



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 082

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Fresh Start
Registered Capacity:	Four young people
Type of Inspection:	Announced Themed Inspection
Date of inspection:	1st, 2nd and 3rd November 2023
Registration Status:	Registered 16th December 2022 to the 16th December 2025
Inspection Team:	Ciara Nangle Janice Ryan
Date Report Issued:	21st December 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 4: Health, Wellbeing and Development, (Standard 4.2 only)	
3.2 Theme 6: Responsive Workforce, (Standard 6.3 only)	
4. Corrective and Preventative Actions	15

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 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 December 2007. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from the 16th December 2022 to the 16th December 2025.

The centre was registered to provide medium to long term care and accommodation to four young people, from age thirteen to seventeen years on admission. The model of care was based on a needs assessment model that was supported by the staff team and a dedicated clinical team. The centre aimed to provide a safe and stable environment for children where they would be supported to meet their emotional, physical, social, and spiritual needs. There was also an emphasis on working closely with families where possible. The staff team aimed to meet these needs through identified goals and placement objectives agreed for each child on admission. There were four children living in the centre at the time of the inspection. At the time of the inspection, three of the residents were outside the stated age range of the purpose and function and a derogation was granted for their placement in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.2
6: Responsive Workforce	6.3

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 departments on the 7th December 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 13th December 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: 082 without attached conditions from the 16th December 2022 to 16th December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

The young people resident in the centre had several complex needs and a number of multidisciplinary assessments were completed which informed their care plans and placement plans.

Two of the young people living in the centre were under twelve years of age, and as such their care plan review meetings were convened on a monthly basis in line with statutory requirements and their care plans updated accordingly. However, updated care plans were not always provided to the centre following the review meetings. At the time of inspection, the young people did not have an up-to-date care plan on file. This had been an on-going issue and the centre had risk assessed the absence of care plans and included it on their centre risk register.

As a control measure to mitigate this risk, the centre manager recorded detailed minutes and the decisions made at the reviews which were held on the young people's files and used to develop the new placement plans.

While inspectors could see some evidence of the centre manager requesting the updated care plans, the centre was not following their own escalation procedure in relation to the absence of care plans. In interview, the centre manager and regional manager indicated that in the past this escalation procedure had little impact on the provision of care plans in a timely manner and for this reason the procedure had not been followed. However, it was not evident to inspectors from file reviews why this process hadn't been followed and this is an area that requires improvement to ensure that the young people in the centre have care plans in line with the National Standards for Children in Residential Centres, HIQA (2018).

Within the records reviewed in the young people's files it was evident that the child in care review meetings included detailed discussions around the young people's health and developmental needs and included planning for required assessments. The reviews were attended by relevant professionals in addition to the social work team

which provided for a multidisciplinary approach being utilised in assessing the young people's needs and informing their care plans. There were assessments outstanding for some of the young people, however these delays were discussed within the meetings, and inspectors saw evidence of the centre manager advocating for the provision of these required services. A plan was in place for the completion of these assessments early in the new year and all professionals involved with the young people were in agreement with this plan.

The delays in access to support services is also something that the organisation have risk assessed and hold on their organisations risk register due to the potential impact this may have on the young people in their placements and consequently on the staff team. The controls identified to mitigate these risks include needs assessment on admission, monthly Multi-Disciplinary Team meetings, staff supports, referrals as appropriate, regular staff supervision and qualified staff working within centres. These controls were all in place in relation to the young people within this centre who were experiencing delays in accessing services.

Placement plans, individual crisis support plans and other care planning documentation included appropriate details of the young people's needs which had been identified in previous assessments and their needs assessments. When updated assessments were completed by external professionals, these were incorporated into their needs assessments completed by the organisations multi-disciplinary team and discussed at the monthly multidisciplinary meetings. The recommendations were incorporated into placement plans and other documents as appropriate which allowed for tracking of the implementation of actions and ensured staff were aware of same. Staff in interview demonstrated good insight into the needs of the young people within the centre.

Key working in relation to health and wellbeing was completed in an age-appropriate way and aligned to the needs identified within the placement plans.

From a review of the young people's files inspectors could see details of the young people's medical histories. The young people had been facilitated in remaining with their family general practitioner which allowed for continuity of care following their reception into care. There was evidence of medicals completed on admission, immunisation records and details of recent engagements with health practitioners.

The organisation had a medication management policy in place which was being implemented within the centre. Inspectors reviewed documentation in relation to the administration of medication to the young people and the centre was adhering to

their policy. The staff in the centre had their competency in the policy tested on a yearly basis and in interview could clearly outline the requirements of this policy to ensure safe administration of medication.

Compliance with Regulation	
Regulation met	Regulation 10
Regulation not met	None identified

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

Actions required

- The centre manager must ensure that the escalation procedures are followed in relation to the sourcing of care plans for the young people within the centre.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff in interview demonstrated clear understanding of their roles and responsibilities within the centre. They confirmed they were supported to exercise their own judgement and decision making when working with young people. Staff could easily identify examples of this in practice during interview. Staff demonstrated an understanding of the organisations policies and procedures and inspectors could see evidence of these being discussed within staff team meetings and supervision.

Through documentation reviewed and interviews completed it was evident that staff working in the centre had good knowledge and awareness of the young people and their needs. Booklets were prepared for one of the young people to support them with changes in staff, transitions for holidays etc and these were child centred and indicative of a good understanding of the young person's needs.

The organisation had policies in place to protect the safety of both the staff and young people, these included but were not limited to, policies around recruitment, lone working, child protection, complaints etc. At the time of inspection there was no identified risks to staff within the centre however organisationally identified risks such as driving for work, were assessed and reviewed on the organisations risk register with appropriate controls in place. The centre manager was unaware of the risks identified on the organisations risk register and this requires improvement to ensure that they are aware of risks and control measures that are applicable to their centre.

Team meetings and multidisciplinary meetings were occurring on a monthly basis. Overall, these were well attended and included discussions of young people's needs, centre issues and reviewed policies and procedures. From interviews, team meeting minutes, supervision records and training logs reviewed during the inspection it was evident that there was a positive culture of learning within the centre. Records

reviewed demonstrated that a team approach was utilised in working with the young people and the responsibility for completing tasks was shared amongst all members of the team.

There was a reflective learning group occurring within the organisation. Participation was voluntary, but records indicated a positive level of participation by the team in the centre.

The organisation had a clear supervision policy in place which set out that staff should receive supervision every 4-6 weeks. From the sample of records reviewed inspectors could evidence that it was occurring in line with the policy. Staff in interview were clear on the purpose of supervision and advised that they found this to be beneficial and a support to them in their role. All staff had completed supervision training which had been completed as part of a team meeting earlier in the year. There was evidence of those who missed the training having individual training sessions.

Yearly appraisals were completed as per the organisations policy and were held on supervision files within the sample reviewed. These included overviews of the year, feedback from the staff team and centre management and goals for the upcoming year.

The organisation had a staff retention policy in place which included access to an employee assistance programme. Within this staff had access to a variety of benefits and services such as counselling, debriefing and training opportunities. Those interviewed had an awareness of these supports and spoke about feeling supported within the organisation. Overall, the inspection highlighted that team members were well supported and supervised in delivering child-centred, safe and effective care and support.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.3

Practices met the required standard in some respects only	Not all standards under this theme were assessed.
Practices did not meet the required standard	Not all standards under this theme were assessed.

Actions required

- None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	The centre manager must ensure that the escalation procedures are followed in relation to the sourcing of care plans for the young people within the centre.	Centre Manager has followed up with SWD at recent CICR on 05-12-23 and outstanding care plans were received on 11-12-23.	Centre Manager will ensure that care plans are requested at monthly CICR's and that the escalation policy is followed within a timely manner