



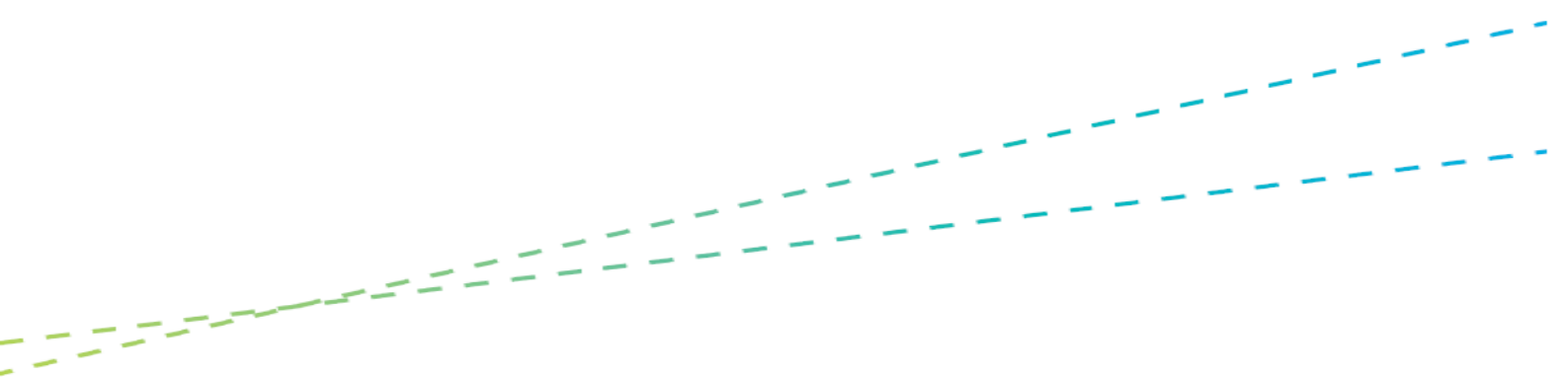
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 099**

**Year: 2019**



## Inspection Report

<b>Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Fresh Start Ltd</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection</b>	<b>9<sup>th</sup> &amp; 16<sup>th</sup> December 2019</b>
<b>Registration Status:</b>	<b>Without attached conditions from 20<sup>th</sup> September 2019 to 20<sup>th</sup> September 2022</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>21<sup>st</sup> April 2020</b>

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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 a follow-up inspection carried out on the 9<sup>th</sup> and 16<sup>th</sup> December 2019 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 20<sup>th</sup> September 2013. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered with attached conditions from 20<sup>th</sup> September 2019 to 20<sup>th</sup> September 2022. The condition being, that the centre cannot admit any further young people for a period of six months from the 12<sup>th</sup> July 2019 to 12<sup>th</sup> January 2020. This condition was reviewed as part of this inspection.

The centre was registered to accommodate three young people of both genders from age eight to twelve years on admission on a medium to long term basis. Their model of care was described as providing a safe, nurturing and caring environment to help bring stability to the lives of young people through having clearly defined expectations and boundaries that are responsive to the needs of young people. There was one child living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following theme and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and also to the relevant social work departments on the 27<sup>th</sup> January 2020. 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 13<sup>th</sup> February 2020. Following a meeting between senior management, the centre manager and the inspection and monitoring service on the 28<sup>th</sup> February, further documentation was submitted and a finalised CAPA was received on the 7<sup>th</sup> April 2020. This was deemed to be satisfactory.

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: 099 without attached conditions from the 20<sup>th</sup> September 2019 to the 20<sup>th</sup> September 2022 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 16

#### Theme 3: Safe Care and Support

#### Standard 3.1

The centre had a child safeguarding policy in place which had been updated in September 2019 as required from the previous inspection. This document was reviewed by inspectors and, while some changes had been made to ensure that it complied with relevant policies as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation, a number of deficits remained. These included procedures relating to code of behaviour, recording of concerns, protected disclosures, signs and symptoms of abuse, retrospective disclosures and the delineation of the mandated persons' role in respect of their statutory obligations as per legislation. The centre had a child safeguarding statement which had been approved by the Tusla Child Safeguarding Statement Compliance Unit. The centre also had a policy in place in respect of bullying and harassment by other children. However, it did not include reference to bullying by staff or people in the centre including visitors. There was a policy in place for dealing with allegations of abuse which included a reference to informing parents or guardians in this respect. A policy was set out in the centre's child safeguarding statement to manage risks regarding online safety for children accessing the internet as per the 'Addendum to Children First: National Guidance for the Protection and Welfare of Children'.

From the training records reviewed, inspectors observed that the centre was arranging child protection training for the staff team and while a number of the newly appointed staff had either been provided with the sessions or it had been scheduled to take place, some had yet to complete the programme. Further, at interview during inspection, staff were unable to identify any of the centre's policies and procedures designed to protect children and they found it difficult to demonstrate knowledge that related to safeguarding practices within the centre. This was despite inspectors seeing evidence that a revision of some of the child safeguarding policies had been delivered at team meetings, which was in response to the last inspection report that identified this requirement.

All of the staff team had completed the Tusla E-Learning module: Introduction to Children First, however they were not fully aware of how to make a report as a mandated person via the web portal. The clinical manager was the designated person for the organisation. The registered provider must ensure that the centre's child safeguarding policy and procedures are updated in line with Children First 2017, accompanying legislation and the National Standards. All staff must be provided with training on the centre's policy including the Child Safeguarding Statement and in the prevention, detection and response to abuse.

Inspectors saw evidence on centre records that in some instances detailed risk assessments were in place that related to particular areas of vulnerability for one child who had recently been discharged from the centre. Staff had worked very well in partnership and managed these risks with the allocated social worker and family to promote their safety and wellbeing. However, in respect of another child, inspectors noted some concerns that related to child safeguarding and safe care that had not been communicated appropriately with the child's social worker, the Child and Family Agency or their family. Further, there was an absence of evidence of individual safeguards put in place or recorded in respect of related risks. These issues will be discussed further under Standard 3.3. Centre management must ensure that the centre works in partnership with children, families and allocated social workers to promote the safety of all children.

From a review of key-working sessions and other direct work recorded on centre files, there were no formal programmes in place to assist children in developing knowledge and skills needed for self-care and protection. Also, there were indications from a review of the complaints processes and child protection procedures that children were not being heard when they spoke about feeling vulnerable and unsafe in respect of inappropriate behaviours from another child in placement and also in relation to staff conduct. As a consequence, there was an absence of risk management plans in place to ensure protection and safety with regard to these vulnerabilities communicated by children themselves. Inspectors reviewed the child protection register and since the last inspection in July 2019, there had been no child protection and welfare reports submitted. There was an absence of policy in the centre relating to protected disclosures. Staff interviewed were unclear if any procedure had been implemented that related to this policy. Centre management must ensure that children in placement are supported to develop knowledge in the area of self-care and protection and that all risks are identified with safeguards put in place to manage these risks where children are vulnerable and need protection. Staff conduct

concerns must be managed as part of the centre's child safeguarding policy and staff must be made aware of the procedures in this regard.

### **Standard 3.2**

Staff had received training in a recognised model of behaviour management and a schedule was in place for refresher training to be completed when needed. The centre had a child-centred policy in place which promoted a positive approach to managing behaviour through encouragement and rewarding children's strengths. It provided information to the staff team on practices to put in place in response to behaviour that may be challenging. It also emphasised the importance of identifying the underlying causes of certain behaviours and highlighted the necessity to assist and support a child in this context. At interview, inspectors found that staff had knowledge and an understanding of how the policy was being implemented through the use of specific interventions and strategies with children. They could name approaches that had been in place with children to address behaviours associated with bullying and harassment.

There was evidence from recent team meeting records of strong practice-based guidance given by the centre manager to staff on how to implement behaviour plans on a day-to-day basis. Further, there was detailed direction in this regard, observed on a number of the multidisciplinary team sessions along with discussions on the impact of these interventions. When interviewed, the child's social worker stated that they were satisfied with the way in which the staff were responding to behavioural challenges presented by the child despite a recent turnover in core staff. Further, they said that because the team had access to specialist advice and other supports that this would raise staff awareness on how to respond and manage challenging behaviours more effectively.

While there had been some key-working in place which assisted the child to manage their own behaviours such as individual work, relating to emotions and peer relationships, these were short in duration and many took place in the car only. The centre manager stated to inspectors that as the child had told staff they did not want to take part in direct key-working, the staff team took opportunities as they arose so they could engage with them, this included time spent on car journeys. There were detailed individual crisis management plans in place and the social work department had provided the centre with sufficient pre-admission information in relation to the referral of the child to the centre.

The auditing system that was in operation at the time of inspection, recorded the total numbers of sanctions, rewards and restraints that took place each month. The organisation's clinical team also monitored the approaches used in the centre regarding managing the behaviours of children in placement. Further, inspectors saw evidence of a new auditing template which was in the process of being introduced to the centre and was based on themes 3 and 5 of the new standards. This process contained a more detailed evaluation method for auditing behaviour management practices. Arrangements were in place for the quality assurance and practice manager, who is external to the centre, to give oversight to the monitoring system currently in use. This report was submitted to them on a monthly basis for review. Inspectors recommend that the registered provider ensures, that the new audit tools in development for use in the centre are implemented without delay and are fully aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).

There was evidence to show that the child in placement had been subjected to restrictive practices. Some of these included, locking the sitting room door so that meals would not be eaten there, locking the pantry door where food was stored and locking the kitchen door during the night. Although two of these practices had been reviewed and subsequently removed, one of them had been in place for a longer period of time without evidence of regular monitoring or consideration of an alternative procedure. Further, inspectors observed that there were a number of instances where the voice of the child had been recorded where these practices were questioned by them. However, these were not responded to as speedily as they should and the child had not been encouraged to make a complaint in this regard. When interviewed, there was confusion amongst the staff team in relation to which restrictive procedures were currently in operation in the centre and a number of staff were not aware whether some had been removed or not. Inspectors saw evidence that a restrictive practice register was being introduced to the centre at the time of inspection. The centre manager should ensure that this is implemented in full as a matter of priority.

### **Standard 3.3**

Children's meetings were in operation in the centre and there was an allocated key – working system in place. Although the inspectors saw some evidence where the residents were encouraged at these meetings to speak to a member of the staff team if they had any issues in relation to living in the centre, as mentioned earlier, there were deficits in responding to these in a timely and appropriate way. As a consequence, there were delays in review of the issues and improvement to practice in this regard.

Where a number of specific safety concerns were being communicated by children, there was little evidence to show that they were being responded to by the centre in a way that managed the risk so as to maximise the safety of the children. The centre manager must ensure that any issues, concerns or incidents that are raised by children, must be responded to as a matter of priority and in line with the centre's own policies and procedures and practices in this regard.

There was no formal mechanism in place at the time of inspection in the centre for significant people in children's lives such as parents or allocated social workers to provide feedback and identify areas for improvement. The registered provider must ensure that there is a formal system in place to allow for this feedback in order to make improvements to practice.

The centre had a system for reporting significant events (SENs) to appropriate people including professionals; however, there was evidence to show that there were specific deficits in its operation in relation to the tracking of child safeguarding concerns and serious complaints. The SENs regarding child safety concerns were not documented as such on the template used by the centre and the forms completed by the staff team had not accurately recorded the specific nature of the incidents which would have alerted recipients to the seriousness of their content. Further, these incidents had not been reported in line with the centre's child safeguarding policy nor had advice or guidance been sought in a timely way from the allocated social workers regarding the processing of the serious issues or the management and mitigation of the risks and concerns for the children in placement. As mentioned above under 3.1, there were some issues observed by inspectors on centre records that related to concerns about staff conduct, however these incidents were not notified as significant events and neither was there evidence to show that they had been managed as part of the centre's child safeguarding system. Appropriate notification of incidents had been a requirement for improvement in the most recent inspection report also.

A review of significant events was held at the monthly multi-disciplinary team meetings; however, inspectors did not observe a record of any discussions of the serious incidents that took place regarding the issues already outlined. From the previous inspection, a review of the complaints' system within the centre had been required as an action to be completed and the findings were to be shared with the relevant professions. However, the review conducted, was not in written format and the findings were not shared, further, there was an absence of learning used by the centre to inform the development of best practice in this regard. Centre management must ensure that all significant events are reported, recorded appropriately and

reviewed in a timely manner, in line with regulatory requirements, and local and national policies and procedures. Feedback from reviews must be shared with the team for learning purposes.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 16</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2 Standard 3.3</b>

### **Actions required**

- The registered provider must ensure that the centre’s child safeguarding policy and procedures, including bullying and protected disclosures, are updated in line with Children First: National Guidance for the Protection and Welfare of Children 2017, accompanying legislation and the National Standards for Children’s Residential Centres, 2018 (HIQA).
- The centre manager must ensure that all staff are provided with training on the centre’s child safeguarding policy including the Child Safeguarding Statement and in the prevention, detection and response to abuse.
- Centre management must ensure that the centre works in partnership with children, families and allocated social workers to promote the safety of all children.
- Centre management must ensure that all children in placement are supported to develop knowledge in the area of self-care and protection and that all risks are identified with safeguards put in place to manage these risks where children are vulnerable and need protection.
- Centre management must ensure that staff-conduct concerns are managed as part of the centre’s child safeguarding policy and staff must be made aware of the procedures in this regard.
- The centre manager must ensure that where restrictive practices are in place that there is evidence that they have been assessed, reviewed and monitored as being required. They should be used for the shortest duration necessary and responded to as speedily as possible when they are questioned by children in placement.

- The centre manager must ensure that any issues, concerns or incidents that are raised by children, must be responded to as a matter of priority and in line with the centre's own policies and procedures and practices in this regard.
- The registered provider must ensure that there is a formal system in place to allow for significant people in children's lives such as parents or allocated social workers to provide feedback in order to make improvements to practice.
- Centre management must ensure that all significant events are reported, recorded appropriately and reviewed in a timely manner, in line with regulatory requirements, and local and national policies and procedures. Feedback from reviews must be shared with the team for learning purposes.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3</b></p>	<p>The registered provider must ensure that the centre’s child safeguarding policy and procedures, including bullying and protected disclosures, are updated in line with Children First 2017, accompanying legislation and the National Standards for Children’s Residential Centres, 2018 (HIQA).</p> <p>The centre manager must ensure that all staff are provided with training on the centre’s child safeguarding policy including the Child Safeguarding Statement and in the prevention, detection and response to abuse.</p> <p>Centre management must ensure that the centre works in partnership with children, families and allocated social workers to promote the safety of all</p>	<p>The centre’s child safeguarding policy has been updated in line with Children’s First 2017, accompanying legislation and the National Standards for Children’s Residential Centres, 2018. Completed on the 12-02-20.</p> <p>The child safeguarding statement and Child safeguarding policy will be reviewed regularly at team meetings and refreshed on an ongoing basis with the care team. Completed by February 2020.</p> <p>The centre management will ensure that they continue to work consistently in partnership with children, families and allocated social workers to promote the</p>	<p>The registered provider will ensure that the centre’s safeguarding and child protection policy is reviewed annually or as required so that it is in line with statutory requirements.</p> <p>The centre manager will ensure that all staff attend regular and ongoing training on the centre’s child safeguarding policy including the Child Safeguarding Statement.</p> <p>The working relationship with children, families and allocated social workers will be subject to oversight and review from centre management.</p>



	<p>children.</p> <p>Centre management must ensure that all children in placement are supported to develop knowledge in the area of self-care and protection and that all risks are identified with safeguards put in place to manage these risks where children are vulnerable and need protection.</p> <p>Centre management must ensure that staff-conduct concerns are managed as part of the centre’s child safeguarding policy and staff must be made aware of the procedures in this regard.</p> <p>The centre manager must ensure that where restrictive practices are in place that there is evidence that they have been assessed, reviewed and monitored</p>	<p>safety of children and this will be documented in the young people’s care files. Implemented in January 2020.</p> <p>A programme of key-working with planned agenda items has been developed and will be set out in the keyworker meetings prior to key-working sessions occurring. Implemented February 2020.</p> <p>Centre management will ensure that all staff-conduct concerns are managed as part of the centre’s child safeguarding policy and staff will be made aware of the procedures in this regard. Care staff will be made aware of this at the team meeting on 20<sup>th</sup> March 2020.</p> <p>The restrictive practices will remain as agenda items for the team meetings where they will be reviewed on an ongoing basis with the care team, as per the National</p>	<p>The centre management will oversee and review the key-working and the planning of key-working sessions with staff providing the key-working within the centre.</p> <p>Centre Management and Senior management will monitor staff conduct concerns and ensure that all relevant issues are addressed through the centre’s child safe guarding policy.</p> <p>The centre management will oversee and regularly review the centres restrictive practices as a standing agenda item at Team Meetings.</p>
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	<p>as being required. They should be used for the shortest duration necessary and responded to as speedily as possible when they are questioned by children in placement.</p> <p>The centre manager must ensure that any issues, concerns or incidents that are raised by children, must be responded to as a matter of priority and in line with the centre's own policies and procedures and practices in this regard.</p> <p>The registered provider must ensure that there is a formal system in place to allow for significant people in children's lives such as parents or allocated social workers to provide feedback in order to make improvements to practice.</p>	<p>Standards for Children's Residential Centres, 2018.</p> <p>Centre management will ensure that issues, concerns or incidents raised by the children will be responded to as a matter of priority and the outcome recorded which will include feedback to the young person.</p> <p>Within the Parental Booklet is an open invitation for feedback at any time. Social Workers also review the young people's care files and can provided feedback and comment on any issues. The registered provider will review the current mechanisms in place and will provide a more formal review mechanism to comply with the National Standards. To be completed by March 31<sup>st</sup> 2020.</p>	<p>Centre management and senior management will continuously monitor the response to issues raised by the children to ensure they are responded to appropriately and addressed in a timely manner.</p> <p>Revised mechanisms for feedback will be fully implemented across the organisation once completed.</p>
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	<p>Centre management must ensure that all significant events are reported, recorded appropriately and reviewed in a timely manner, in line with regulatory requirements, and local and national policies and procedures. Feedback from reviews must be shared with the team for learning purposes.</p>	<p>Centre management will ensure that all significant events are reported, recorded appropriately and reviewed in a timely manner, in line with regulatory requirements, and local and national policies and procedures. Feedback from reviews will be shared with the team for learning purposes.</p>	<p>The Clinical Manager will maintain oversight of SEN's and ensure that they are reported, recorded and appropriately reviewed. Feedback from reviews will be shared with the care team for learning purposes.</p>
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