



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Fresh Start
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	26th, 27th & 28th September 2022
Registration Status:	Registered from 22nd December 2022 to the 22nd December 2025
Inspection Team:	Sinead Tierney Joanne Cogley Ciara Nangle
Date Report Issued:	19th December 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 in December 2016. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from the 22nd of December 2019 to the 22nd of December 2022.

The centre was registered to provide medium to long-term residential care for three children 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 child 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
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.3
3: Safe Care and Support	3.1

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 to the relevant social work departments on the 1st of November 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 11th of November. 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 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.

At the time of inspection, three young people were living in the centre. One young person met directly with inspectors, one wrote a letter, and one was supported by the team to complete a questionnaire. All young people spoke of being happy within the centre, felt listened to and supported.

Inspectors spoke with one parent directly and one parent provided feedback via the team. Social workers for all young people were interviewed and their feedback is incorporated throughout.

On admission to the centre, a booklet was available for young people and parents. These booklets outlined information on young people's rights and how to complain. They had been updated to reflect the new organisational structure and information on Tusla's *Tell Us* Complaints and Feedback Procedure. Information regarding Empowering Young People in Care (EPIC) was available to the young people and an advocate from EPIC had recently visited the centre.

It was clear from the inspection process that a child-centred approach was in place. This approach was supported by a range of policies on young people's rights, diversity, and inclusion in their care. The right of the young people to be listened to and participate in decisions about their lives was recognised. There was a good focus on developing trusting relationships and supporting young people to participate in an age-appropriate way. Social workers were satisfied that the voices of young people were promoted, and the team were strong advocates.

Structures were in place that created a space for young people to raise any topics they wished. Individual meetings with young people took place weekly with details consistently discussed at team meetings.

One young person's use of these meetings was very limited, and inspectors recommend that the team reflect with the young person if this structure worked for them. Whilst the areas for discussion were led by the young people, there was room for improvement in how the space was utilised to ensure that young people were informed of their rights, responsibilities and have general input into decisions affecting the running the centre.

The centre had a complaints policy and procedure in place. This outlined two tiers of complaints: notifiable and non-notifiable. Non-notifiable complaints were defined as those that the team could promptly resolve with the young person. Social workers and parents were subsequently verbally informed by the centre manager. Where the team could not appropriately address the complaint, it was sent to the centre manager and a determination made if it met the threshold for a notifiable complaint. During interview with team members, inspectors were not satisfied that there was a common understanding of what types of complaints met the threshold for a notifiable complaint. Inspectors were informed by the regional manager that based on inspection feedback in another centre within the organisation, this was being addressed to ensure that the threshold was in place, commonly understood and written into the complaints procedure.

A review of complaints showed that four non-notifiable complaints were made in 2022 and zero notifiable. These complaints were made by one parent, and by the team on behalf of young people following dissatisfactions raised at the house meetings. Inspectors found that the nature of the young people's complaints was such that they could be addressed by the team and were appropriately classified as non-notifiable. The parent utilised Tusla's *Tell Us* Procedure to submit their complaint. Whilst they submitted it directly to Tusla, the resolution took place in conjunction with the centre. During interview with this parent, they were satisfied that the centre manager resolved their concern in a timely manner.

The resolution process and outcome of each of the above complaints was clearly documented, including if the young person was satisfied. The centre manager maintained a complaints register however some details such as the final outcome or if the complaint was upheld or not were not entered and therefore requires updating. One complaint regarding internet access made in March 2022 was closed and the young person informed that conversations on internet safety would have to occur before their wider internet access was granted. However, at the time of inspection, keyworking or conversations were not taking place to the extent that would progress this resolution plan.

Social workers interviewed confirmed they were notified in a timely manner of complaints and were satisfied that the management and resolution process was child centred. The parent interviewed confirmed they were kept up to date on their child's progress however raised some concerns regarding their child's physical health and the arrangements in place to see their child. This information was discussed by inspectors with the supervising social worker. A second parent provided indirect feedback that they were happy with the quality of care provided.

Individual complaints were discussed at team meetings and quantitative data provided in monthly governance reports to senior management. The quality assurance manager had signed the complaint register. Aside from the quantitative data gathered, there had been no audit or overall review of complaint trends, patterns, or effectiveness in the previous two years. The absence of this audit meant that no feedback from the young people on the procedure or the effectiveness from their perspective was gathered.

Overall, the inspection highlighted that many child-centred practices were in place within the centre and the young people's voices were valued. The wider organisation was taking steps to strengthen procedures based on learning from other inspections.

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

- The centre manager must ensure that the complaints register is fully complete.
- The centre manager must ensure that the action plan put in place with one young person in resolving their complaint is followed through.

- The registered provider in conjunction with the quality assurance manager must ensure that a review and analysis of complaints for trends and learning purposes is regularly scheduled.

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

On visiting the centre, inspectors found it to be spacious, homely, clean and the layout was appropriate to provide safe and effective care for the young people. Policies and procedures were in place relevant to providing a safe environment and adhering to legislative requirements. Personalised pictures of the young people were on display, and they were involved in decorating the centre. A sensory room was available to young people and this area was utilised for therapeutic work with the organisational psychologist. There was adequate space for indoor and outdoor recreational activities. The outside area was well maintained with opportunities for play appropriate to the needs of the children. Garden activities were subject to risk assessments and had control measures in place. The young people also maintained a vegetable patch and one young person took great pride in talking about this with inspectors.

Each young person had their own bedroom, and these were viewed by inspectors. The bedrooms were well decorated to each young person's interests, with ample toys and storage for their belongings. It was evident from records reviewed that bedrooms were re-decorated regularly in accordance with the young people's wishes and available resources. One young person's bedroom was a place of safety for them, and this was respected by the team alongside encouraging them to use the common areas.

In adhering to fire safety legislation, contracts were in place with an external fire company for the maintenance of fire equipment and emergency lighting. Certificates

were on file that they had been checked regularly and there was evidence of frequent fire drills both during daylight and hours of darkness.

A centre specific safety statement dated June 2022 was in place. The safety statement was detailed and outlined legislative responsibilities for both the employer, employees and the role of an external health and safety consultant that completed an audit on the centre in September 2022. All team members had signed the statement.

The safety statement was accompanied by a risk assessment that was completed by the quality assurance manager in consultation with the centre manager. Although the risk assessment considered a range of hazards, it did not identify or assess that all the fire extinguishers were kept in either the staff office or the staff bedroom. A separate risk assessment was in place however this assessment considered the risk of the extinguishers being used as weapons rather than the risk of them not being immediately accessible to the team in the event of a fire and the potential for serious harm as a result. The centre manager informed inspectors that the fire extinguishers had been placed in the office and bedroom for three years with reviews every six months. This was due to a previous young person who no longer lived in the centre using them as a weapon. The team further believed that a current resident may use them as such even though there had been no opportunity for them to do so. A review of this young person's behaviours as recorded on significant events notifications showed that whilst they had thrown objects when escalated these objects were often small in nature and within easy reach. Inspectors found that the rationale provided was not robust enough to warrant this ongoing practice and the centre manager must plan for the gradual re-entry of the fire extinguishers in designated places within the centre.

There was a strong focus on creating a safe environment as evident from the induction record of new staff and regular health and safety discussions at team meetings. Mandatory training was up to date and team members interviewed were clear on their responsibilities. A range of health and safety checklists were in place and inspectors observed a team member competently completing checks including a test of the fire alarm system. The maintenance register evidenced that matters that required attention were responded to in a timely manner. The centre's vehicles were serviced, insured, certified as roadworthy and driven by people who were legally licensed to drive.

Accident reporting procedures were in place and a review of records evidenced that accidents were responded to appropriately and recorded. However, some sections of the record required completion by senior managers, and these were incomplete. This

was a finding by the external safety consultant and corrective actions have been put in place. The policy on significant events states that any accident must be notified to the young person's social worker, the behaviour management trainer and clinical manager. In practice, accidents were reported to the deputy chief executive officer and the organisation's health and safety officer. The registered provider must ensure that the procedure regarding notification of accidents is up to date and applied accordingly by centre managers.

Overall, the centre manager maintained effective oversight of health and safety within the centre. Audits were conducted by the centre manager and a sample of these evidenced that hazards were promptly identified, and action taken in a timely manner. This in turn enabled a comfortable, homely environment for the young people's needs to be met.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 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 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must plan for the gradual re-entry of fire extinguishers in designated places within the centre.
- The registered provider must ensure that the procedure regarding notification of accidents is up to date and applied accordingly by centre managers.

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.

In safeguarding young people and promoting their welfare, the registered provider had a range of procedures and systems in place. At the time of inspection, the organisation's safeguarding policies and procedures were being updated with an agreed completion date of November 30th 2022. A child safeguarding statement was displayed and was deemed compliant by the Tusla child safeguarding statement compliance unit. A review of personnel files found that all recruitment and vetting procedures were fully adhered to.

A bullying policy was in place and although incidents had occurred between two of the young people, neither the young person, the parent, staff, or social workers interviewed considered this to be bullying. A review of these incidents found they were managed well by the team and learning opportunities created with the young people afterwards.

In building the teams understanding of safeguarding policies and procedures, the centre manager utilised the team meeting to discuss topics such as the role of the designated liaison person, mandated person's training, submitting a child protection concern via the Tusla portal and updates to policies. All team members had completed Tusla's Children First e-learning training and training in the centre's child protection policies as part of their induction. In general, inspectors were satisfied during interviews with team members that they understood the safeguarding procedures in place. However, it is recommended that the centre manager re-visit the difference between the notifiable complaint procedure and child protection procedures in supervision.

On review of relevant records, a number of child protection concerns had been submitted by the team and were being investigated by the social work department and Gardai. Whilst the manager kept a child protection and welfare reporting register, this was based on the calendar year and registers for previous years were archived outside of the centre even though the status of the concern was recorded as open on separate monitoring sheets. Inspectors found this system did not allow for full oversight and tracking of child protection concerns and investigations.

Furthermore, in interview one social worker informed inspectors that all bar one concern was closed, however this was not the recorded status in the centre records. The records were subsequently updated post inspection following discussions between the centre manager and social worker.

On review of a young person's file, inspectors found a significant conversation in July 2022 that the centre manager emailed the social worker to determine if this was a disclosure already known or if it required submission as a new concern. The social worker did not respond to the centre manager and no further action was taken. Inspectors discussed this with the social worker and was informed that it was a previous social worker who had failed to respond and that post inspection the centre manager had made contact regarding this concern.

Although this concern has since been addressed in partnership with the social worker, an audit of standard 3.1 in August had not identified this matter. The methodology of the audit did not assess the knowledge of the team in relation to safeguarding procedures or review the monitoring of CPWRF's by the centre manager. Given the deficits found, the registered provider in conjunction with the quality assurance manager must ensure that the methodology for audits is robust enough in order to make a sound determination of compliance and identify actions for improvements.

The centre had practices and records in place that supported the identification of individual vulnerabilities of young people and what supports they required. One young person was availing of supports from the organisations psychologist and another young person was awaiting the commencement of play therapy. The centre manager had also been appropriately responsive to an incident that left a young person vulnerable. The partnership approach in place with relevant people in the lives of young people was evident from the records and confirmed by social workers and a parent in interview.

There was a mixed quality of work completed by the team in response to particular vulnerabilities and areas of support. Whilst placement planning was in place, key work planning was not forward looking. Rather, the record was updated as conversations took place instead of pro-actively identifying what areas required progressing and by whom. The lack of planning was particularly evident in the issue regarding internet safety discussed in standard 1.6 and supporting a young person with their emotional eating and bedtime routine.

Overall, there were many good practices within the centre that supported the young people to experience safe care that promoted consistency and structure.

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

Actions required

- The registered provider in conjunction with the quality assurance manager must ensure that the methodology for audits is robust enough in order to make a sound determination of compliance and identify actions for improvement.
- The centre manager must ensure that key working is planned in order to progress the identified needs of young people.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure that the complaints register is fully complete.</p> <p>The centre manager must ensure that the action plan put in place with one young person in resolving their complaint is followed through.</p>	<p>The centre manager completed all complaints in the register on 28.09.22. Completed.</p> <p>The centre manager is actively working with the young person in relation to their complaint. Immediate and ongoing.</p>	<p>The centre manager will regularly review the complaints register to ensure that all complaints are fully completed.</p> <p>The centre manager in conjunction with the social work team leader will ensure that the team complete the on-line internet safety checklist with the young person. This is used as a tool to address online vulnerabilities with this young person. The key workers have a scheduled plan in place to complete internet safety sessions between now and the end of December with the checklist been completed the first week in January. This young person will gain supervised internet access when deemed appropriate.</p>

	The registered provider in conjunction with the quality assurance manager must ensure that a review and analysis of complaints for trends and learning purposes is regularly scheduled.	The registered provider will ensure in conjunction with the quality assurance manager that a biannual review and analysis of complaints for trends and learning is scheduled.	Complaints will be reviewed biannually as part of the auditing schedule for trends and learning purposes.
2	<p>The centre manager must plan for the gradual re-entry of fire extinguishers in designated places within the centre.</p> <p>The registered provider must ensure that the procedure regarding notification of accidents is up to date and applied accordingly by centre managers.</p>	<p>The centre manager returned fire extinguishers to the designated places within the centre on 24.10.22. Completed.</p> <p>The registered provider will ensure that the procedure regarding notification of accidents is up to date and applied accordingly by centre manager. To be completed by November 30th, 2022.</p>	<p>The fire extinguishers will remain in the designated places. Should a risk assessment determine that they need to be removed, a review will be carried out to return them at the earliest opportunity.</p> <p>All accident reports that warrant a significant incident report form will be notified to the relevant people. The deputy CEO and QAM will continue to receive accident reports that do not meet the criteria for an SEN.</p>
3	The registered provider in conjunction with the quality assurance manager must ensure that the methodology for audits is robust enough in order to make a sound determination of compliance and identify actions for	The registered provider in conjunction with the quality assurance manager will ensure that the methodology for audits is robust to include staff interviews which will determine their knowledge of the identified areas including safeguarding,	<p>The current auditing tool was revised and updated to ensure it was robust in making sound determination of compliance.</p> <p>Updates will continue as the tool develops.</p> <p>The methodology of auditing will include staff interviews to ensure staff knowledge</p>

	<p>improvement.</p> <p>The centre manager must ensure that key working is planned in order to progress the identified needs of young people.</p>	<p>behaviour management and rights of the young people. Immediate and ongoing.</p> <p>The centre manager has devised monthly key working plans in consultation with the multi-disciplinary team which have assigned topics to help progress the identified needs of the young person. Immediate and Ongoing</p>	<p>of areas identified under the audit theme.</p> <p>The centre manager will ensure that the key working is planned in order to progress the identified needs of each young person. At the end of the multi-disciplinary team meetings a key working plan will be devised for each young person for the following month.</p>
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