



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: 2021

Inspection Report

Year:	2021
Name of Organisation:	Fresh Start
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	13th and 14th April 2021
Registration Status:	Registered from the 30th June 2019 to the 30th June 2022
Inspection Team:	Cora Kelly Sharon McLoughlin
Date Report Issued:	25th June 2021

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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 on the 30th June 2007. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 30th June 2019 to the 30th June 2022.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen years on admission on a medium to long term basis. The model of care was described as needs assessment led. There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.1, 4.2, 4.3
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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. Due to the emergence of Covid-19 this review inspection was carried out with a blend of an onsite visit and through a review of documentation and a number of online interviews.

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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 28th April 2021. 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 12th May 2021. 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: 098 without attached conditions from the 30th June 2019 to the 30th June 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Compliance with Regulation

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The registered provider was found to have ensured that practices and initiatives to promote the life health, safety, development and welfare of young people were in place. The inspectors were advised by the operations manager that a review of same was being conducted in conjunction with the overall updating of the organisations operating policies and procedures. This task was expected to be completed by the end of April 2021. The centres statement on health included procedures for the administration of medicine and medical management, no smoking and deliberate self-harm. The statement on care of the young people included information that related to living skills, recreation and leisure policy and diet and nutrition.

It was evident to the inspectors that staff practices promoted and prioritised the physical and mental health and well-being of the young people in placement. This was observed from the review of team meeting minutes, placement plans and the keyworking system in operation. Based on placement plans keyworkers had identified goals and interventions in place for the young people that were tracked and evaluated each month. Keyworking records showed good and continuous support and guidance to the young people in areas such as coping mechanisms, smoking cessation, healthy relationships, safe sex and consent, personal hygiene and food and nutrition. Inspectors found that the level of engagement by the young people during these sessions was good. In line with the goals detailed in the young people's placement plans it was clear that staff in the centre co-operated with other service providers and other statutory and non-statutory agencies to promote the health and development of the young people in placement.

One of the young people who was approaching aftercare informed the inspectors that they liked the food that was cooked and available for them and that they could cook meals with the support of staff if required. In conjunction with their placement plan staff reported that the young person was proficient in managing practical independent living skills but required significant support in managing their emotional and mental health needs. Their social worker confirmed this too and that they were actively working with centre management, staff, aftercare worker and external specialist support services in ensuring support measures were put in place to support their aftercare plans. Regular professional's meetings were occurring and a child in care review with a special focus on aftercare was scheduled to take place shortly after the inspection.

From the review of documentation, it was found that both young people contributed to the weekly food plan and requested items in the bi-weekly shop. A young person and staff in interview advised that wholesome and nutritious meals were provided. An emphasis was placed on staff and young people sharing mealtimes. This was valued as an important way of engaging with the young people and sharing the living space.

The staff team was actively supporting the young people in the completion of tasks relating to the training courses being undertaken by the young people for example developing weekly and daily education plans and goals, assisting the young people with their modular work and liaising with training providers.

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

In line with the centres policy on health both young people had been medically assessed upon their admission to the centre. Documentation relating to their previous medical history was held on their care files. This included information that related to medical, psychiatric, psychology, dental and ophthalmic services. Information relating to immunisations received was absent from the care files. The inspectors observed correspondence to the social workers requesting the young people's immunisation records. General practitioners had been assigned to both young people. Staff supported the young people in scheduling and facilitating lifts to appointments.

In line with the guiding policy staff in interview detailed clearly the procedures in place for the storing and administering of medication. The inspectors observed a

sample of medication management training certificates attained by staff. Both prescribed and over the counter medication was securely stored in a locked cabinet in the locked staff office. Individual medication logs that were in place for the young people were organised well and it was clear to the inspectors that prescribed medication was managed safely. The inspectors noted that one young person had frequently been given over the counter medication within a short period of time, during interview the manager explained the reason for this, however it was not recorded in the medication log the reason for the medication. The inspectors recommend that the reasons staff dispense over the counter medication to young people is clearly recorded in their logs.

It was clear to the inspectors that staff in the centre worked collaboratively with specialist support services to meet the individual needs of both of the young people. Social workers in interview shared similar findings and further that their needs were being met in a stable and predictable environment.

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Both young people were actively engaging with their training courses at the time of the inspection. With the support of the staff team one young person was attending their training online with the second young person having resumed to onsite training upon the lifting of the county bound Covid restrictions. The staff team were supporting the young people to achieve their potential in learning and development through specific education plans that were developed from placement plans. Weekly and daily plans for the young people took account of education and associated tasks. The staff had also established key relationships with education providers in order to promote and maintain regular engagement by the young people. The inspectors reviewed the education folder developed and maintained for the young person completing their training online. Records of work completed since their admission was organised clearly in line with the training modules being undertaken. In addition to education needs being met externally the centre was committed to providing the young people with opportunities that focused on their strengths, interests and abilities.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.1 Standard 4.2 Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

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.

The inspectors found that workforce planning practices undertaken by centre management was child centred and focused on providing safe and effective care and support to the young people residing in the centre. This was evident through the devising of the staff rota, provision of ongoing professional supervision and training and development. Workforce planning was also part of the manager's governance checklist that was completed monthly and forwarded to senior management. In line with the centres statement of purpose and function and the needs of the young people in placement there was an appropriate number of staff employed in the centre. The centre manager and deputy manager had been in post six years with the staff team having been employed in the centre for a significant period of time also. Inclusive of centre management the stable staff team consisted of ten full-time social care workers. Since the last inspection in May 2019 just one experienced and appropriately qualified social care worker had been recruited to the centre. This

continuity of care has ensured that young people in placement had experienced stability in care provided to them.

Deficits were found with regard to the two relief staff assigned by the organisation to the centre. It was found that they were not suitably qualified in a relevant or related field. One of the relief staff was however in the process of attaining a qualification in a related field. However, due to extended leave and studying reasons both were not available to support the staff team at the time of the inspection. The centre manager informed the inspectors that the deficit was not impacting on the staff rota at the time of the inspection. It was evident from the inspector's review of documentation that the centre manager was actively seeking the appointment of a regular relief social care workers. The registered provider must ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types of leave.

In line with policy a number of arrangements were in place that promoted staff retention. These included post-crisis debriefing, training, sickness and pension benefits and staff appraisals. A policy led formal on-call system that included procedures for on-call support at evenings and weekends was in place. Staff in interview clearly described the system in place.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

The centres policy on recruitment and selection that was underpinned by employment legislation was detailed in the policies and procedures document and the organisations employee handbook. The operations manager had overall staff recruitment and selection responsibilities. Safe recruitment procedures included interviews, Garda vetting and verification of references and qualifications. The inspectors found from their review of staff personnel files including the personnel file for the one staff member who was recruited to work in the centre in the last year, that Garda vetting was in line with the National Vetting Bureau (Children's and Vulnerable Person's Act 2012 – 2016) and the Department of Health circular in respect of recruitment and selection of staff to children's residential centres, 1994 and with centre policy.

In interview, through questionnaires and from the inspector's review of a sample of staff personnel files it was evident that staff had written job descriptions and contracts of employment. Staff personnel files were found to have been up-to-date, contained the required information and were held securely. The centre manager had completed management training provided by the organisation and had substantial management experience to meet the aims and objectives of the statement of purpose. Staff in interview clearly described the content contained within the centres code of conduct policy.

The inspectors found that one staff member was not qualified in a relevant or related field as laid out in the Tusla Alternative Care Inspection and Monitoring Service memo, February 2020. However, they had been in post for ten years. The centre manager advised in interview that a discussion had taken place with the staff member but that no concrete plan was in place to support the staff member in securing the appropriate qualification. The registered provider must ensure that staff are employed in compliance with the regulations on staffing as laid out in the Tusla, Alternative Care Inspection and Monitoring Service memo, February 2020.

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.

It was evident to the inspectors that over the course of the inspection process staff in the centre were clear of their roles and responsibilities and had a good understanding of the operating policies and procedures. Child centred, safe and effective care and support practices were identified by the inspector's during their review of centre documentation and staff interviews. Interviews held with social workers, a guardian ad litem, a parent and a young person corroborated these findings.

The staff team was found to have been consistently supported and permitted to exercise their professional judgement during handovers, team meetings, supervision and their input to the young people's placement plans and keyworking system. A culture of learning and development was also evident through the above forums in addition to organisations continuous training programme. The implementation of clinical input provided internally by the organisation and also externally assisted and supported the staff to meet the specific needs of the young people. It was evident from records and through interview that there was good communication amongst the

team regarding the care of young people. A team based approach to working was encouraged at weekly team meetings. Reflective learning was observed at team meetings, daily logs and during supervision. The inspectors found that the team meeting minutes were brief and would benefit from more detailed recording of discussions relating to complaints, significant events, restrictive practices, risk assessments, policies and procedures were not observed. The centre manager must ensure that team meeting minutes are strengthened by recording more detail of actions taken and by whom.

Procedures were in place to protect staff and minimise the risk to their safety. They included, for example, training in a recognised behaviour management programme, the on-call system, individual plans in place for young people, supervision, health and safety statement and risk assessments.

Since the last inspection in May 2019 improvements have been observed in the area of supervision in terms of its frequency and quality. Deficits identified at this time and later by the quality auditor and practice manager were being addressed by centre management at the time of this inspection. The inspectors found that the four-to-six-week frequency of supervision was occurring in line with the supervision policy. The measure of scheduling supervision into the staff roster was supporting this. Supervision responsibilities was held by the centre manager, deputy manager and a member of staff held all of whom were found to have been appropriately qualified. Supervisees had been provided with information on the purpose and function of supervision. Improvements regarding the quality of discussions was observed. There was a good focus on placement planning across the sample of records reviewed by the inspectors. The supervision folder was organised and supervision contracts for all staff were contained within this folder. Supervision records were found to have been signed by both parties. In line with the centre's staff appraisal system the inspectors found that the staff team had been provided with a performance appraisal for 2020 where the records were appropriately signed. An annual appraisal was outstanding for the centre manager. To fully comply with criteria 6.3.8 of the National Standards for Children's Residential Centres, 2018 (HIQA) the operations manager must ensure that this deficit is addressed without delay.

Staff identified in questionnaire the support systems in place to manage the impact of working in the centre. They included supervision, training, team meetings, on-call, individual and group counselling, team-building, team support days, management and staff support and debriefing.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

The organisations HR department was charged with training and development responsibilities. This role included maintaining a training needs analysis for the organisation and centre that tracked renewal and expiration dates for all staff individually and providing the centre manager with the annual training calendar. Information relating to all training for the staff team was clearly scheduled on this calendar. In follow up the centre manager scheduled the training on the staff rota.

The inspectors found that staff were provided with regular training and development opportunities in line with the needs of the young people, the centres statement of purpose and operational policies and procedures. Mandatory training for staff included children first, fire safety, first aid and training in a recognised model of behaviour management was found to have been taken place in line with the annual calendar. Due to the impact of Covid-19 some training had been provided online. The inspectors observed relevant training certificates during their review of staff personnel files. There was a significant delay in internal children first training being completed by one staff member. This was due to them being on leave for periods of time. It was being addressed through the annual training calendar with training scheduled at the end of 2021. However, the inspectors recommend that the centre manager liaises with the HR department to secure training for this staff member as soon as possible. The staff team had been provided with additional specialist training in response to the needs of the young people in placement.

There was a mismatch of information relating to the induction process that was detailed in the centres policies and procedures document and the organisations employee handbook. The operations manager advised the inspectors that the organisation was working towards the development of a formal induction policy in line with the overall updating of the operating policies and procedures document which is expected to be completed by the end of April 2021.

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

Compliance with standards	
Practices met the required standard	None Identified
Practices met the required standard in some respects only	Standard 6.1 Standard 6.2 Standard 6.3 Standard 6.4
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types of leave.
- The registered provider must ensure that staff are employed in compliance with the requirements set out in the Tusla, Alternative Care Inspection and Monitoring Service memo, February 2020.
- The operations manager must ensure that the annual appraisal deficit is addressed without delay.
- The registered provider must ensure that the induction policy is developed in line with the proposed timeframes.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	N/A		
6	<p>The registered provider must ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types of leave.</p> <p>The registered provider must ensure that staff are employed in compliance with the requirements set out in the Tusla, Alternative Care Inspection and Monitoring Service memo, February 2020.</p> <p>The operations manager must ensure that the annual appraisal deficit is addressed without delay.</p> <p>The registered provider must ensure</p>	<p>Suitable applicants are currently being vetted for recruitment selection for relief staff to support the centre. Relief staff will commence as soon as practicable. To be completed by July 31st, 2021.</p> <p>The registered provider will ensure that staff are employed in compliance with the requirements set out in the Tusla, Alternative Care Inspection and Monitoring Service memo, February 2020. Immediate and ongoing.</p> <p>The outstanding annual appraisal for the House Manager was completed on 21st April 2021 and is on file.</p> <p>The induction policy has been developed</p>	<p>Centre management and senior management will monitor the staffing requirements for the centre on an ongoing basis to ensure appropriate staff supports are available and in place.</p> <p>All staff being recruited by the service will follow the requirements set out in the Tusla, Alternative Care Inspection and Monitoring Service Memo, February 2020.</p> <p>Appraisals will be completed annually and will be reviewed by Senior Management to ensure they have occurred.</p> <p>Senior Management will regularly review</p>

	that the induction policy is developed in line with the proposed timeframes.	and requires review by the company's HR Consultant. To be finalised and implemented by May 31 st , 2021.	policies to ensure they remain current and clear.
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