



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	099
Year:	2018
Lead inspector:	Eileen Woods

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Fresh Start Ltd
Registered Capacity:	Three young people
Dates of Inspection:	10th, 11th & 12th July 2018
Registration Status:	Registered from 20th September 2016 to 20th September 2019
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	17/08/2018

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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 ongoing 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 at this location in 2013. At the time of this inspection the centre was in their second registration and were in year two of the cycle. The centre was registered without conditions from 20th September 2016 to the 20th September 2019.

The centre's purpose and function was to accommodate three children aged eight to twelve on admission. Their model of care was described as a therapeutic care model.

The inspectors examined standards 1 'purpose and function', 5 'planning for children and young people' selected criteria and 6 'care of young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 10th, 11th & 12th July 2018.

1.2 Methodology

This report is based on a range of inspection techniques including:

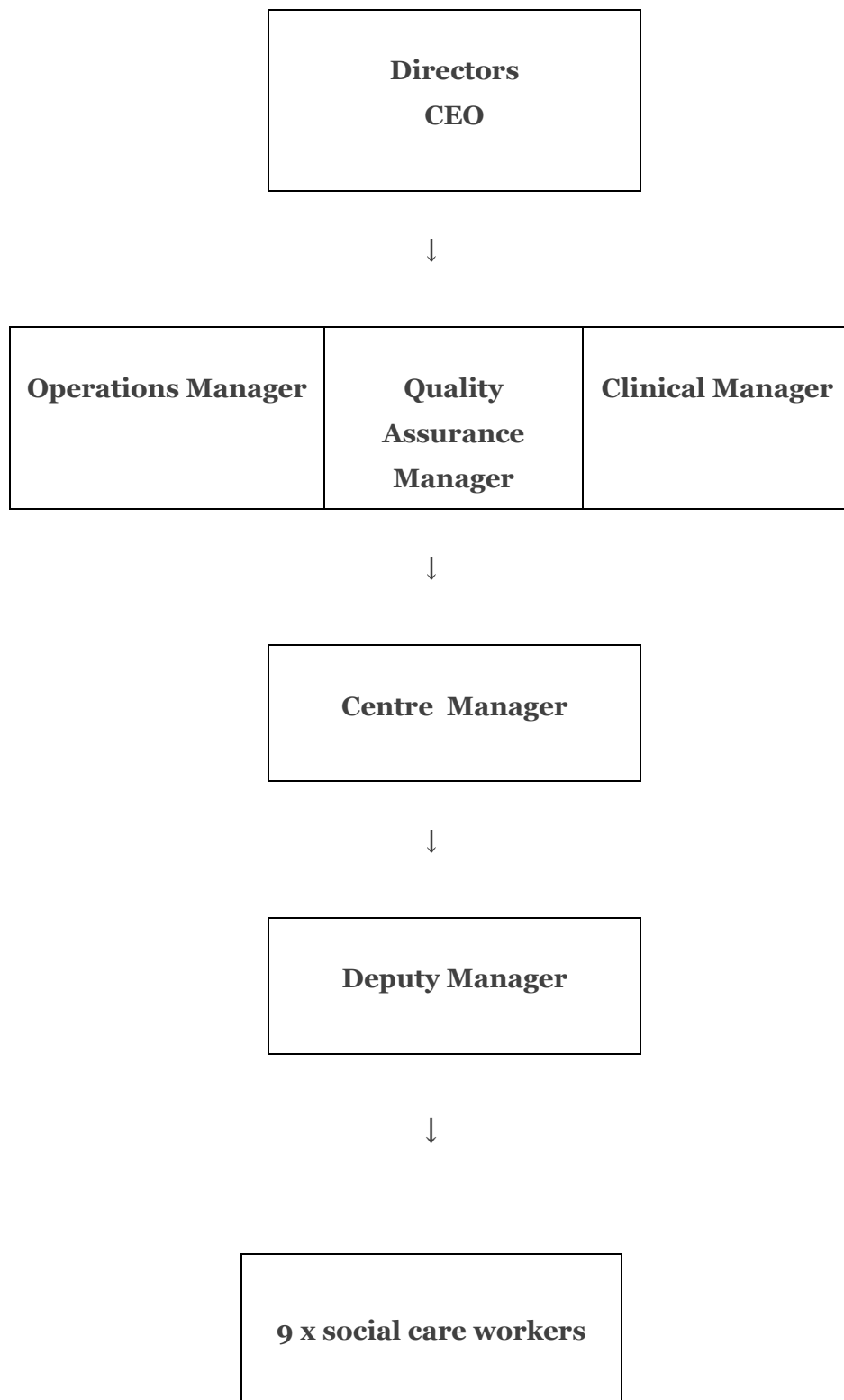
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff including management

- b) The two children residing in the centre
 - c) One of the two social workers with responsibility for young people residing in the centre.
- ◆ An examination of the centre's files and recording processes including:
 - care files
 - clinical meeting records
 - handover and staff meeting books
 - centre registers: young people, consequences, physical interventions
 - young people's meeting book
 - two personnel files
 - ◆ 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) Three social care staff
 - c) The two social workers for the young people
 - d) The lead inspector
 - ◆ Observations of care practice routines and the staff and children's interactions. Observation of a handover and a team meeting.

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, the senior management team and the relevant social work departments on the 25th July 2018. 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 quality assurance manager returned the report with a satisfactory completed action plan (CAPA) on the 31st July 2018 and a revised response on the 15th August 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre 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 continue to register this centre, ID Number: 099 without attached conditions from the 20th September 2016 to 20th September 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

None identified

3.1.2 Practices that met the required standard in some respect only

This centre is a specialised medium to long term service for up to a maximum of three children aged eight to twelve year olds. The centres purpose and function was changed and agreed with the registration and inspection service in November 2017. The centre had been working with this age range on a case by case basis for the preceding three years.

Inspectors were provided with a statement of purpose and function which was up to date, the statement outlined that this is a therapeutic care service. The company had finalised a framework document in January 2017 that expanded on the nature of this therapeutic approach and inspectors found that this had yet to be fully implemented with the staff team at the centre. The centres policies and procedures had been reviewed in January 2018 and staff were inducted into the policies and procedures when employed and when changes take place. The policy document reflects the age group appropriately. Inspectors found that the manager supported and tracked the implementation of the purpose of the centre through handovers, team meetings, the clinical meetings, good communication and constant review.

Inspectors found that the manager, deputy and the staff team were clear as to the service they provided and spoke knowledgeably about how the day to day work realises the therapeutic aims of the statement. The records at the centre supported and reported clearly on how the therapeutic care and progression of the children and young people was prioritised at all times.

3.1.3 Practices that did not meet the required standard

None identified

Required Action

- Senior management must ensure that the framework outlining the model of care for this centre is finalised and shared with staff and relevant parties.

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

Statutory care planning and review

At the time of the inspection there were two children living at the centre, one under twelve and one over twelve. The monthly statutory care planning for the child aged nine was completed in compliance with the national policy on the placement of children aged twelve and under in residential care. The social work department for this child had engaged with additional professionals to provide advice on the ultimate goal of a move to foster care for this child. They had established a guideline timeframe and actions for this. There were copies of the care plan and all monthly reviews on file for this child aside from two months in 2018 and the manager had followed up with the social worker to source these for the file. This child's care planning process paid attention to all the core needs and did so at the child's pace in consultation with the centre and other professionals. Family were also consulted and the social worker outlined that additional efforts are made to try to include family more in the planning processes.

The second young person has been a long term resident at the centre and is now over the age of twelve. Their social worker and team leader had ensured that the care planning and statutory reviews for this young person were up to date. The matter of actions to source a foster family were not robustly outlined in the care plan although all actions at the centre and by the young person were toward that outcome and substantial positive progress had been made. It is essential that the social work

department utilise all resources open to them and set a timeframe for concerted action to achieve this outcome for the young person. Overall this young person's care plans and reviews were detailed and did have actions and persons identified for same, the plans were strong on social, educational and emotional needs.

Both young people were invited and supported to share their wishes in written or verbal form by the social workers and by the team at the centre. Inspectors found that their comments were evident on the statutory care plans and reviews for the younger child in particular. The centre prepares a report for all reviews.

Each of the young people had a core placement plan informed by a needs assessment. A monthly placement plan was then put in place and these were evaluated also on a monthly basis. A six monthly review of the needs assessment and placement plan would then take place. Inspectors found that the placement plans were up to date and had clear therapeutic and practical goals. The plans were individualised and developed at the young person's pace. Progression for the young people was notable over periods of time. The key workers devise weekly plans with the young people and they included plans to achieve the young people's own goals. The plans were found to be detailed, focused and specific to the young person.

The placement plans are reviewed internally by the team and with the clinical team on a monthly basis. A regular meeting forum for key workers and the clinical manager has been proposed, it has existed in different forms throughout 2018. The present plan is that the key workers will meet with the manager or deputy manager of the clinical team to review the key work planning and goals and this is to be two monthly. A review of the underpinning needs assessment will also take place every six months. Staff stated that the key work review meetings attended so far with centre management had generated concrete actions that they then brought back to the team and implemented into weekly plans for the young people. The clinical manager reviews all placement plans and placement plan evaluations monthly also.

The overarching focus of the work for the two children resident at the time of the inspection given the young age upon admission, the complex needs and the amount of time already in residential care, is on moving to a foster family.

Contact with families

The plans for the young people included due consideration of family contact. The social workers both identified specific impediments to regular parental access at this

time but this was kept under review. The team have a role in updating parents where possible and in facilitating sibling access and ex foster family access for the young people. The organisations psychiatrist meets families upon request in support of promoting good therapeutic work and understanding in family access.

Supervision and visiting of young people

The social workers for the children have visited them regularly, have met them elsewhere or had contact by phone. The centre kept a record of some of the contact and joint decisions were made mainly at care plan and review meetings.

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 found that both of the young people had a social worker in place that had completed care planning and review in compliance with the relevant regulations and national policies. The social workers told inspectors that they were kept well informed by the staff and manager about events in the children's lives and that the quality of the reporting and records they received was good. Both outlined their efforts to involve family in the planning processes and that they consulted with the child or young person before meetings and reviews. Both social workers stated that the quality of care delivered at the centre was suitable to their young person and was in fact of a high standard with regard to meeting their needs. The social worker for the child under twelve who has experienced restraint had reviewed those records and stated that strategies to reduce were discussed at the monthly child in care reviews. The social worker for the long term resident stated that the social work team leader was leading on sourcing a foster family for the young person following a nearly successful attempt in late 2017. Inspectors have contacted the social work department to follow up on details of the strategies and planning for foster care for this young person.

Emotional and specialist support

There are two key workers at the centre for each child, they completed planning and oversight that the key working was being completed and that it was meeting the needs identified by the professionals and by the children themselves. Inspectors found that the team had good relationships with the young people and knew them well; the whole team had a role in the work at the centre and acted in a consistent and planned manner.

The organisation has a clinical team which included a clinical nurse manager, a senior psychiatrist, a psychologist, an assistant psychologist, two staff trained in anger management techniques and a TCI specialist. There were monthly clinical team meetings and these were mainly with the psychiatrist only. It was clear to inspectors that the team and the clinical team were partners in informing the care practices at the centre with the children. An action from the previous inspection which had been implemented at the centre was a better reflection of the link between the centre practices and the internal clinical advice. There have been improvements in these records and more planned to take place with the regularisation of the two monthly clinical meetings with the key workers. It is also important that the records of attendees at the clinical meetings are accurate as some persons stated to be there regularly were not listed as attendees.

The team attended a monthly clinical meeting with the psychiatrist who has worked with the organisation and with the team long term. Some of the team have also attended training in attachment separately. Feedback and guidance from the clinical team was recorded in a 'multidisciplinary team meeting record' and the advice was evidenced as integrated into the daily care and support of the young people/children. The psychiatrist's role was described as to place meaning and context on behaviours and events and this was evident on the records and acted upon by staff. A social worker who has attended two such meetings confirmed that this is the case. The result on file was a dynamic planning system that constantly reviewed and put new strategies in place where needed.

Inspectors found that where social workers had organised additional external clinical assessments, sessions or reviews the team worked in co-operation with these parties and integrated their advice and programmes with the relevant young people. One of the social workers stated that they had positive feedback from external professionals on working with the team. Inspectors found that the core planning documents at the centre integrated the internal and external clinical advice to a good standard.

3.5.2 Practices that met the required standard in some respect only

None identified

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 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

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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 9, Access Arrangements

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

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

Inspectors found that the life at the centre was homely but also outward looking with involvement in the community, schools, sports and friendships given prominence for the young people. This was done on an individualised basis at the young people's pace. The children and young people had a weekly meeting with staff and create weekly plans with their key workers. Their personal choices in their clothes, hair and interests were represented well.

The emotional well being of the children and young people was prioritised and actions put in place to support them in the different situations in their lives. For example sensory needs were acted upon through a range of initiatives both inside and outside the centre, with staff taking on specific training to support this. Inspectors found in key work planning that many fun and interesting tips and tools are used suitable to the age group and their individual strengths.

Provision of food and cooking facilities

Inspectors found that meal times are shared at the centre and that the team implemented an awareness of the emotional and other connotations that food and food routines can have for traumatised children. There was evidence that there was healthy options available and that the young people were involved in decisions about foods and options available.

Race, culture, religion, gender and disability

The centre has a policy on anti discrimination, although brief this does set out the values of the centre to be "committed to cherishing all the young people equally". Inspectors found a homely environment at the centre with plenty of evidence of identity being reflected in the house through pictures, maps, scrap books and other initiatives. In the past key working has covered culture and identity; life story work has also been done in the past. Inspectors found respectful and full support of religious choices and special events within this. There was also a respectful reflection of families and previous foster families that formed an important part of the young people's lives.

Managing behaviour

The centre has a policy called ‘care and control’ which outlines some of their behaviour management procedures. The team were familiar with the content of the policy and their knowledge exceeded that which the inspectors found was expressed in the policy. The policy does focus on a positive behavioural approach and notes that behaviour management planning begins from the outset of the placement and that this is constantly reviewed thereafter. Inspectors found that there was proactive planning and a system in place structured around the therapeutic crisis intervention trained approach. This was well supported by the trainers and clinical team from within the organisation. The staff outlined that the goal is to support young people’s learning in how to self regulate and to move on successfully from residential care. Inspectors found that the ICMP’s, individual crisis management plans, the client profiles and placement planning system all supported the learning and reduction in harmful behaviours that were the overarching goals for both young people.

Each young person had an ICMP created and these were reviewed and updated regularly. The inspectors found that the ICMP’s and client profiles were updated following events and routinely on a monthly basis, these formed the core advisory base from the combination of the clinical and team decisions for daily practice. The present policy places details of these documents under the policy on restraint as opposed to the policy on care and control.

A register was maintained of sanctions and this was being overseen by internal and external management. Inspectors found that there was an effort to connect the sanction to the behaviour and that the sanctions were not heavily used or relied upon as a single approach. There was evidence that any consequences were discussed with the children at their meeting, by their key worker and at staff meetings. There was a detailed policy on anti bullying in place and there was no bullying at the centre. The team utilised daily reflective practice time to inform what works – those records reviewed by inspectors highlighted consistency, planning and team work as strengths the manager and staff promote.

Restraint

The centre has a policy on restraint, this overlaps with general behaviour management with a focus on tracking of triggers and reduction in critical events that lead to the use of restraint. Inspectors confirmed that the team are fully trained in a recognised method of restraint. A register of restraints was maintained and all

restraints were notified to relevant professionals including the social work department and the lead inspector for this organisation. The records of restraints were clearly written, promptly reported and responded to by the internal management of the organisation and by the social workers for the young people. The register of restraints had been reviewed by the operations manager and audited by the quality assurance officer for the company. There had been 27 restraints recorded from late February 2018 and these had decreased following a discharge and a programme of intervention to no restraints in June and July.

The social work department for the resident child who had experienced restraints did not have concerns about the restraints, had reviewed the events within the monthly care planning process and had tried to talk to the child about the events. The senior trainer was involved in developing and reviewing all the crisis management plans and following incidents where restraint was used. It was clear to inspectors where interventions had been adjusted and added to within a consistent framework to seek to reduce the use of restraint. The types of restraint that could be used were known by staff and recorded on the ICMP's, the use of life space interviews, a form of debriefing for children following restraints, was implemented following events. There was evidence that emotional support was offered after restraints. Inspectors were not able to gather the children's view of restraints they had experienced but are aware that one child discharged in the preceding months had complained about their experience in this. The centre was awaiting details from the child's social work department in order to be able to address this. The lead inspector for the organisation will be liaising with the management on this matter.

Inspectors found that staff reflected with each other and with management following restraints. Formal review was completed by the manager with the trainers. They utilised 'significant event monitoring forms' and these demonstrated rolling review and adaptation in a consistent and cohesive way to decrease restraints. Where necessary an emergency plan was put in place.

Absence without authority

There has been one brief absence reported since the last inspection, absences have not been a feature of the work at the centre. Both of the young people had absence management plans on file from the joint protocol on children missing from care, these were signed and agreed with their social workers. One plan had been updated since the young person's admission and had specific curfew times but no testing time recorded. The second child did not have an updated absence management plan on

file. Both of these should be reviewed by the manager and brought up to date where indicated.

3.6.2 Practices that met the required standard in some respect only

None identified

3.6.3 Practices that did not meet the required standard

None identified

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	Senior management must ensure that the framework outlining the model of care for this centre is finalised and shared with staff and relevant parties.	This framework document outlining the model of care for the centre was reviewed in July 2018 by the organisation and training provided to the managers and deputy managers on the 26-07-18 by the Clinical Manager. This training will be provided to the team before the end of August 2018.	The management team will regularly review this framework document and the care teams understanding and knowledge of this through team meetings and clinical meeting on an ongoing basis.