



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 124

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Fresh Start
Registered Capacity:	Three young people
Type of Inspection:	Unannounced
Date of inspection:	2nd & 3rd October 2023
Registration Status:	Registered from 22nd December 2022 to the 22nd December 2025
Inspection Team:	Paschal McMahon Joanne Cogley
Date Report Issued:	19th December 2023

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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 in December 2016. 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 without attached conditions from the 22nd of December 2022 to the 22nd of December 2025.

The centre was registered to provide medium to long-term residential care for three young people aged thirteen to seventeen years on admission. 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 were three young people living in the centre at the time of the inspection. One young person was placed outside of the centre's purpose and function and a derogation had been approved from the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Effective Care and Support	3.2
4: Health Wellbeing and Development	4.3
6: Responsive Workforce	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. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, parents, 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 relevant social work departments on the 28th November 2023. 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 5th December 2023. The CAPA returned was used to inform the registration decision. 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: 124 without attached conditions from the 22nd of December 2022 to the 22nd of December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Inspectors found from a review of centre records and interviews that there was a positive approach to managing behaviour. The centre had a number of policies in place including a “positive behaviour support policy” to guide staff in the management of behaviour that challenges. The centre’s model of care was described as a needs assessment model which was based on a number of therapeutic approaches including the trauma model of care and attachment theory. In interview the centre manager and some staff did not demonstrate a clear understanding of the model, and this should be refreshed with the team. The centre manager in particular must ensure that they have a clear understanding of the model of care to lead the team in its implementation.

All of the staff team had received training in an approved model of behaviour management and there was evidence of regular refresher training take place. There were a number of documents that provided guidance for staff in the management of behaviour including, risk assessments, individual crisis support plans and absence management plans. Inspectors noted that the absence management plans on file for two of the young people were being reviewed on a three monthly basis as opposed to monthly in accordance with *Children Missing from Care: A Joint Protocol Between An Garda Síochána and the Health Service Executive*. There were appropriate responses relating to absences with strategy meetings taking place as required. In one case a family welfare conference was held for a young person at which the centre management advocated for the young person to have increased family visits and this subsequently reduced the number of reported missing in care incidents.

At the time of inspection, the managers and several of the staff had worked in the centre for a number of years providing the young people with a level of stability and consistency of care. They had developed positive relationships with the young people and demonstrated an ability to manage and respond to behaviours that challenge. All

of the young people who met with inspectors and completed questionnaires stated that they were well cared for in the centre.

It was evident from a review of sanction records that the team did not rely on sanctions or negative consequences to manage difficult behaviour. There was a focus instead on reinforcing positive behaviour with a lot of emphasis on praise. In cases where sanctions were required these were primarily natural consequences related to the behaviour.

There were systems in place to monitor and safeguard young people's online activity and there were no reported concerns in relation to inappropriate online behaviour at the time of inspection. The centre also had two "no technology days" in the week for the two younger residents when they had no access to their electronic devices and the centre is to be commended for this approach.

There was a clinical team in place to support the centre which included a clinical manager, psychologists, behaviour management trainers and a consultant psychiatrist. They met with the team on a regular basis providing them with clinical guidance and support to assist them in understanding and managing the young people's needs and behaviours. Both staff and management stated that the multi-disciplinary meetings provided them with good guidance and approaches in working with the young people. Inspectors noted that the minutes on the multi-disciplinary meetings on file did not record the names of the attendees and this should be noted going forward. There was evidence that staff were attuned to the young people's mental health needs and appropriate supports were put in place as required. While there were negative interactions between two of the young people on occasion, this was more akin to sibling rivalry and there was no evidence of bullying taking place.

At the time of inspection one young person was not engaging in their day programme and spending substantial periods of time in their room. Inspectors found limited reference in the young person's placement plan and in the minutes of the team meetings, multi-disciplinary meetings outlining strategies and approaches to working with the young person to address these concerns. An inspector also attended a daily staff handover during the inspection and observed that there was no clear day plan in place for the young person. In interviews the young person's allocated social worker and Guardian Ad litem informed inspectors that the young person had a long history of non-engagement with the services. They were satisfied that the centre was making efforts to engage the young person and regular professional's meetings had taken place to review the young person's care. Inspectors recommend that the centre

manager ensures that the young person's placement plan and supporting documentation is reviewed to ensure that there are clear strategies and approaches outlined in relation to encouraging the young person to spend less time in their room and engage in a daily routine.

Inspectors noted that the recording of key working could be improved to reflect the work the team was undertaking with the young people. The inspectors reviewed key working records on file and found that there was limited key working recorded in relation to behaviour management for all of the young people. In interviews staff reported that a lot of this work was informal and had become the norm and wasn't always recorded. Allocated social workers and Guardian ad Litem's interviewed were satisfied that the centre was doing individual work with the young people, and they were notified of this in significant conversation records, significant event reports and other reports forwarded to them. All professionals were satisfied that young people's behaviour was well managed and commented on the high standard of care provided and the level of commitment shown to the young people by the managers and staff team. Young people who met with inspectors also confirmed that that staff supported them in managing their behaviour.

Inspectors reviewed the centres significant event register and noted that there was not a high level of significant events on file in the year prior to inspection. Inspectors reviewed a sample of significant events on file and found that they were well managed with good oversight from centre management commenting on the quality of interventions and approaches and identifying any follow up actions. There was evidence in life space interviews following incidents that staff had an understanding of the underlying causes of the young people's behaviour and were making efforts to assist them in self-regulation and supporting them to manage their own behaviour. Significant events were also reviewed at team and multi-disciplinary meetings. Issues in relation to the young people's behaviour were also discussed occasionally at young people's meetings.

The centres approach to managing behaviour was monitored by the organisations quality assurance manager who was notified off all incidents of challenging behaviour in a monthly governance report. The most recent audit report on file for August 2023 was reviewed by inspectors and the action plan to address identified deficits had been implemented.

The centre had a restrictive procedures policy. There were a number of identified restrictive practices in place in the centre that had corresponding risk assessments

which were subject to regular review. Inspectors found that there were some measures recorded which were not restrictive practices. These included young people not having access to medication and their private and confidential information stored on their care files. These measures were in accordance with the centres policies on medication and access to information and are not restrictive practices.

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	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that young people's absence management plans are reviewed on a monthly in accordance with *Children Missing from Care: A Joint Protocol Between An Garda Síochána and the Health Service*.
- The centre manager must ensure that one young person's placement plan and supporting documentation is reviewed to ensure that there are clear strategies and approaches outlined in relation to encouraging the young person to spend less time in their room and engage in a daily routine.
- The centre manager must review the restrictive practices in place to ensure that they meet the criteria outlined in the centre policy.

Theme 4: Health, Wellbeing and Development

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

Inspectors were satisfied based on a review of care files and interviews that young people were supported to achieve their potential in learning and development. All of the young people had access to educational and training programmes. At the time of inspection two of the young people were attending their school placements, both of whom were making good progress and there were no issues with attendance. The two

young people met with inspectors during the inspection and confirmed that they were supported in terms of their education.

The third young person in placement had a history of low engagement in education prior to admission and was not attending their educational programme at the time of inspection. The young person's social worker and Guardian ad Litem informed inspectors that they had met with the centre management on numerous occasions to review the young person's educational progress and a number of educational opportunities had been made available to them. Both the social worker and the Guardian ad Litem were satisfied that the centre were making every effort to engage the young person in education. As highlighted previously the centres placement plan must be amended to reflect the strategies and approaches being made by staff to engage the young person in their daily routine including education.

It was evident from a review of care files that the centre maintained close communication with teachers and course coordinators. The centre management advocated for the young people and made efforts to ensure they had the necessary supports. When issues arose, they met with the schools to support them in addressing any issues of concern. This included providing the school with a behaviour support plan to assist them in managing one young person's behaviour. In addition, this young person's social worker and the organisations psychologist also attended meetings with the school to provide additional guidance and support.

When young people were admitted, attempts were made to maintain them in their school placements and one young person remained in the school they attended prior to admission. One young person was due to move on to post primary education in the coming year and there was evidence of significant planning by the centre in terms of accessing a suitable placement. The centre had also linked in with the local special education needs officer to assist in this process.

Inspectors found that there were educational records on file including school reports and certificates of achievement. This included assessment reports along with records of efforts made to access appropriate supports and services based on the young people's needs. One of the young people had an educational assessment concluded prior to the inspection and recommendations of this report will need to be implemented going forward.

Within the centre there was adequate space for young people to complete their homework and there were appropriate educational resources available to them. The

young people were encouraged and participated in art and other creative and sporting activities in the centre and in the community.

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

Regulation 7: Staffing

Theme 6: Responsive Workforce

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

Inspectors were informed that all staff with the exception of the two mostly recently recruited staff had received the required mandatory training. Inspectors were provided with training dates for these two staff members to complete their training. Training certificates for the centre were maintained in staff personnel in the organisations head office. Inspectors were satisfied after receiving copies of training certificates and additional information post inspection that all staff had received the required mandatory training.

The centre had a training schedule in place and staff in interview were aware of their upcoming training. Where certification was about to expire, dates were scheduled for refreshers to take place. In the period prior to inspection the staff had received training on child sexual exploitation, ergonomics and supervisee training. The centre manager had attended critical incident stress management training and the organisations psychologist had also provided additional training to the staff team.

Inspectors found that while there were additional training opportunities available for staff, this was limited, and the majority of this training was online. Prior to the

inspection the regional manager had requested the centre conduct a training needs assessment to identify specific training needs in relation to the current young people in placement. Staff interviewed confirmed that training was discussed in their supervision and in team meetings. One staff member interviewed had been given the opportunity to take up a training role within the service in providing other staff with some of their mandatory training.

The centre had a formal induction process in place. This included a day in the organisations head office and a centre specific component. There was written evidence of induction on personnel files and staff members interviewed as part of the inspection process confirmed they had received both an organisational and house specific induction.

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

Compliance with standards	
Practices met the required standard	Standard 6.4
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager must ensure that young people's absence management plans are reviewed on a monthly in accordance with <i>Children Missing from Care: A Joint Protocol Between An Garda Síochána and the Health Service</i>.</p> <p>The centre manager must ensure that one young person's placement plan and supporting documentation is reviewed to ensure that there are clear strategies and approaches outlined in relation to encouraging the young person to spend less time in their room and engage in a daily routine.</p>	<p>Completed on the 01/11/23 by centre manager. Absent management plans will be reviewed monthly by centre management with immediate effect.</p> <p>The centre manager and care team have included clear strategies in the young person's placement plan to encourage this young person to spend less time in their room and become more engaged in a daily plan. With immediate effect. The care team to seek work experience for the young person in order to build self-confidence, with the long-term goal of getting a part time job. House meeting will be completed with young person on 11/12/2023. This will be an opportunity to</p>	<p>Absent management plans are scheduled to be reviewed monthly by centre management and the date of review will be included in the centre's monthly governance audits.</p> <p>Young person will continue to be offered activities and outings with the care team on a weekly basis. Young person's placement plan and strategies for engagement outside of their room to be reviewed at every multi-disciplinary team meeting and team meeting.</p>

	The centre manager must review the restrictive practices in place to ensure that they meet the criteria outlined in the centre policy.	<p>receive input from the young person on goals and expectations within their placement.</p> <p>Completed on 01/11/23. The centre manager has reviewed the restrictive procedures in place and all restrictive procedures meet the criteria outlined in the policies and procedures.</p>	Restrictive procedures to be reviewed at monthly team meetings to ensure they are meeting the criteria outlined in the centres policies and procedures.
4	N/A		
6	N/A		