



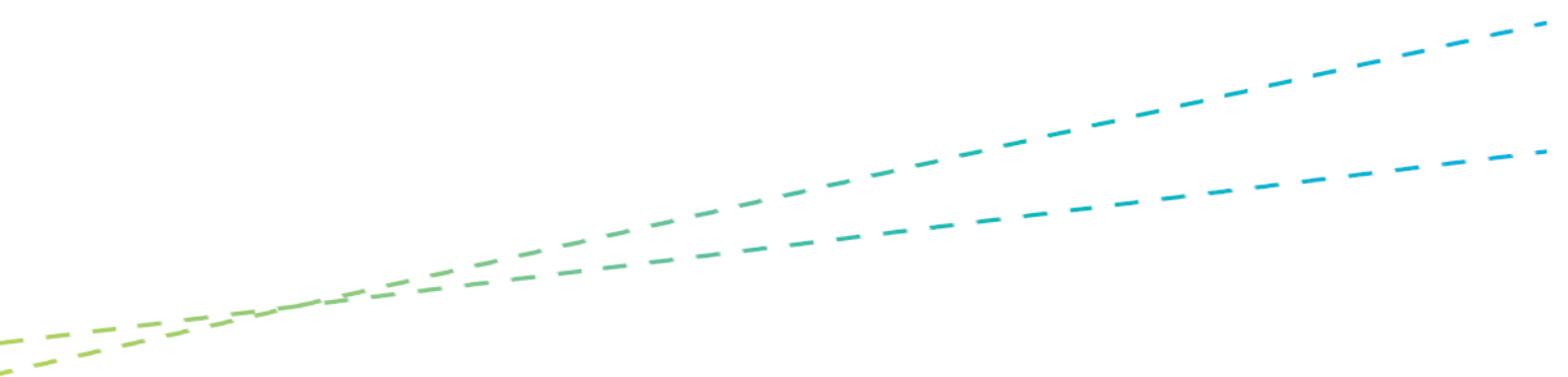
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 072

Year: 2019



Inspection Report

Year:	2019
Name of Organisation:	New Beginnings
Registered Capacity:	Four young people
Type of Inspection:	Themed announced inspection
Date of Inspection:	02nd and 04th December 2019
Registration Status:	Registered without attached conditions from 14th March 2020 to 14th March 2023
Inspection Team:	Linda Mc Guinness Cora Kelly
Date Report Issued:	3rd February 2020

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

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

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

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

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

Determinations are as follows:

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in September 2007. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from 14th of March 2017 to 14th March 2020.

The centre was registered to provide care for four young people of both genders aged thirteen to seventeen years upon admission. The model of care was described as providing a consistent, structured, therapeutic environment through a relationship based approach. There was a focus on working closely with families and with young people through community and specialist supports. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work department on the 6th of January 2020. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 16th January 2020. 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: 072 without attached conditions from the 14th of March 2020 to 14th March 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

There were policies and procedures in place to ensure young people were protected from abuse. Organisational management had recently reviewed the policies and procedures in line with the National Standards for Children’s Residential Centres, 2018 (HIQA). Inspectors found that the child protection policy required some adjustments to bring it fully in line with Children First, National Guidance for the Protection and Welfare of Children, 2017. The staff team had completed the Tusla E-Learning module: Introduction to Children First and had received external supplementary child protection training. From a review of staff questionnaires and interviews during the inspection process inspectors found that staff were not able to fully describe all their their roles, responsibilities and reporting procedures under Children First, 2017.

The child safeguarding statement (CSS) was in place and displayed as required and had been updated twice since being implemented. At the time of inspection, it did not include the risks relating to online safety as required by the addendum issued by Department of Children and Youth Affairs and TUSLA in January 2019. The centre manager took action on this immediately and revised the CSS, subsequently sending verification from the Tusla Child Safeguarding Statement Compliance Unit to the inspection team. Notwithstanding this, at the time of inspection there was a lack of clarity about the rationale and content of the CSS among the team and this must be addressed by centre management. It is recommended that any review of the statement results in a new version of the document and that staff sign to acknowledge receipt and understanding of same. The centre manager must ensure that policies are reviewed and that staff members receive regular training to ensure that they are confident and competent in all aspects of safeguarding including policies, procedures and the child safeguarding statement.

The centre had a robust gatekeeping policy which included comprehensive pre admission risk assessments to identify areas of vulnerability and risk. Some referrals had been deemed unsuitable due to the possible negative impact on young people already present. Young people described this as positive and said that the staff were ‘careful about who came to live in the centre’. There was a risk management system in place whereby a matrix was used to identify potential risks and implement control

measures. There was an individual behaviour management plan and age appropriate programmes in place for each young person to support them to develop prosocial skills, self-care and protection. Keyworking and individual work took place to ensure young people could identify if they were at risk from others or because of their own behaviour. Young people said they could talk with staff if they felt unsafe.

There was a policy in place in respect of supervision which communicated how to raise concerns about the practices of colleagues through the supervision process. There was evidence that staff were confident reporting to management as they had done so recently when an issue of concern arose. Notwithstanding this, there was no stand-alone policy relating to whistleblowing or protected disclosures and centre management must ensure that one is in place and that it is communicated to all staff. Whistleblowing does not only belong in the supervision arena and must form part of the child protection and safeguarding suite of policies. There was no specific staff code of conduct in the child protection policies and centre management must ensure this is also in place and communicated to staff.

There were policies to ensure the identification and management of bullying and harassment and systems in place to minimise negative impact if it did occur.

There were measures in place through joint working with social work departments to ensure parents would be made aware of any allegation of abuse. There was evidence that the management and team worked in collaboration with families and relevant professionals.

Standard 3.2

The centre received information relating to each young person prior to their admission which guided their responses to any behaviour which may challenge or impact negatively upon others. While this information was available and informed planning there was no evidence that these issues were discussed at team meetings and this is recommended. There was a recently updated policy in place in respect of the management of behaviour which was titled 'policy on care and control'. This policy sought to ensure that young people had a clear understanding of the behaviour that was expected, and it had a focus on building self-esteem by encouraging and reinforcing positive behaviour. Clear and consistent boundaries were set in consultation with young people and their social workers. It was evident in practice that staff made every effort to reinforce a young person's positive behaviours rather than sanctioning negative behaviours. They sought to identify the causes of

challenging behaviour and it was clear that the work with young people was conducted through positive relationships in line with the stated model of care. One inspector attended a handover meeting and found that there was a child focused analysis of behaviour.

Staff had been trained in a recognised model of behaviour management and refresher training took place within the required timeframes. Supplementary training was provided in support of individual care needs of young people when the need arose such as self-harm, suicide awareness and drug and alcohol programmes. The team were aware about the impact of mental health and bullying on young people. Inspectors recommend that the team receives some training in trauma and attachment to support their work with current young people. Individual behaviour support plans and up to date crisis management plans were in place for each young person.

There was a recently devised restrictive practice policy in place which had been communicated to the staff team. There were no on-going restrictive practices in place in the centre at the time of inspection.

Sanctions and rewards and behaviour management were all subject to regular review by internal management and by the organisation's consultant compliance officer. Significant events were routinely reviewed for any emerging patterns or points of learning which were then fed back to the staff team. Support and debriefing was available to staff members if required.

Standard 3.3

There was a policy in respect of complaints and it was evident that staff were supported and encouraged to raise concerns and report incidents. This was evident through staff interviews and in recent practice in the centre. Complaints were also a standing item at staff team meetings and at internal manager's meetings.

Inspectors found that some work was required to ensure clarity about what constituted a complaint and the process for managing and reporting issues of dissatisfaction. It seemed that only complaints of young people living in the centre were recorded and processed which was not in line with policy. Some expressions of dissatisfaction had been expressed by a parent and these had been reported, managed and concluded informally with no evidence if they had been upheld or not. They were not entered on the register of complaints and could not be tracked to assess any emerging themes or patterns. The registered provider and centre manager

must ensure that all complaints are recorded, tracked and reviewed regularly and that complaints of parents or professionals are recorded and managed in line with centre policy.

There were robust recently revised policies in respect of the notifications of significant events and these were regularly reviewed for learning purposes. The outcomes of these reviews were incorporated into young people’s individual plans in consultation with supervising social workers. The social workers for young people informed inspectors they were satisfied with the prompt notification, management and review of significant events. Young people were not subject to any restrictive procedures and ones that had been in place to ensure safety previously had been removed when no longer required.

The registered provider was aware of their responsibility to conduct an annual review to inform service development and there were plans in place to commence this. There was not yet a system in place to receive formal feedback from parents or significant others and this must be built into service improvement plans.

Compliance with Regulation	
Regulation met	Regulation 16

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

Actions required

- The centre manager must ensure that child protection policies are reviewed to ensure full compliance with Children First, National Guidance for the Protection and Welfare of Children, 2017.
- The registered provider must ensure that a protected disclosures policy and a code of conduct are included in the suite of child protection policies.
- The registered provider and centre manager must review the child protection training to ensure that each member of the staff team is confident and competent in all aspects of safeguarding including policies, procedures and the child safeguarding statement.

- The centre manager must ensure that the complaint policy is implemented in practice and that any complaints of parents or other relevant people are recorded, concluded and monitored.
- The centre manager must ensure there is a formal mechanism to capture feedback from parents and social work departments.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The registered provider was also the registered provider and was responsible for ensuring compliance with all regulations and national standards relating to children's residential care. Inspectors found that they had initiated a review of policies and procedure to bring them in line with recently issued national standards. As mentioned previously some adjustments were required and these should be reviewed and the process brought to a conclusion. Staff members had recently attended a workshop/presentation relating to the new standards. Further actions arising from this process in respect of policies and procedures had commenced at the time of this inspection and were a work in progress. The registered provider must then ensure that the staff team receive training as they were not yet adequately able to demonstrate understanding of all aspects of relevant legislation and regulations appropriate to their role. The quality assurance system should be revised to ensure that any deficits in staff knowledge are captured through the monitoring and auditing system.

There were systems in place to ensure that each young person received individual care and that their safety and welfare was paramount in day to day practice.

While there were quality assurance mechanisms in place, inspectors found that the compliance audits were not yet specifically assessing and benchmarking against the National Standard for Children's Residential Centres, 2018 (HIQA). An external company had been sourced to establish auditing processes and tools at the time of inspection. Inspectors reviewed questionnaires and interviewed staff members during the onsite inspection and found that they demonstrated a good overall understanding of what informed their work. The purpose and function had been updated and inspectors were informed that there was a review of the model of care scheduled for early 2020.

Standard 5.2

There was a service level agreement in place with Tusla Child and Family Agency. There was a management structure in place for the centre which provided clear lines of authority and accountability. Each person had a job description and was clear in respect of their roles and responsibilities. A qualified and experienced centre manager had been in post for four years. Two other appropriately qualified staff members were identified as part of the internal management structure in the centre. These were referred to as person's participating in management (PPIM) and both held the requisite experience for the posts. Young people interviewed knew who was in charge and were happy with how the centre was being managed. There were arrangements in place to provide adequate managerial cover when the manager took periods of leave. Some of the managerial responsibilities had been delegated to PPIM and a formal record of this was in place as required. There was a system in place for regular review and updates of policies and procedures and staff members contributed to this process in team meetings and through specific workshops.

There was a risk management system in place to support the identification, assessment and management of risk within the centre. Staff members were competent and confident in describing how it worked in practice and this was evident across the records. Despite this, the risk management system was not included in the policies and procedures document to include undertaking risk assessments and devising safety plans when necessary. It is also recommended that a risk escalation process to relevant persons is included in the risk management framework and policy.

Standard 5.3

There was a publically available statement of purpose and function which had been updated on 11th November 2019. There was evidence that that staff understood the purpose and function and that it reflected the day-to-day operation of the centre. It was due to be reviewed after each new admission to the centre. A version was available for young people and their families. It described the staffing complement, the admissions process, supports available and outlined policies relating to safety and wellbeing, education, complaints, individual care and family contact amongst others. The statement did not accurately describe what evidenced based model of care was in use or the expected duration of young people's placements and this should be

reviewed. Inspectors were informed that the model was under review and once agreed would be included into the statement and staff training provided.

Standard 5.4

There were internal systems in place to assess on an on-going basis the quality of care provision, to analyse staff practice and review outcomes for young people. Team meetings took place in line with policy and covered planning for young people, policy development and actions required from audits of the service. Issues arising from young people's meetings were also considered at this forum. The quality assurance officer did not attend these meetings but reviewed the records when on site in the centre.

A governance report was compiled by the centre manager and was submitted to the registered provider on a monthly basis. This report included information relating to significant events, keyworking and individual work with identified follow up. Also included were reviews of complaints, sanctions, positive incidents, measurable outcomes and clinical interventions. Issues relating to staff training and supervision in support of their work were also reflected in these reports. Inspectors noted that there were sections on this report for input/comment from the social care manager, the quality assurance consultant and the registered provider however these were mostly not completed. There was no reference in these reports to issues arising from quality assurance audits undertaken by the external consultant.

Management meetings took place monthly and were attended by the social care manager, deputy manager and /or other PPIM and the director of operations. These meetings had a set agenda which included planning for young people, staffing and HR issues, supervision, governance report review, training, staff retention, risk assessments. Inspectors found that there was a lack of detail relating to the discussions about the monthly governance report and this meant that there was no evidence of exploration of issues relating to complaints, significant events on the risk register.

As mentioned above there was a quality assurance consultant in place who carried out quarterly audits of the service. A previous inspection in 2019 found that these audits were not taking place in line with agreed expectation. Inspectors viewed a sample of these audits and found that three has taken place in 2019 with another planned at the time of inspection. Each one focused on the actions from previous audits and also reviewed actions agreed in the Corrective and Preventative Actions

plan (CAPA) from the previous inspection. They also contained reviews of supervision, training needs, complaints, sanctions, house meetings, clinical meetings and premises. There was an action plan which was agreed and signed off by the registered provider and centre manager. Inspectors note that the implementation of policies and procedures relating to child protection was not assessed in any of the audits and this should be a focus in future processes to ensure deficits are identified from within the service.

The CAPA completed in response to an inspection in January 2019 indicated that the quality assurance officer would attend management meetings on a quarterly basis however a subsequent decision was that these were only required twice annually as this person was not part of the internal management structure. Notwithstanding this, there must be regular formal recorded meetings between the registered provider and the quality assurance consultant to discuss issues and required actions relating to compliance with regulations and national standards. There must also be better evidence of this in governance reports and management meetings.

There were plans in place to establish the generation of an annual review and report when the new planned auditing system is implemented. An action plan for 2020 arising from inspection and internal monitoring was planned in the interim.

A new policy and register had been recently implemented in respect of restrictive practices which may be required at times to keep young people safe. Some longstanding restrictive practices such as locking the office door at all times and locking sharp knives away had been revised based on the presentation of the current group of young people.

All three social workers interviewed during the inspection process were happy with the quality, safety and continuity of care being provided to their young person.

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

Compliance with standards	
Practices met the required standard	Standard 5.2 Standard 5.3

Practices met the required standard in some respects only	Standard 5.1 Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure the policy review process is brought to a conclusion and that staff receive training to ensure they can adequately to demonstrate understanding of all aspects of relevant legislation, regulations and policy appropriate to their role.
- The registered provider and centre manager centre must ensure that the purpose and function adequately describes what evidenced based model of care is in place and the expected duration of young people’s placements.
- The registered provider must ensure that there are regular formal recorded meetings between them and the quality assurance consultant to discuss issues and required actions relating to compliance with regulations and national standards.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3</p>	<p>The registered provider and centre manager must ensure that child protection policies are reviewed to ensure full compliance with Children First, National Guidance for the Protection and Welfare of Children (2017)</p> <p>The registered provider must ensure that a protected disclosures policy and a code of conduct are included in the suite of child protection policies.</p>	<p>Child protection training has been scheduled for the team on the 21st of January 2020 focusing on the role and responsibilities of mandated persons and child safe-guarding.</p> <p>Child protection policy to be reviewed and revised by the centre manager by the 29th of February incorporating protected disclosure policy and code of conduct.</p>	<p>Centre manager to ensure continued compliance in relation to Children’s First by addressing this through supervision and at team meetings on a regular basis.</p> <p>The quality assurance consultant will incorporate meetings with staff into the quality assurance system to ascertain their knowledge of child protection policies.</p> <p>Child protection policy to be reviewed annually by centre manager and registered provider to ensure they are in line with current standards and legislation.</p>

	<p>The registered provider and centre manager must review the child protection training to ensure that each member of the staff team is confident and competent in all aspects of safeguarding including policies, procedures and the child safeguarding statement</p> <p>The centre manager must ensure that the complaint policy is implemented in practice and that any complaints of parents or other relevant people are recorded, concluded and monitored.</p> <p>The centre manager must ensure there is a formal mechanism to capture feedback from parents and social work departments.</p>	<p>Mandatory child protection training to take place on the 21st of January for the care team.</p> <p>Systems have been implemented to ensure all complaints from parents or other relevant people are recorded appropriately, concluded and monitored.</p> <p>Annual compliance reports and quality improvement plans are to be implemented this year incorporating a system whereby parents and social workers are given the opportunity to provide feedback in relation to the care of the young people.</p>	<p>Child protection policy be reviewed annually by centre manager and Registered provider to ensure it is in line with current standards and legislation.</p> <p>Complaints record and register will be routinely reviewed by the quality assurance consultant via the centre's auditing tools.</p> <p>Registered provider to review compliance reports and quality improvement plans to ensure a high standard of care is being provided and ascertain how the care can be further improved or enhanced.</p>
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<p>5</p>	<p>The registered provider must ensure the policy review process is brought to a conclusion and that staff receive training to ensure they can adequately demonstrate understanding of all aspects of relevant legislation, regulations and policy appropriate to their role.</p> <p>The registered provider and centre manager must ensure that the purpose and function adequately describe what evidenced based model of care is in and the expected duration of young people’s placements.</p> <p>The registered provider must ensure that there are regular formal recorded meetings between them and the quality assurance consultant to discuss issues and required actions</p>	<p>Policy review to be concluded by 31st March 2020.</p> <p>Training to be provided to the team on their understanding of all aspects of relevant legislation, regulations and policy appropriate to their role on the 21st of January 2020.</p> <p>Model of care currently under review and will be completed by the end of January 2020.</p> <p>Following this, the purpose and function will be reviewed, by the 14th of February, to incorporate this and also to include the duration of YP’s placements, medium to long term.</p> <p>Formal meetings between registered provider and quality assurance consultant to take place every 6 months to discuss issues and outstanding actions relating to compliance with regulations and national standards.</p>	<p>Policies and procedures will be reviewed annually by the centre manager and registered provider.</p> <p>On-going discussion in team meetings in relation to policy change or updated legislation.</p> <p>Model of care and purpose and function to be reviewed by centre manager and registered provider annually.</p> <p>Meetings scheduled in advance</p> <p>Governance and audit reports will be provided to the registered provider on a regular basis which will inform the registered provider of any issues arising and compliance with regulations and national</p>
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