' access to information and the staff interviewed were aware of the young people's rights to access information about themselves. The young people told the inspector that they knew they could read their files if they wanted to, but had not done so to date. On admission all young people had signed a "young person's access to information form". The inspector recommends that the centre is more proactive in encouraging young people to access their records and evidence same.

3.4.2 Practices that met the required standard in some respect only

None identified.

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

None identified.

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

None identified.

3.8.2 Practices that met the required standard in some respect only

At the time of inspection one young person was attending a school placement. There was evidence that the centre was supporting the young person, liaising regularly with the school and they were making good progress. The other two young people in the centre were not attending education/training placements. One of the young people had not been in education/training for five months. The inspector found evidence that staff had identified a number of educational/training options but despite encouragement and support, the young person was not engaging in education. The inspector was informed that the psychologist attached to the service was due to carry out an assessment of this young person. The purpose of the assessment is to inform the centre of the young person's needs including their ability to engage in education and to assist in identifying an appropriate educational placement.

The third young person who had a history of poor attendance in education prior to admission had stopped attending their training programme and was reluctant to engage in a number of alternate educational opportunities offered. A review of the files showed that both young people while out of education were not engaging in structured daily routines. On the first day of the inspection both young people were in bed until late afternoon. A review of daily logs evidenced the fact that staff were calling young people in the mornings but on many occasions they were not getting up. The inspector also noted from records and interviews with staff that one young person had an interest in gaming which impacted negatively on their sleep pattern. The inspector recommends that the young person's gaming use should be monitored and consideration given as to whether this issue is impacting on the young person's lack of engagement in education. The centre must ensure that efforts are continued to engage the two young people in educational / training programmes

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre management must ensure that efforts are continued to engage the two young people in educational / training programmes.

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

None identified.

3.9.2 Practices that met the required standard in some respect only

The health needs of the young people were assessed upon admission. The inspector reviewed the care files and these contained medical and health information and confirmation that each young person had been seen by a general practitioner upon admission. Each young person had access to a local GP. Records of appointments with the GPs and other health professionals were maintained.

Specific aspects of health and development were addressed and discussed with young people through individual and key work sessions that covered a range of health topics including diet and exercise, physical and sexual development and substance misuse. Records of the administration of all medication both prescribed and over the counter were maintained. The inspector viewed the medication storage and found that it was safe and secure.

Care files contained appropriately signed consent forms for medical care. The centre had a no smoking policy in place. The policy stated that each young person will be advised of the health risks known to be associated with smoking and they will be encouraged and supported in their efforts to stop smoking or reduce the amount consumed. One young person in interview expressed dissatisfaction that they could not smoke in their room and said that they smoke on occasion outside the premises with staff members present. The centre manager acknowledged that the young person had been present on occasions while staff were smoking outside the premises and informed the inspector that this practice will now cease. The centre manager must ensure that staff and young people are prohibited from smoking together in accordance with the centres no smoking policy.

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).*

Required Action

- The centre manager must ensure that staff do not smoke in the presence of young people in accordance with the centres no smoking policy.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Senior management must as a priority review the processes for recording minutes of supervision and ensure that sufficient detail is recorded in relation to the implementation and progression of young people's placement plans.</p> <p>The centre management must ensure that training in first aid and fire safety is provided for staff that require it without delay.</p>	<p>Supervision records will be reviewed across the service with a view to determining and agreeing that sufficient detail is recorded in relation to the implementation and progression of young people's placement plans. To be completed by May 31st 2019.</p> <p>The two outstanding full time staff are scheduled to complete their First Aid training on the 21st, 22nd and 23rd of October 2019. Once this is completed the remaining relief staff will be scheduled on the next available course.</p> <p>The outstanding Fire safety training will be completed by 31st July 2019.</p>	<p>Supervision will be routinely monitored by Senior Management through the Services internal monitoring systems to ensure that sessions are recorded sufficiently.</p> <p>The training schedule will be routinely reviewed by management to ensure training is delivered as required. This will be monitored by the Quality Assurance & Care Practice Manager.</p>
<p>3.8</p>	<p>The centre management must ensure that efforts are continued to engage the two young people in educational / training programmes.</p>	<p>Centre management will ensure that every effort will continue to be made to engage the young people in educational/training programmes.</p>	<p>Education participation is an on-going goal for each young person in the centre and will be actively encouraged, promoted and facilitated by the care team.</p>

3.9	The centre manager must ensure that staff do not smoke in the presence of young people in accordance with the centres no smoking policy.	Completed -This issue has been discussed at the Team Meeting on the 4 th March. All staff have been revised on the centres policy and will adhere to same.	This issue will be monitored by centre management to ensure it continues to be complied with.
-----	--	---	---