



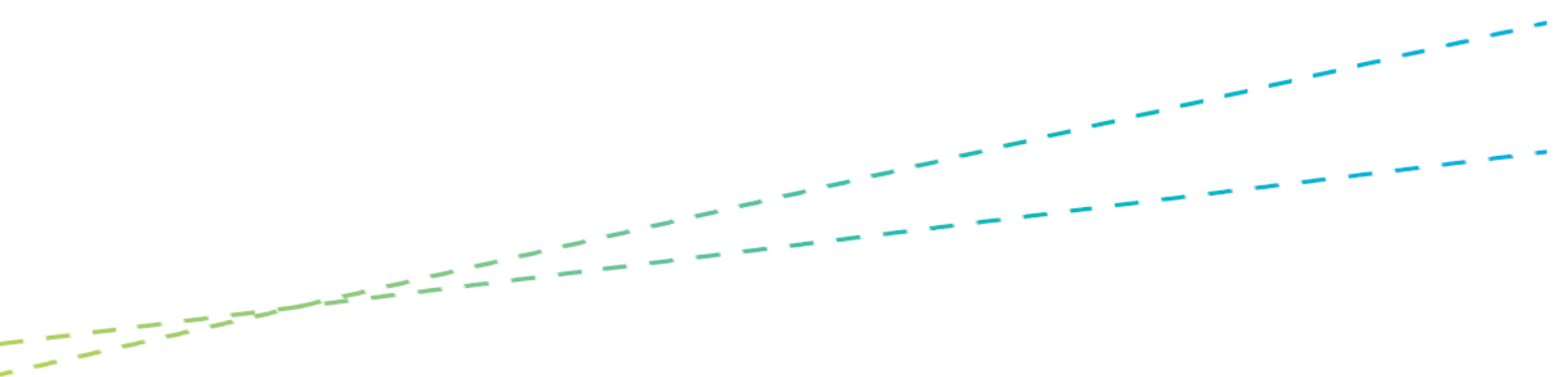
**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 098

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Freshstart
Registered Capacity:	Four young people
Dates of Inspection:	1st and 10th May 2019
Registration Status:	Registered from 30th June 2019 to 30th June 2022
Inspection Team:	Lorraine Egan Catherine Hanly
Date Report Issued:	28th June 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by 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 ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2010. At the time of this inspection the centre were in their third registration and were in year three of the cycle. The centre was registered without attached conditions from the 30th June 2016 to 30th June 2019.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission on a medium to long term basis. There was one young person in residence at the time of this inspection. Their model of care described a specific care framework which outlined the principles and models of therapeutic approaches which underpinned the placements. This centre focused on the development of relationships with the young people.

The inspectors examined aspects of standard 2 'management and staffing' and aspects of standard 5 'planning for children and young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced. It took place offsite, following a risk assessment conducted between the Inspection Service and centre management. The inspection was held on the 1st and 10th May 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) Eight of the care staff
 - b) The manager
 - c) The deputy manager
 - d) The CEO

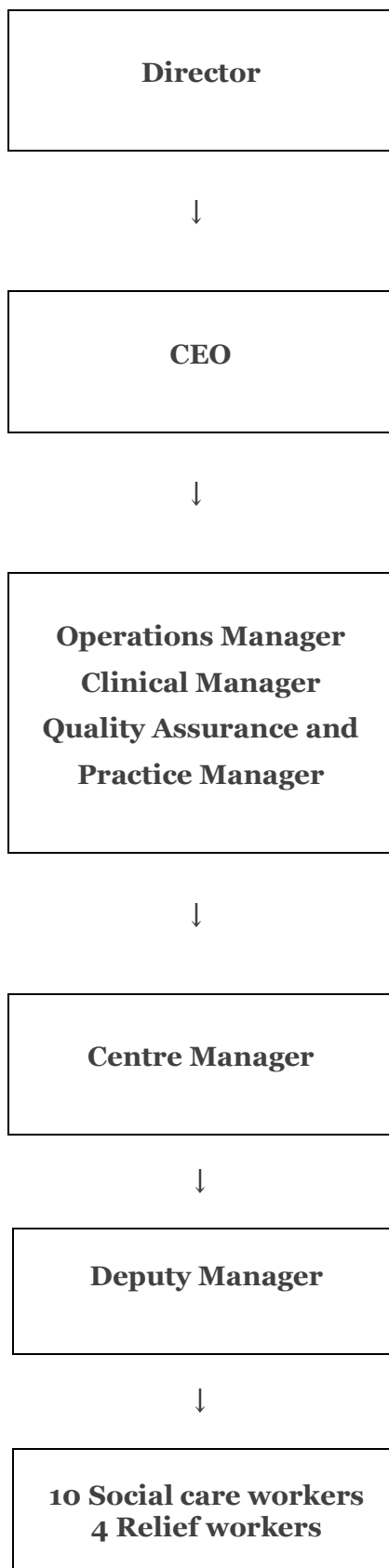
- ◆ An examination of the centre's files and recording process.
 - The young person's care file
 - Staff personnel files
 - Supervision records
 - Handover book
 - Team meeting minutes
 - Management meeting minutes
 - Management governance audits

- ◆ 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) Two staff
 - c) One aftercare worker
 - d) One principal social worker

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, service director and the relevant social work departments on the 6th June 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 27th June 2019 and the inspection service received evidence of the issues addressed which were in response to the specific areas identified in the report.

As the centre's overall policies and procedures require review and updating, it deems the centre not 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: 098 with the attached condition from 30th June 2019 to 30th June 2022 pursuant to Part VIII, 1991 Child Care Act.

The following condition was attached to the centre's registration under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991, at that time. The condition being;

1. that all the reviewed and updated policies are submitted to the Registration and Inspection Service no later than the 1st of September 2019. The proposed condition will be reviewed no later than the 1st September, or as soon as the updated and reviewed policies are submitted to the Registration and Inspection Service.

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

None identified. Not all criteria assessed under standard 2.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The centre's policy stated that staff would receive formal supervision once every four to six weeks and more frequently if required. A review of a sample of the supervision files evidenced that supervision was not consistently occurring within these set timeframes. The social care manager, deputy manager and two senior members of the staff team had responsibility for supervision and all were trained in a supervision model. Contracts were not present on file for two staff members. Furthermore, inspectors could not locate records for some of the sessions that were documented as having occurred.

The recording templates in use outlined specific objectives along with a review of stated goals. Inspectors observed on a number of records, that a pattern of issues and recurring themes were repeated from session to session, and although, in some cases, actions were identified to address these, they were proving ineffective. Despite this, a review of outcomes had not taken place to consider any alternative approaches, practices or interventions with young people. For one staff member, placement planning was not discussed, although the staff had been appointed a key worker for one of the young people. There was a gap in documented supervision provision and an absence of goals being set for staff.

In general, the minutes evidenced a focus on placement planning; however, the content of the dialogue primarily related to completing tasks that linked to independent living skills for young people. There was a deficit in identified goals targeted at the complex emotional and psychological needs of the young person. In the majority of supervision sessions, there was an absence of therapeutic care -

planning evident in respect of the young person's specific emotional needs. Overall, the supervision files did not reflect consistent discussion on clinical input from the service's psychiatrist. This is a priority that needs to be addressed, given the complex needs of the young person and the on-going challenges and risks this presented to the staff team. Furthermore, supervision for the centre manager was not conducted within policy timelines. There were two sessions completed since the previous inspection that took place in August 2018. This must be addressed as soon as possible by the clinical manager.

From a review of team meeting minutes, the records evidenced they were taking place twice monthly and were child centred. The areas of focus included planning of personal care for young people, arrangement of meetings with social work departments and other services, behaviour of young people, impact, risks and possible interventions. While placement planning was discussed along with direction given by the centre manager regarding measurable outcomes, inspectors found that the discussion to inform the achievement of goals for young people was not robust enough. Where clinical advice was considered, its application was not developed into concrete actions for care practices. Furthermore, inspectors observed on the minutes, that staff stated that they were having difficulty in adapting the clinical input they received into beneficial interventions for young people. This has been a recurring theme that must be reviewed by the service.

Inspectors reviewed the handover meeting records, multidisciplinary team meeting and monthly manager's minutes. Daily handover records were centred on tasks for the coming shift and appointments for the day. Attendance by staff at the multidisciplinary team meetings varied from between twelve staff on some occasions to three team members on others. Inspectors recommend that centre management ensure that all staff are given the opportunity to attend multidisciplinary team meetings so as to have equal access to the clinical guidance being provided. Further, the full clinical team were not present at these meetings. The minutes evidenced good therapeutic focus with feedback and analysis used to support the team to understand behaviours for young people. However, it was not clear to inspectors from the minutes, how the clinical guidance was to be implemented into care practices by staff so as to impact on outcomes for the young people. Monthly management team meetings were also in operation; however, there was no documentation of the discussions held available to inspectors. On submission of the CAPA, the centre manager forwarded inspectors evidence of the action plans that were developed from these meetings. They identified specific areas to be addressed

by the centre with timelines and persons responsible included. There was an absence of detail from the meeting's discussions referenced on these plans.

Inspectors saw evidence of the centre manager's checklists which informed self audits conducted by them on a monthly basis. These were submitted to the quality and assurance and practice manager which were used by them for cross-referencing purposes for their audit in the centre. From the records that the inspectors observed, they noted that one visit by the quality assurance and practice manager took place in a nine-month period. At the time the centre submitted the CAPA to the inspection service, evidence was forwarded in respect of further visits conducted by the quality and assurance and practice manager. There were four audit visits in a nine-month period.

The audit information from this visit was compiled in letter format from notes taken onsite rather than captured on a set template. These letters did not specify which records were reviewed and there was no clear system for tracking issues identified by them. While the audit identified some areas that needed attention such as the timelines for supervision not being in keeping with service policy, there was an absence of review in terms of the quality of the supervision being provided. The audit did not track the recurring issues for young people, specifically regarding the deficit in clinical application and review of how outcomes are measured. Inspectors requested further documentation from the audit conducted, however was informed by centre management that as information was recorded in note format, they were not available to inspectors. They stated that all information was already included in the letter which was provided to the centre manager following the visit. The quality assurance and practice manager must review the structure and focus for auditing in the centre.

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*

Required Action

- External and centre management must ensure that supervision is taking place in line with the centre's policy and that contracts are on file for all staff. Supervision records for each session conducted must be present on each staff member's file.
- Centre management must ensure that a review of outcomes for young people takes place so as to evaluate the effectiveness of interventions currently in use.
- Centre management must ensure that placement planning is a focus for all staff at supervision. Therapeutic care planning based on the clinical input provided by the service must be evidenced in placement planning for young people.
- External managers must explore alternative methods for adapting the therapeutic analysis into care practice for the staff team. Evaluation of how clinical information is communicated to the staff team must be undertaken.
- External management must ensure that minutes of the monthly manager's meetings are available for inspectors to review.
- The quality assurance and practice manager must review the structure and focus for auditing in the centre so that a clear system is in place for the collation of data. This will ensure that an adequate governance mechanism is in place.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Preparation for leaving care

The placement plans for the young person reflected planning for leaving care. There was an emphasis on independent living skills and these were incorporated into daily plans and various key working sessions for the young person. Although the young person had been disengaging from the staff team, inspectors saw evidence that staff were making attempts to re-engage them in aftercare preparation when they were in the centre. Goals outlined in the placement plan included a focus on living arrangements, financial support, laundry, hygiene, shopping, and cooking skills. There was also evidence of some communication with the young person's aftercare worker and joint strategies discussed for the management of the young person's expectations for leaving care. However, there was no needs assessment or aftercare plan in place to inform these goals and actions. There was recent contact made with the social work department requesting a meeting relating to future planning and options available for the young person. Concern was also expressed by centre management about the young person's anxiety and disengagement from the service.

3.5.2 Practices that met the required standard in some respect only

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Inspectors reviewed care files in relation to one young person in placement at the centre and found that there was sufficient background information about the young person prior to referral. The most recent care plan was on file for the young person; however, there were a substantial number of sections missing from the document. These related to the young person's needs regarding; health, education, emotional and behavioural development, family, social skills, self-care and the child's and the parent's view. The centre manager told inspectors that a completed copy was requested by the centre but that this had not been forthcoming. They said that it could prove difficult to contact the social work department and furthermore, there was no longer a supervising social worker in place for the young person.

The principal social worker, when interviewed by inspectors, stated that they were not aware that a full care plan had not been forwarded to the centre and they would address this immediately. They also stated that they were currently in the process of allocating a social worker for the young person who would be in place in the coming week. They said they realised the negative impact the lack of social work oversight had on the young person and said this deficit would be further addressed when a social work team leader was appointed imminently. The principal social worker said that they did not have any direct contact with the centre and could not comment on how the young person's needs were being met there. Inspectors saw evidence on the young person's care file that a child in care review date had been arranged within the expected timeframes. The social work department with responsibility for the young person must forward a completed copy of the young person's most recent care plan to the centre without delay. A social worker, as a matter of priority must be allocated to the young person.

Emotional and specialist support

Inspectors found from the interviews conducted, a review of care files and from key working sessions that there was inconsistency in the teams' awareness of the emotional and psychological needs of the young person. While there had been therapeutic professional input provided by the service to the staff team, as mentioned above, this was not clearly reflected in the care practices with the young person. Where interventions were implemented on recommendations from one of the professionals, this had not resulted in the required outcomes and no review had been conducted to examine alternative interventions. Key working sessions were irregular and were conversation based only. Furthermore, the young person had frequently withdrawn from these sessions and consequently they were not completed by them.

Staff interviewed by inspectors, found it difficult to identify whether additional specialist supports or assessments had been arranged for the young person by the centre or other agencies. The young person had been attending counselling provided by the service but had recently disengaged from this support. Referral to local mental health agencies had taken place and inspectors saw evidence of the centre appealing the decision by the agency when they refused to provide a service. An occupational therapist assessment had occurred for the young person. Centre management must ensure that the care practices being implemented by the staff team are informed by the recommendations from all professionals involved with the young person. Outcomes should be reviewed regularly so that alternative interventions can be considered where necessary.

Aftercare

There was an aftercare worker assigned for the young person, however, there was no aftercare plan in place. When interviewed, the aftercare worker stated that they were in the process of completing it and the needs assessment was now finalised. This had not been forwarded to the centre. The aftercare worker stated that they had a number of meetings with the young person and that their focus was on accommodation for them with support services in place and an educational placement for them to attend. Funding has been made available by the social work department to support the plan. They stated that while they communicated with staff regarding the plan for the young person's transition to independent living, they were not aware that the young person had a dedicated key worker in place. They said they found that there was a lack of continuity with staff on shift in the centre and consequently they were now engaging with the centre manager only. Inspectors recommend that the young person's keyworker makes links with their aftercare worker in order to provide a structured approach to aftercare planning. The aftercare worker must forward the aftercare plan to the centre management as a matter of priority.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

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

-Part III, Article 17, Records

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The social work department with responsibility for the young person must forward a completed copy of the young person's most recent care plan to the centre without delay.
- A social worker must be allocated to the young person as a matter of priority, by the social work department with responsibility for this matter.
- Centre management must ensure that the care practices being implemented by the staff team are based on the recommendations from all professionals involved with the young person. Outcomes should be reviewed regularly so that alternative interventions can be considered where necessary.
- The aftercare worker must forward the aftercare plan to the centre management as a matter of priority.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>External and centre management must ensure that supervision is taking place in line with the centre's policy and that contracts are on file for all staff. Supervision records for each session conducted must be present on each staff member's file.</p> <p>Centre management must ensure that a review of outcomes for young people takes place so as to evaluate the effectiveness of interventions currently in use.</p>	<p>External and centre management will ensure that supervision is taking place in line with the centre's policy which is every four to six weeks. The contracts will be placed on file for all staff. Supervision records for each session conducted will be present on each staff member's file. This action is being addressed currently and is happening with immediate effect.</p> <p>Centre Management will review the outcomes for the young people and evaluate the effectiveness of the interventions in use. This will be reviewed at the Multi-Disciplinary Team meetings on an ongoing basis. Monthly placement plans and evaluations now clearly identify and measure the interventions outlined by</p>	<p>Supervision will be scheduled and included on the centre's monthly roster to ensure centre management and staff keep within the timeframe of supervision and to help with its planning. Supervision contracts will be completed with all new staff members on the first supervision session commencing employment and will be reviewed annually. Supervision will be routinely audited by senior management and centre management through the centre's internal auditing tools.</p> <p>Outcomes for young people will be reviewed and discussed at multi-disciplinary/team meetings and the effectiveness of these measurable outcomes will be logged in minutes of these meetings. This will be overseen by the Clinical Team. This practice has already begun.</p>

	<p>Centre management must ensure that placement planning is a focus for all staff at supervision. Therapeutic care planning based on the clinical input provided by the service must be discussed for young people.</p> <p>External managers must explore alternative methods for adapting the therapeutic analysis into care practice for the staff team. Evaluation of how clinical information is communicated to the staff team must be undertaken.</p> <p>External management must ensure that minutes of the monthly manager's meetings are available to inspectors to review.</p>	<p>the clinical team. This has commenced as of the last week of June 2019.</p> <p>Centre management will ensure that placement planning is a focus for all staff at supervision. Therapeutic care planning based on the clinical input provided by the service will be discussed for young people. This will be clearly evidenced in the supervision record. This practice has begun since June 2019.</p> <p>A review of multi-disciplinary meetings has taken place and a revised format will be implemented from July 2019. The new format will ensure and evidence that the information from the clinical team is clearly communicated and agreed with the care team. Interventions will be discussed at team meetings and key working meetings.</p> <p>Minutes of the monthly management meetings are recorded and an action plan is devised from this meeting which is shared with the management group. No</p>	<p>Supervision will be reviewed and monitored by centre management and external management to ensure the focus on therapeutic care planning and clinical input is clearly evidenced.</p> <p>The Clinical Team will continue to review its service every six months and will be overseen by the Clinical Manager.</p> <p>Monthly managers meeting minutes are held by external management and must be requested for observation by inspectors.</p>
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	<p>The quality assurance and practice manager must review the structure and focus for auditing in the centre so that a clear system is in place for the collation of data. This will ensure that an adequate governance mechanism is in place.</p>	<p>issues relating to the specific care of young people are discussed at management meetings as these are discussed through the various formats and multi -disciplinary meetings at centre level which are centre specific.</p> <p>The Quality Assurance & Practice Manager will carry out a review of the auditing system in place for the collation of data. To be completed by the 01-09-19.</p>	<p>Following the review any relevant changes will be implemented to the auditing process going forward.</p>
<p>3.5</p>	<p>The social work department with responsibility for the young person must forward a completed copy of the young person's most recent care plan to the centre without delay.</p> <p>A social worker must be allocated to the young person as a matter of priority, by the social work department with responsibility for this matter.</p>	<p>A care plan was forwarded by the social work department to the centre which was also incomplete. The new allocated social worker will develop a comprehensive care plan for the young person from their child in care review which is due to take place on the 1.7.19.</p> <p>A new social work team leader and social worker have been allocated to the young person. This took place on the 10.6.19.</p>	

	<p>Centre management must ensure that the care practices being implemented by the staff team are based on the recommendations from all professionals involved with the young person. Outcomes should be reviewed regularly so that alternative interventions can be considered where necessary.</p> <p>The aftercare worker must forward the aftercare plan to the centre management as a matter of priority.</p>	<p>Centre Management will ensure that care practices being implemented by the staff team are based on recommendations from all professionals involved with the young person. Outcomes for YP will be reviewed twice monthly at team/ multi-disciplinary team meetings and will be clearly recorded and communicated. This is currently being implemented.</p> <p>The aftercare worker has forwarded the aftercare needs assessment to centre management.</p>	<p>Recommendations implemented will be reviewed at team meetings and multi-disciplinary team meetings on an ongoing basis.</p> <p>In place.</p>
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