



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: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Fresh Start</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>21<sup>st</sup> &amp; 22<sup>nd</sup> August 2023</b>
<b>Registration Status:</b>	<b>Registered from 05<sup>th</sup> May 2022 to 05<sup>th</sup> May 2025</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> November 2023</b>

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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 and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in 2010. At the time of this inspection the centre was in its fifth registration and was in year one of the cycle. The centre was registered without attached conditions from the 05<sup>th</sup> May 2022 to 05<sup>th</sup> May 2025.

The centre was registered to provide short to medium term care for four young people from age thirteen to seventeen years on admission. The centre's model of care was described as a needs assessment model 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 living in the centre. The centre was granted derogation to accommodate one of the young people as they were under thirteen years of age on admission.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
4: Health, Wellbeing and Development	4.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews 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 relevant social work departments on the 21<sup>st</sup> September 2023. 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 10<sup>th</sup> October 2023. Following review by inspectors the CAPA was returned to the provider as they were not satisfied that all actions were being adequately addressed. The provider returned the CAPA on the 18<sup>th</sup> October 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 055 without attached conditions from the 05<sup>th</sup> May 2022 to 05<sup>th</sup> May 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Regulation 17: Records

#### Theme 2: Effective Care and Support

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

Inspectors reviewed the care files of the three young people in residence and found that there was an update statutory care plan on file for one of the young people in line with the regulations. A care plan review had taken place for another young person who was recently admitted and the centre were awaiting the care plan to be forwarded to the centre. The third young person was placed under derogation to the statement of purpose as they were under 13 years of age. There was a requirement under the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive* to hold monthly child in care statutory review meetings. This was also a requirement for the continued approval of derogation. Inspectors found that these statutory reviews had not taken place in line with the requirements of the national policy as the Tusla social work department had not convened the monthly review meetings as required. Inspectors found that no care plan reviews had taken place in February, June and July 2023. The allocated social worker informed inspectors that these reviews did not take place due to the lack of social work resources and the availability of a chairperson to chair the reviews. The centres policy on statutory reviews states that when reviews do not take place within the appropriate time scale, the centre manager will correspond with the allocated social worker requesting a review date and this correspondence will be copied to the social work team leader and the principal social worker if it no action is taken with certain time frames. However, the inspectors did not find evidence on file that this issue had been escalated in accordance with the policy.

Inspectors found that all young people were involved in the care planning process either through attendance at meetings and/or completion of their “me and my care plan” forms. A young person who spoke with inspectors stated that they were unhappy with certain aspects of their care and had voiced these concerns at their recent review which resulted in changes to staff practice.



There were placement plans on file for all of the young people which were developed by young people's key workers with oversight from centre management. Inspectors found that the placement plans overall were of a good standard with a good evaluations of outcomes. There were, however, some areas that needed a greater focus in one young person's placement plan. The issues identified by inspectors were in relation to concerns regarding the young person's phone use, safety issues in relation to online behaviour and the length of time the young person was spending in their room. Risk assessments were in place in relation to identified concerns, however inspectors found that safety measures in place were not sufficient. The risk assessments should be reviewed in consultation with the relevant social work department to include more robust control measures relating to access to a mobile phone and online activity to safeguard this young person. The placement plans were reviewed at the organisations monthly multidisciplinary team meetings which were attended by the staff team, centre management and the organisations clinical team. Staff reported that this forum was beneficial in terms of guiding their work with the young people.

There was evidence of regular contact with families and significant people on file, updating them on the young people's progress and arranging access. There was evidence that where appropriate, parents and other significant family members had participated in the review meetings and had an input in decisions made in relation to the young people's placements. While there was evidence on file of regular consultation with the young people the inspectors did not find any evidence of the young people's input in their placement plans and the centre needs to address this in an age-appropriate manner.

Inspectors found evidence on file that each young person was supported to access external supports and specialist services in line with their needs and care plans. All young people on admission had a needs assessment completed by the care team which was reviewed by the organisation's clinical team and used to inform the development of young people's placement plans. There was also evidence that the acting centre manager was a strong advocate in attempting to access additional supports for the young people.

Inspectors noted from a review of professional contact records that there was regular telephone and email contact between the centre and relevant professionals. The acting centre manager was satisfied that there was effective communication between the centre and the allocated social workers and they were prompt to respond to

concerns or issues relating to the young people in placement. The two social workers interviewed by the inspectors were satisfied they were kept fully informed about the young people's placements and the progress they were making. The social workers confirmed that placement plans, significant event notifications, progress reports and other significant information was forwarded to them. All of the young people in their questionnaires and a young person who spoke with an inspector stated that they were happy living in the centre. The inspectors observed warm caring interactions between the staff and a young person who was present during the inspection visit.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider must ensure that the centres policy in relation to the escalation of care plans is adhered to when care planning is not in line with regulatory requirements.
- The acting centre manager must ensure that one young person's placement plan is reviewed to ensure a greater focus on concerns relating to the young person's phone use, safety issues in relation to online behaviour and the length of time the young person spends in their room.
- The acting centre manager must ensure one young person's risk assessments are reviewed in consultation with the relevant social work department to include more robust control measures relating to access to a mobile phone and online activity to safeguard this young person.
- The acting centre manager must ensure that that young people are given opportunities to have an input into their placement plans.

## Regulation 10: Health Care

### Theme 4: Health, Wellbeing and Development

#### Standard 4.2 Each child is supported to meet any identified health and development needs.

Inspectors were satisfied that the centre was making efforts to meet the young people's physical and mental health needs identified in their care plans. There was comprehensive medical and health information on each young person's file provided by social workers on admission which included medical histories, health and assessment reports, vaccination records and specialist services reports.

At the time of inspection two of the young people were registered with a General Practitioner. Due to geographical issues both young people were unable to remain registered with their family G.P. One of the young people admitted two months prior to the inspection had an admission medical but was not registered with a G.P. Inspectors were satisfied that the centre were actively making efforts to access a G.P. for the young person and were notified post inspection that a GP had been sourced. There was evidence on file of the centre linking in with the young people's G.P.s in relation to their medical needs. Young people in the centre were encouraged and supported by staff to attend all appointments including G.P, dental and ophthalmic services. Appropriate medical consent forms were on file for emergency medical care signed by parents or social workers as appropriate.

There was evidence that the centre and the social work departments had linked in the young people with appropriate specialist medical and health services when required. The young people were attending specialist services and their appointments were facilitated and recorded by centre staff. At the time of inspection young people were waiting on a number of specialist services and social workers informed inspectors that they were actively seeking these services. Young people's health and development needs were also subject to review at the centres monthly multidisciplinary meetings and recommendations incorporated into the young people's placement plans.

Staff completed individual work with the young people that focused on their physical, sexual, and mental health. Efforts were made to encourage the young people to maintain a healthy lifestyle and engage in a range of physical activities including sports activities, yoga and attending a gym. Young people were also advised of the

risks associated with smoking and vaping. At the time of inspection there were some concerns in relation to young people's diets which staff were attempting to address. The centre must continue to maintain their focus on encouraging the young people to maintain a balanced diet and encouraging one young person to consume food outside of their room.

The centre had a policy on the administration of medication. All medication was stored securely in the staff office. There was evidence from training records that all staff were trained in medication management. The inspectors examined the medication folders and found that the records for the accounting of medication were not always completed correctly. This issue was identified by centre management and had since been addressed. A list of prescribed medication was noted in each young person's medical file. Inspectors recommend that the centre also keeps a record of medications that are taken as needed (PRN) for each young person which is updated as required by the young people's G.P.s. Inspectors were informed that unused or unwanted medication was returned to the pharmacy but there was no record of this on file and this should be documented going forward in accordance with centre policy.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 10</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 4.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The acting centre manager must maintain a list of young people's medications that are taken as needed (PRN) and ensure this is updated as required by the young people's G.P.s.
- The acting centre manager must ensure that a record is maintained in relation to the disposal of all medicines in accordance with centre policy.

**Regulation 6: Person in Charge**  
**Regulation 7: Staffing**

**Theme 6: Responsive Workforce**

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

There was evidence from a review of staff team meetings and minutes of the organisation workforce planning meetings that staffing requirements were reviewed at a centre and senior management level. The staff team in the centre comprised of an acting manager, deputy manager, eight social care workers and two relief social care workers. There were a total of 7.1 whole time equivalent staff working in the centre at the time of inspection which was below the required minimum standard of eight staff as set out in the ACIMS Regulatory Notice - Minimal Staffing Level & Qualifications CRC Settings, June 2023 and the centres statement of purpose. Three of the staff held social care qualifications while other staff qualifications included youth and community work and psychology.

In the year prior to inspection the centre had experienced a high turnover of staff with the centre manager and seven staff leaving their posts, and another staff member retiring. The centre also did not have sufficient relief staff available to cover annual leave, sick leave, and contingency cover for emergencies. This resulted in the centre being short staffed for periods and the staff and managers on occasion having to work additional shifts and provide cover. Agency staff were also used to cover shifts and there were two agency staff working in the centre at the time of the inspection. There was evidence that where possible the same staff were recruited from the agency to provide some level of consistency for the young people. Post inspection, inspectors were notified that another two staff members had submitted their resignations. The centre manager informed inspectors that three social care workers and two relief staff members had been recruited and were in the process of being appointed.

Inspectors reviewed the care package specifications and placement proposals set out at admission stage for the young people and found that the agreed staffing ratio was

for three staff on shift each day with the three young people in placement. A review of the centre's daily logs in the period prior to inspection showed that there were only two staff on duty on 19 occasions from June to August 2023. This impacted on the young people's activities and routines. One young person also complained of the difficulty of maintaining relationships with so many different staff members working in the centre. A Guardian Ad Litem raised the issue of staffing during this period highlighting the lack of proactive engagement with a young person when they were admitted and the fact that staff were not always available to them due to short staffing. Inspectors also found that there was also limited key working on file for the young person during this period. In addition, the centre's ability to implement risk management plans was impacted by short staffing as the centre having the required three staff on duty was identified as a control measure in some risk assessments developed by the centre.

While there was a high turnover of staff in the year prior to inspection the acting manager and deputy manager had both worked in the centre for a number of years and provided a level of stability. Inspectors found in interviews that the acting manager and deputy manager were held in high regard by the staff team. Supervision records on file were of a good standard with good evidence of a focus on the young people, supporting staff and holding them accountable.

Inspectors found at the time of inspection that the majority of staff had completed all their mandatory training. However, there were periods prior to inspection when there were insufficient numbers of staff on duty with the required behaviour management training which impacted on the centre's capacity to implement agreed behaviour management approaches and plans. There was an incident recorded where a staff member had to return to the centre to support an inexperienced staff member to manage behaviours that challenge. There were opportunities for additional training, the majority of which was optional and online. Inspectors recommend that a training analysis is conducted to identify specific training needs for the team in relation to the current young people.

Arrangements in place to promote staff retention were not successful as highlighted previously by the high turnover of staff since the last inspection, many of whom were highly experienced. Issues identified during interviews and exit interviews referenced some of the reasons staff moved on were due to the high cost of living, changes in career choice and the lack of opportunities for career progression. The fact that a lot of staff training provided was held at the organisation's headquarters which involved a lot of travel for staff was also raised as an issue. A member of the staff team

attended the organisation's employment engagement meetings between senior management and staff representatives to represent the views and concerns of the staff team. The organisation had an employee assistance programme in place to support staff and were in the process of introducing a health plan.

There was a formal on call policy and procedure in place at evenings and weekends which staff found beneficial in terms of support and guidance.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider must ensure that the centre has sufficient numbers of staff to meet the young people's needs and to fulfil the roster in operation to comply with the alternative care minimum staffing requirements and the centres statement of purpose.
- The registered provider must ensure that the centre has access to a panel of relief staff to provide cover for annual leave, sick leave, and contingency cover for emergencies.
- The registered provider must ensure that a training analysis is conducted to identify specific training needs for the team in relation to the current young people.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that the centres policy in relation to the escalation of care plans is adhered to when care planning is not in line with regulatory requirements.	With immediate effect, the centre manager will ensure that whereby care planning is not adhered to in line with regulatory requirements, this is escalated to the relevant social work department and ACIMS derogation officer where appropriate. The centre manager will communicate any concern to regional management.	With immediate effect, the regional manager will ensure that care plans are reviewed on a bi-monthly basis and that that the centres policy in relation to the care planning with a focus on regulatory requirements is being adhered to.
	The acting centre manager must ensure that one young person's placement plan is reviewed to ensure a greater focus on concerns relating to the young person's phone use, safety issues in relation to online behaviour and the length of time the young person spends in their room.	The centre manager has furnished the young person's social work team and Guardian Ad Litem with a copy of the young person's current placement plan and has invited them to have a meeting in relation to this, or review for input. This will occur on or before 31 <sup>st</sup> October 2023.	The Quality Assurance Manager will ensure that placement plans are regularly reviewed by the young person's professional team to demonstrate it appropriately captures any identified concerns.
	The acting centre manager must ensure one young person's risk assessments	The centre manager has provided the young person's social work team and	The Quality Assurance Manager will ensure that the centre manager is regularly



	<p>are reviewed in consultation with the relevant social work department to include more robust control measures relating to access to a mobile phone and online activity to safeguard this young person.</p> <p>The acting centre manager must ensure that that young people are given opportunities to have an input into their placement plans.</p>	<p>Guardian Ad Litem with a copy of the risk assessments in relation to access to a mobile phone and has invited them to have a meeting in relation to this, or review for input. This will occur on or before 31<sup>st</sup> October 2023. Centre management will ensure that risk assessments are reviewed and updated as required and shared with the young person's social worker.</p> <p>The centre manager will ensure that the young person's keyworkers, will complete a key working session with each young person around their placement plans and personal goals pertaining to their care. This will be completed by 31<sup>st</sup> October 2023 and will occur on a monthly basis.</p>	<p>reviewing risk assessments with the social work department who will be invited to have input to these.</p> <p>The centre manager will review the consultation policy at the team meeting on 31<sup>st</sup> October 2023, and will have greater oversight that key-working in relation to the young person's placement planning and goal setting is being implemented.</p>
4	<p>The acting centre manager must maintain a list of young people's medications that are taken as needed</p>	<p>The centre manager will speak to each young person's GP and ensure that the list relating to all current PRN medications is</p>	<p>The centre management will complete weekly medication audits and ensure that PRN medication is identified from this.</p>

	<p>(PRN) and ensure this is updated as required by the young people's G.P.s.</p> <p>The acting centre manager must ensure that a record is maintained in relation to the disposal of all medicines in accordance with centre policy.</p>	<p>updated and reflects the medication used by the young person. To be completed by 31<sup>st</sup> October 2023.</p> <p>The centre manager spoke with the pharmacy on 26<sup>th</sup> October 2023, and has identified a conflict between the centre policy and the pharmacy's own policy. With immediate effect, the centre manager will ensure that the staff team maintain an appropriate record of all medication disposed using a standardised form. This record will be held on the young person's care file.</p>	<p>The centre management will ensure that PRN medication is reviewed on a quarterly basis by the young person's GP or as required.</p> <p>The Quality Assurance Manager will ensure that the centres policy on the disposal of medication is being adhered to by the centre.</p>
6	<p>The registered provider must ensure that the centre has sufficient numbers of staff to meet the young people's needs and to fulfil the roster in operation to comply with the alternative care minimum staffing requirements and the centres statement of purpose.</p>	<p>The registered provider will continue to actively recruit for the centre to ensure sufficient staff numbers are in place. As of, 26.09.23 three full time social care workers have signed contracts. Further interviews scheduled for staff in this centre.</p>	<p>The registered provider will continue to engage in regular workforce planning and actively recruit as necessary .</p>

	<p>The registered provider must ensure that the centre has access to a panel of relief staff to provide cover for annual leave, sick leave, and contingency cover for emergencies.</p> <p>The registered provider must ensure that a training analysis is conducted to identify specific training needs for the team in relation to the current young people.</p>	<p>The registered provider will continue to actively recruit for a relief panel to provide cover as required. As of, 28.09.23, one of the relief staff referenced in the main body of the report became available to the centre.</p> <p>The centre manager and regional manager. Are currently conducting a training needs analysis with the care team. To be completed by 31<sup>st</sup> October 2023.</p>	<p>The registered provider will continue to engage in regular workforce planning and actively recruit as necessary .</p> <p>An overall centre training needs analysis will be conducted on an annual basis by the centre manager, which will be communicated with the regional manager. However, as a training need arises or is identified, the centre manager will endeavour to source training for the staff member or team in a timely manner.</p>
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