



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Fresh Start
Registered Capacity:	Four Young People
Type of Inspection:	Themed Announced
Date of inspection:	8th and 9th March 2022
Registration Status:	Registered from the 30th of June 2022 to the 30th of June 2025
Inspection Team:	Cora Kelly Catherine Hanly
Date Report Issued:	28th June 2022

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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 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 on the 30th of June 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 the 30th of June 2019 to the 30th of June 2022.

The centre was registered as multi-occupancy for maximum of 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 was one child living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 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 18th of May 2022. 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 3rd of June 2022 and a further document on the 16th of June 2022. This was deemed to be satisfactory, as 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 of June 2022 to the 30th of June 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

The centres complaints policy was last reviewed in 2021. Complaint terminology was updated with issues of dissatisfaction being classed as either notifiable or non-notifiable with both required to be logged in the centre's complaints register. The organisation had a dedicated complaints officer with the centre manager, operations manager and quality assurance and practice manager having specific oversight and monitoring responsibilities. The centres implementation of the policy and procedure required improvement as the inspectors found that staff practices failed to effectively promote the participation of young people in decisions about their lives and listening to what they had to say. Opportunities for young people to contribute to the daily living arrangements in the centre included house meetings, weekly planner, weekly food menu and keyworking. For the young person who had been living in the centre six months at the time of the inspection these forums were not proving effective due to the ongoing struggle by the experienced and stable staff team in developing a rapport with the young person and thus little engagement between the young person and the staff team existed. Staff did provide the young person with weekly newsletters to promote and encourage engagement. Other examples of where the young person was not being listened to were observed by the inspectors from their review of young people's files and information gathered from interviews with staff and senior management. These were addressed with the centre and the operations manager who agreed that the knowledge base of the complaints system by all working in the centre needed to be strengthened.

A culture of openness and transparency within the centre required improvement to include more robust processes for receiving and welcoming feedback, raising issues and complaints from young people and their families. It was outlined in the complaints policy that staff were committed to developing a culture that encouraged and supported staff in listening to young people. In interview with inspector's staff

demonstrated a lack of understanding of what constituted a complaint and did not recognise that the process was about listening to young people and understanding when they were unhappy and not just when they said the word complaint. This consequently resulted in the current young person not being supported to exercise their right to voice their opinion. The inspectors found from the review of the complaints register there was a lack of recording of complaints, as highlighted above, and it was found that complaints were not being recorded consistently. Two non-notifiable complaints had been made since the last inspection of the centre in April 2021, both by the current young person. Records for these complaints and their outcomes were stored in the young person's care file. There was no evidence of the updated complaints policy or of the non-notifiable complaints being discussed at team meetings to ensure learning would be implemented to improve practices. The inspectors did not find evidence of a mechanism for children to provide feedback on the complaints process.

Information relating to complaints was included in the young person's handbook and parents' information booklet. Contact details for the advocacy group, Empowering People in Care was included in addition to a specific area in the centre where details for "Tell us", Tusla's policy governing feedback and complaints was located. Information for the Ombudsman for Children was absent. It was included in the centres complaints policy that complaints forms were available for young people at their request. These forms should be provided at outset of placements, in stamped addressed envelopes for the above-named support bodies and social workers. In interview with the social worker allocated to the young person they felt that the young person had an awareness of how to make a complaint but that they would address it with them during their next visit. There was a lack of complaints forms for parents and professionals/ others.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Senior management must ensure that all staff in the centre have a working knowledge of the complaints system that complies with centre policy.
- The centre manager must promote the engagement of young people and their involvement in decision making processes.
- Senior management must review the current staff team complement and their practices to consider more effective ways of promoting better engagement between the young person and staff team.
- Senior management must conduct a review of all relevant records, to gather information and determine whether there are complaints therein.
- The centre manager must ensure that the complaints policy and any complaints made known to the centre are regularly discussed at team meetings.
- The centre manager must update the young persons booklet to include all contact details for advocacy services.
- The centre manager must ensure that complaints forms are more accessible to young people, not just at their request.
- The centre manager must develop complaints forms for parents/ professionals.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centres safeguarding and child protection policy did not fully comply with the requirements outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. There had been a recent change to safeguarding personnel within the organisation with the centre manager now appointed to the role of designated liaison person (DLP) and the deputy manager as the deputy DLP. Neither had been provided with DLP training nor was there any plan for them to be provided with the specific training. Under Children First: National Guidance for the Protection and Welfare of Children, 2017, it is outlined that DLP's should be knowledgeable about child protection and should be

provided with any training considered necessary to fulfil this role. The need for this specific training to be provided by the organisation is more evident following inspection findings.

Policies relating to reporting procedures, protected disclosures, lone worker, anti-bullying, professional code of conduct and cyber-bullying were contained in the policy document. There was an appropriate child safeguarding statement and a letter of compliance to say it had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. A list of mandated persons was maintained by the centre manager. Staff in interview did not demonstrate a good knowledge of the risks outlined in the statement. Staff had been provided with child protection training that was provided internally by the organisation. There was an additional mandatory requirement that all staff complete the Tusla E-Learning module: Introduction to Children First, 2017. Certificates for these training pieces were viewed by the inspectors.

Improvement was required with respect to centre management and staff's knowledge in recognising and reporting child protection concerns and their awareness of their responsibilities as mandated persons. The inspectors found from their review of the child protection register that there had been no child protection and welfare reports notified to Tusla through the online portal system since the last inspection. The inspectors identified from their review of significant events (SEN) records relating to a former resident that a child protection and welfare report had not been submitted where a child protection concern existed for the current young person. Centre and senior management had not identified the safeguarding deficit. This was a failure to comply with Children First legislation and their own internal policy on child protection and safeguarding.

Inspectors found that the centre was also not operating in compliance with Regulation 16 'Notification of Significant Events' of the 1996 Child Care (Standards in Children's Residential Centres) Regulations. There was a deficit in the reporting of SEN's for the current young person in addition to records for a former young person not being entered into the centre's SEN register. The centre manager completed this task retrospectively following the onsite piece of this inspection. A single SEN was submitted for current young person during the time the former young person resided in the centre despite inspectors being informed in interviews that their safety was compromised and them having witnessed behaviours that threatened their safety and verbal aggression.

It was the inspectors' findings that a mix of factors was preventing the young person from developing self-care and protection skills. A further review of the configuration of the staff team that occurred in early 2022 and greater oversight of staff practices was required so that they can skilfully and sensitively challenge the young person's presenting behaviours to improve engagement to ensure that they are progressing across all areas of need. It was also the inspectors' findings that the experienced and consistently stable staff team should have the necessary skills, training, and experience to do this positively and benefit the young person.

From the review of the young person's care file, it was not evident how they were supported to speak out if they were feeling unsafe or vulnerable. There were no records of keyworking taking place or individual work done to support this.

There was no evidence of the policy on protected disclosures or of any safeguarding policies and procedures discussed or reviewed at team meetings. A good knowledge of protected disclosures was demonstrated by staff in interview.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 3.1

Actions required

- The operations manager must ensure that designated liaison persons for the centre are provided with relevant training to strengthen their knowledge base and ensure they have the requisite knowledge.
- The centre manager must ensure that the staff team are familiar with the content of the centre's child safeguarding statement.
- The operations manager must ensure that all staff are provided with refresher child protection training notably in recognising and reporting child protection and welfare concerns.

- The operations manager and centre manager must conduct a review of the SEN system to ensure it meets regulatory requirements.
- The centre manager must regularly refresh the safeguarding and child protection policies including the protected disclosures policy at team meetings.
- The operations manager and centre manager must consider alternative ways aimed at creating proactive engagement between staff and the young person so they can develop self-care and protection skills.

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.

An administration of medication and medical management policy was in place and staff had been provided with training on the policy. The inspectors viewed a sample of certificates attained by staff. The young person's care records included the required documentation and some assessment reports. As part of the young person's move to the centre they were registered with a local general practitioner. The centre manager was following up on the transfer of medical records to the new doctor. To date the young person had refused to attend appointments with the new doctor. They had also refused to attend both dental and mental health appointments and refused to take prescribed medication. Good records were being maintained regarding medication refusal. In October 2021 a health contact record indicated that staff advised the mental health service of their refusal to take medication. There was no further record in follow up to this to ascertain what course of action should be taken. This must be followed up by the centre with the young person's social worker given the young person's refusal to attend medical appointments.

The inspectors observed neuropsychological and psychological assessment reports on the young person's care file. Some dated back to 2016. During the inspection process the inspectors were informed that a recommendation by the young person's guardian ad litem that a forensic assessment be considered was rejected by the organisations clinical team. It was the inspectors view that previous assessment reports need to be reviewed by the clinical team to see if further assessments are required to determine how best the presenting health and development needs of the young person can be

met. Both the young person's social worker and guardian ad litem advised the inspectors that they had been invited to attend the next clinical team meeting to discuss the young person's care. This is scheduled to take place mid-April.

The organisations clinical team that composed of a consultant child and adolescent psychiatrist and two psychologists held responsibility for developing therapeutic clinical plans to meet the needs of the current young person and guide staff in its implementation. Over the course of the inspection, it was the inspectors' findings that the connection between the clinical team and staff team required improvement. This was an issue that had previously been raised in inspections across this organisation. The records of monthly multidisciplinary meetings minutes failed to reflect what clinicians attended the meetings and actions were not clearly indicated. As staff did not state in interview how clinical input was translated into practice, it was evident that there was a deficit in either the clarity or specificity of direction being given by clinicians or the team's understanding of that input. The inspectors gained some understanding of the most up-to-date clinically led therapeutic plan developed for the young person through interview with the operations manager. In this regard, better leadership, direction, and oversight is required by centre and senior management for overseeing the implementation of care planning processes.

For the young person the inspectors identified that there was a need for an increased focus in meeting their immediate physical health needs including personal hygiene and diet. This plan needs to be clearly accounted for in their placement plan in partnership with clear clinical guidance.

Compliance with regulations	
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 improve their leadership responsibilities and oversight of staff practices in the centre to ensure that clinically led interventions are being implemented and reviewed effectively. The operations manager must demonstrate greater oversight of this.
- The centre manager must devise more robust strategies aimed at meeting the presenting needs of the young person.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	Senior management must ensure that all staff in the centre have a working knowledge of the complaints system that complies with centre policy.	The centre manager reviewed the complaints system with the care team at a team meeting on the 01-06-22. Senior management will further review the complaints system with the care team at their team meeting on the 15-06-22.	Centre manager to ensure that the staff team are up to date and understand any relevant and/or new procedures that are implemented regarding the complaints system. This will be reviewed with staff individually through supervision and at team meetings. The centre manager will ensure that this is adequately recorded on both records. Senior Management will monitor the complaints system within the centre.
	The centre manager must promote the engagement of young people and their involvement in decision making processes.	The centre manager and the staff team continue to make significant progress in the engagement of the young person. This has been implemented through planned key working and the implementation of a suggestion box with feedback forms for the young person's involvement in the decision-making process. Ongoing.	The interventions will be regularly reviewed by the centre manager in consultation with the clinical team and interventions will be updated accordingly to meet the needs of the YP to promote ongoing engagement.

	<p>Senior management must conduct a further review of the current staff team complement and their practices to consider more effective ways of promoting better engagement between the young person and staff team.</p>	<p>A staff analysis and skill mix review took place early 2022 and changes have occurred in the team to best meet and respond to the needs of the young person's placement. The organisations clinical psychologist has had several meetings with the staff team to assist the team in promoting better engagement between the young person and staff team. This will be kept under review at MDT meetings with the clinical team. Immediate and ongoing.</p>	<p>Senior management will monitor the staff team practice of care to ensure effective engagement. This will be completed through MDT meetings and centre audits.</p>
	<p>Senior management must conduct a review of all relevant records, to gather information and determine whether there are complaints therein.</p>	<p>Senior management will conduct a review of all relevant records to gather information and determine whether there are complaints therein. This will be completed by senior management by 30-06-22.</p>	<p>Senior management will monitor centre records to ensure all complaints are captured and recorded appropriately.</p>
	<p>The centre manager must ensure that the complaints policy and any complaints made known to the centre are regularly discussed at team meetings.</p>	<p>The centre manager will ensure that the complaints policy and any complaints are regularly discussed at team meetings. This will be further addressed with the care team by senior management on 15-06-22 at their team meeting.</p>	<p>Complaints are now included as a standing item on the agenda for every team meeting. This will be monitored by the centre and senior management.</p>

	<p>The centre manager must update the young person's booklet to include all contact details for advocacy services.</p> <p>The centre manager must ensure that complaints forms are more accessible to young people, not just at their request.</p> <p>The centre manager must develop complaints forms for parents/ professionals.</p>	<p>The centre manager updated the young person's booklet with details of all advocacy services. Completed on the 20-05-22. Key working session was carried out regarding the centre's complaints procedures, Tell Us and Epic Info leaflet. Completed 12-04-22.</p> <p>Complaint forms have been placed in holders in the communal kitchen area. Complaint forms are also placed in welcome booklet so as the young people have a copy of the complaints form in their bedroom. Key working session was carried out with the young person on the 12-04-22 regarding the complaint's procedure, Tusla Tell Us and Epic Information leaflet.</p> <p>A complaints form was developed and submitted to ACIMS.</p>	<p>The centre manager will ensure the young person's booklet is updated as required and any updates or changes are shared with the young people and staff team.</p> <p>The centre manager will ensure that complaint forms remain accessible to the young people in the centre, not just at their request.</p> <p>A complaints form was developed and submitted to ACIMS.</p>
3	<p>The operations manager must ensure that designated liaison persons for the centre are provided with relevant training to strengthen their knowledge</p>	<p>Training for DLP's has been scheduled for August 25th, 2022, to strengthen the knowledge base for the DLP's for the centre.</p>	<p>All DLP's will be trained and refreshed by 25-08-22 in the role as DLP as required.</p>

	<p>base and ensure they have the requisite knowledge.</p> <p>The centre manager must ensure that the staff team are familiar with the content of the centre's child safeguarding statement.</p> <p>The operations manager must ensure that all staff are provided with refresher child protection training notably in recognising and reporting child protection and welfare concerns.</p> <p>The operations manager and centre manager must conduct a review of the SEN system to ensure it meets regulatory requirements.</p> <p>The centre manager must regularly refresh the safeguarding and child</p>	<p>The Child Safeguarding Statement was reviewed with the care team by the centre manager at team meetings on the 23-03-22 and the 01-06-22. This will be further addressed with the care team by senior management on the 15-07-22 at their team meeting.</p> <p>Refresher training on the recognition and reporting of child protection and welfare concerns will be provided to the care team by senior management. To be completed by 30-06-22.</p> <p>A senior manager and centre manager will conduct a review of the SEN system to ensure it meets the requirements. This will be completed by the 17-06-22. A copy was submitted to ACIMS on 16.06.22.</p> <p>Safeguarding and child protection policies were reviewed with the care team on at the</p>	<p>The centre manager will ensure that any changes to the child safeguarding statement will be reviewed with staff at team meetings.</p> <p>All staff will be refreshed and retrained in child protection training as required. Centre and senior management will maintain oversight of child protection matters for the centre.</p> <p>The SEN system will be kept under review and monitored by the centre manager and senior management.</p> <p>Safeguarding and child protection policies including protected disclosures will be</p>
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	<p>protection policies including the protected disclosures policy at team meetings.</p> <p>The operations manager and centre manager must consider alternative ways aimed at creating proactive engagement between staff and the young person so they can develop self-care and protection skills.</p>	<p>team meeting on the 23-03-22. Protective disclosures will be refreshed with the care team by centre manager on the 15-06-22. Centre manager will ensure child protection policies and protective disclosures are reviewed regularly at team meetings. Immediate and ongoing.</p> <p>The organisations clinical psychologist has had several meetings with the staff team to assist the team in promoting better engagement between the young person and staff team. This will be kept under review at MDT meetings with the clinical team. Immediate and ongoing.</p>	<p>regularly refreshed and will be included on the team meeting agenda as a standing item. This will also be reviewed with staff individually in supervision as required.</p> <p>Engagement between young person and staff team will be reviewed at MDT meetings with the clinical team and care staff.</p>
4	<p>The centre manager must improve their leadership responsibilities and oversight of staff practices in the centre to ensure that clinically led interventions are being implemented and reviewed effectively. The operations manager must demonstrate greater oversight of this too.</p> <p>The centre manager must devise more</p>	<p>The centre manager will improve their leadership within the centre to ensure greater oversight of staff practices in the centre to ensure that clinically led interventions are implemented. This will be monitored by the senior manager and the clinical team. Immediate and ongoing.</p> <p>The centre manager will ensure effective</p>	<p>This will be monitored by senior management and the clinical team. This will also be kept under review through the centre managers professional supervision.</p> <p>Strategies identified to meet the needs of</p>

	robust strategies aimed at meeting the presenting needs of the young person.	strategies are in place to meet the needs of the young person. Strategies will be reviewed with the care team at the monthly MDT meetings to ensure the young person's needs are being met. Immediate and ongoing.	the young person will be identified in the placement plans and will be reviewed on a regular basis in the MDT meetings.
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