Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 082

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Fresh Start Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Unannounced themed inspection**
Date of inspection:	**10th, 11th, and 12th October 2022**
Registration Status:	**Registered from the 16th December 2022 to the 16th December 2025**
Inspection Team:	**Linda Mc Guinness** **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 2007. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from the 16th of December 2019 to the 16th of December 2022.

The service was registered as a multi occupancy centre to provide medium to long term care and accommodation to four young people, of all genders, from age thirteen to seventeen years on admission. The model of care was based on a needs assessment model that was supported by the social care staff team and a dedicated clinical team. The centre aimed to provide a safe and stable environment for children where they would be supported to meet their emotional, physical, social, and spiritual needs. There was also an emphasis on working closely with families where possible. The staff team aimed to meet these needs through identified goals and placement objectives agreed for each child on admission. There were four children living in the centre at the time of the inspection. Three of the young people were under the stated age range of the purpose and function and a derogation was granted for their placement in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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, and the allocated social worker. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff, and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 27th October 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 November 2022. 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/ not 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: 082 without attached conditions from the 16th of December 2022 to the 16th of December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions

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.

Inspectors found that the premises was suitable for providing safe and effective care to meet the needs of young people. It was a detached dormer bungalow located in a rural location approximately 12 kilometres from a large town where there were shops, schools, and recreational activities. It consisted of a large kitchen and communal area, living room, smaller den area, staff office and seven bedrooms, four of which were ensuite. The centre was adequately lit, heated, and ventilated. There were also two main bathrooms and a utility room with adequate laundry facilities.

Evidence of compliance with fire safety and building regulations was submitted at the time the centre moved to this property in 2020, and no material changes were made to the building since then. There were policies in place that covered all aspects of the upkeep and maintenance of the accommodation. There was an ongoing plan of works in place and areas of the house were recently repainted and new appliances purchased. There was no evidence of damage or wear and tear to small electrical appliances viewed during inspection. Inspectors noted however, that there was an overload of extension leads in the office, this was not highlighted during health and safety audits and must be addressed. Inspectors recommend that all portable electrical appliances in the centre are periodically checked by a registered person to ensure they are in safe working order.

Each young person had their own room where they could store their personal belongings. Finances were provided to purchase materials and resources relevant to needs and interests of individual young people. Also, the house was decorated and organised to meet the particular needs of young people with child friendly colours, sensory equipment, and age-appropriate games. There was evidence in records reviewed that young people were consulted and had opportunities to be involved in choosing and buying items for the house and picking colours to redecorate.

During the visit to the centre, inspectors observed the bedrooms of three of the young people and found them to be child friendly and well maintained. They used the living room and den area for relaxation, recreation and meeting visitors or professionals. Those who spoke to inspectors stated they like the house. During the visit to the centre inspectors observed young people engaged in activities with staff such as baking, art and playing games.

The communal areas in the house had many personal touches with photographs of young people and staff displayed if they so wished. Young people had helped choose furnishings and their artwork was displayed proudly throughout the centre. A review of the maintenance log evidenced that any identified issues were dealt with promptly.

In general, inspectors found that the house was clean and tidy on the day of the unannounced visit. There was evidence of daily and weekly cleaning schedules in place. The staff and manager confirmed that resources were provided to ensure the upkeep of the house. A few areas in the house such as the windows required cleaning and the manager stated that an internal deep clean of the house was scheduled and had commenced.

There were large garden spaces to the front and rear of the house where many outdoors recreation facilities were available for young people such as swings, goals etc. The staff team facilitated a sports day in the garden during the summer with egg and spoon races and a barbeque.

There was a site-specific health and safety statement in place for the centre dated July 2022. This included individual responsibilities, the procedures for risk assessments and reporting mechanisms. There was identification of centre hazards with risk assessments and control measures. At the time of inspection there was insufficient evidence that all staff were made aware of their responsibilities to health and safety in the centre contained in the health and safety statement and associated risk assessments. This must happen as a matter of priority.

The centre manager was the person responsible for health and safety and they (or the deputy manager) conducted weekly checks and a monthly health and safety audit. Reports were available for these audits. Inspectors found that while they covered all key areas, full compliance was reported in areas where actions were required. One fire extinguisher was low and although the issue was escalated it was not highlighted on an action plan for immediate attention. The October 2022 audit did not specifically highlight that the emergency lighting service was overdue by one month.

The audits reviewed by inspectors also recorded that opened and cooked foods were sealed labelled and dated however this practice was not evident during inspection. Each audit also confirmed that electrical appliances were unplugged when not in use but this practice was not evident during the inspection visit. The process of internal auditing must be reviewed by the regional manager to ensure that all deficits are highlighted, recorded on an action plan and that prompt remedial measures are taken. There was a recently appointed regional manager and they had commenced regular visits to the centre which included meeting young people and staff and a walkaround the premises. They kept records of these visits and provided samples to inspectors.

The quality assurance and practice manager (QAPM) completed a theme 2 audit of the National Standards for Children's Residential Centres, 2018 (HIQA) in the centre in January 2022. Inspectors found that there were deficits in the methodology of this audit for making determinations of compliance and that some areas were missed. For example, this report stated that there was an up-to-date health and safety statement. A subsequent health and safety audit of this centre completed by the manager of another centre two months later found that the statement had not been updated since September 2020. Also, the theme 2 audit by the quality assurance and practice manager did not highlight that a health and safety audit was completed in May 2021 by the organisation's health and safety advisor but no report was provided. It should be noted that other theme 2 audits of centres in the organisation were provided to the alternative care inspection and monitoring service. These reports were almost replicate documents and showed considerable evidence of copy and paste to include identical content and spelling errors. The registered provider must ensure that all audits are individual to each centre, and that the methodology in place is robust enough to capture all areas of non-compliance with national standards and regulations.

The organisation recently employed the service of a health and safety consultant to conduct an extensive annual check and this report dated 02nd September 2022 was provided to inspectors. There was evidence that there was appropriate follow up to issues identified as requiring action.

A recording and reporting system was in place for managing risks to the health and safety of young people, staff, and visitors. There was a procedure in place for reporting workplace accidents in line with the relevant Health and Safety Authority legislation. There was evidence that house maintenance, fire safety and health and safety was discussed at team and management meetings.

There were policies and procedures relating to fire safety updated in June 2022. The register evidenced that regular daily, monthly, and annual checks were conducted on fire alarm and emergency lighting as required. The emergency lighting service was one month past its due date and was not identified for timely action. It was subsequently completed on the day of the inspection visit to the centre. There was certificate of inspection of firefighting equipment dated 22/10/2021 confirming all equipment was serviced and tested and the next inspection was scheduled within the required timeframe.

There was evidence of risk assessments relating to fire doors and fire extinguishers if required. There were records of fire drills and evidence that young people had participated in these. A fire drill during the hours of darkness was planned when the clock changes back one hour so that so younger children can participate without undue disruption. All staff had up to date fire safety training including the use of extinguishers. Inspectors noted that training recorded on the fire register did not correlate with the training certificates on staff files and must be updated.

Inspectors found that there was an administration of medication and medicines management guidance policy in place and while staff were trained in safe administration of medicines the certificates provided were not dated. There was a tracking system in place in head office to ensure training requirements and refreshers were tracked, however these certificates did not facilitate good oversight by centre management or external persons. There were procedures for safe storage of medication with systems in place for stock control however, the documents provided relating to medication inventory did not facilitate ease of review and contained some errors. It must be reviewed to ensure it is fit for purpose. First aid kits were available and were checked as part of monthly audits most recently in October 2022.

There were policies relating to centre vehicles which included licences, speeding, tax, insurance, key safety, checks, and risk assessments for carrying young people. Inspectors reviewed records relating to the house vehicle tax and insurance. The two vehicles used to transport the young people were regularly serviced and had valid tax and insurance. There were weekly checks on the cars and these were evidenced on documents reviewed during inspection. Staff were legally licenced to drive the centre cars and a copy of their driving licence was stored on their personnel file in line with policy. Inspectors sampled staff files for copies of driving licences and found one was absent but this was provided following inspection.

Compliance with regulations	
Regulation met	**Regulation 8** **Regulation 13** **Regulation 14**
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 registered provider must ensure that there is evidence the staff team have read and understood the centre's health and safety statement and associated risk assessments and are fully aware of their obligations.
- The registered provider must ensure that the correct information is held on the centre fire register.
- The registered provider must ensure that all quality assurance audits are individual to each centre, and that the methodology used is robust enough to capture all areas of non-compliance with national standards and regulations.
- The registered provider must ensure that the process of health and safety auditing is reviewed by the regional manager to ensure that all deficits are highlighted, recorded on an action plan and that prompt remedial measures are taken.
- The registered provider must ensure that the systems in place for safe stock control of medication is reviewed and made fit for purpose.
- The registered provider must ensure that all fire safety checks including emergency lighting take place within the required timeframes
- The registered provider must ensure that certificates of training provided to staff contain completion dates (and expiry dates, if relevant).

Regulation 5: Care practices and operational policies

Theme 3: Safe Care and Support

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

The centre had some policies in place that informed and guided the management of behaviour including positive behaviour support, the preferred model of behaviour management, and policies relating to absences and sanctions. The approach to behaviour management was based on a trauma informed approach and was guided by the clinical team. It was clear from records reviewed that staff sought to understand the meaning behind behaviour and placed a strong emphasis on assisting young people to learn new coping skills. There were very few significant events in the centre but when there was, there was evidence of the use of life space interviews (LSI) to assist this process.

Inspectors found that staff were provided with relevant training to ensure they were competent in implementing the preferred approach to behaviour management. They could describe the interventions used with young people to support the de-escalation of any challenging behaviour. Each young person had an individual current crisis support plan (ICSP) to guide and support staff with identified patterns of behaviour and useful responses. In this regard inspectors could see evidence of a consistent approach by the staff team, which, when implemented alongside daily and weekly plans, structures and appropriate boundaries resulted in positive outcomes for young people. It should be noted however, that each ICSP required review as they did not fully incorporate information relating to contraindications to the use of restraint or if restraint was feasible given the individual presentations of young people. This should take place as a matter of priority.

From observations of practice in the centre, and review of key working records inspectors found that staff had skills to engage and support the young people living in the centre. The structured shift planning facilitated each young person to have individual time with staff. There was evidence that there was a strong focus on helping young people understand how their feelings can affect behaviour and the team used creative ways of explaining this through resources, games, and creative play. There were also visual aids displayed throughout the centre to assist young people with identified additional needs. Each young person had a needs assessment,

placement plan, and an updated client profile which set out routines and other information to support the team to manage behaviour.

Each young person's needs were reviewed regularly at the multi-disciplinary team meetings. Inspectors found that the staff team were guided in their practice by the dedicated clinical team. Suggested interventions were built into placement plans and other planning documents. There was good evidence of discussions about supporting young people and managing behaviours at team meetings.

Inspectors found from review of care files and through inspection interviews that there was evidence of progress for young people in respect of their growth and development. One young person chatted informally with inspectors and it was evident that they were happy and making progress. Inspectors found that structured shift planning and weekly plans supported the young people to have individual time with staff.

There was a policy on bullying within the centre's safeguarding policies. At the time of inspection there were no concerns about aggressive behaviour or bullying. Inspectors saw that previous risks associated with danger on the roads or self-harm were appropriately risk assessed and responded to in a timely manner. There was an online safety policy and evidence that this was being implemented where risks arose.

There was a clear multi-level response to reviewing incidents of concern or those involving challenging behaviour. Inspectors could see that approaches to care were altered and amended following analysis of incidents and guidance from the clinical team.

Despite repeated correspondence and escalation from the organisation there was a significant delay in how long it took to source a recommended clinical assessment for one young person. This assessment was intended to support approaches to care and forward planning. Due to resource issues in the social work department and there being no allocated social worker scheduled core group meetings to discuss interventions were not taking place at the time of inspection. This must be resolved in consultation with the supervising social work department.

Inspectors found that behaviour and required specialist assessments and supports were considered in the care planning arena. Monthly child in care reviews (CICR) were taking place for three young people to comply with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or*

Custody of the Health Service Executive. However, inspectors could not adequately track the progress of decisions made for these young people as there were no Tusla minutes of child in care reviews and an updated care plans had not been provided to the centre since May 2022. The social worker who spoke with inspectors explained this in terms of severe resource issues and following inspection the care plans not on file were provided to the centre. Also, due to resource pressures, the social worker was unable to attend the last three (all online) review meetings and the team leader attended in their absence. Inspectors found that escalation regarding compliance with care planning regulations was not happening in line with organisational policy. Also, inspectors found that there was evidence of copy and paste across the previous care plans provided to the centre and information pertaining to the wrong child was contained in care plans on file. These should have been returned to the social work department for correction. A plan to have some of the child in care reviews in the centre to facilitate participation by young people had not been realised and this should be reviewed.

There was a policy document in place guiding the staff team in the use of restrictive practices at the centre. Inspectors found that while staff understood what constituted a restrictive practice and they were recorded on the young person's care file, there was some confusion about the difference between room checks and room searches. Some staff indicated that room searches were in place for safety reasons for one young person and others informed inspectors that this was not necessary any longer and that general checks took place of all rooms on a weekly basis.

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 register provider must ensure that where they are aware of inaccurate information in care plans or that agreed actions are not taking place, they take action to escalate this in line with organisational policies.
- The register provider must ensure that individual crisis support plans are reviewed to ensure they fully incorporate information relating to any contraindications to the use of restraint.

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.

There was a policy on education in place. Three of the young people in the centre were engaged in a fulltime educational placement at the time of this inspection. Two had been facilitated to remain in placements they attended prior to their admission to the centre. The fourth young person was not attending education however, home tuition was sourced and provided, and the young person engaged well and was awaiting results of some state examinations at the time of inspection. There was evidence that the team involved the educational welfare officer when required.

Inspectors found that there was a lack of clarity in respect of a required educational assessment for one young person. This was deemed necessary and a person was sourced to commence the assessment however, following a change in social worker this never took place. The rational for not pursuing this assessment was not evident on the care file.

There were daily and weekly planners in place to assist young people with their education and support continued learning. There were homework and study routines in place and the communal space was being configured to support this. Alternatives were being explored for the young person who was not engaged in formal education or training. The outcome of the delayed assessment was intended to assist in informing suitable plans going forward so it should be a priority to conclude this at the earliest opportunity. There was evidence from observations and review of records that staff made efforts to have a structure to the day when a young person was out of school. Inspectors saw evidence that the team used daily life events as learning opportunities and this was linked to the development of independent living skills, building self-esteem and confidence, and managing anxiety. Inspectors found from

review of care files and key working records that there was evidence of regular discussion with young people about their education.

The young people were supported to prepare for school, complete homework and regular updates were provided to the centre on progress of young people. Generally, the care records reviewed showed evidence of effective communication between centre staff including teachers and social workers. However, the social work team leader for one young person (who had no social worker at the time of inspection) informed inspectors that they were unaware that the young person was not attending an education placement identified for them for a number of weeks. Centre management must ensure that all key information relating to education is provided to social work departments to facilitate timely and effective planning.

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

Actions required

- The register provider must ensure that there is collaborative planning in respect of education assessments deemed necessary, and that discussions and decisions relating to this are evidenced on the care records.
- The register provider must ensure that all key information relating to education is provided to social work departments to facilitate timely and effective planning.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that there is evidence the staff team have read and understood the centre's health and safety statement and associated risk assessments and are fully aware of their obligations.	The registered provider will ensure that all staff have read and understood the health and safety statement, and associated risk assessments and are fully aware of their obligations, signing off on the document when completed. The centre manager will review health & safety statement at next team meeting on 29th November 2022.	The centre manager will ensure that all staff are fully informed of any amendments to the health & safety statement and accompanying risk assessments. A record will be maintained to evidence staff have read and understand the health & safety statement and associated risk assessments.
	The registered provider must ensure that the correct information is held on the centre fire register.	Completed - The centres fire register was updated on 13th October 2022, to reflect most recent fire training completed.	Future fire safety training dates will be entered into the fire register on the date training is completed by the centre manager.
	The registered provider must ensure that all quality assurance audits are individual to each centre, and that the methodology used is robust enough to capture all areas of non-compliance with national standards and regulations.	The registered provider will ensure that all quality assurance completed are individual to the centre and that the methodology used captures all areas of non-compliance with national standards and regulations. Immediate and ongoing.	The registered provider will ensure the auditing process is reviewed annually with senior management to ensure it complies with the national standards and regulations.

	The registered provider must ensure that the process of health and safety auditing is reviewed by the regional manager to ensure that all deficits are highlighted, recorded on an action plan and that prompt remedial measures are taken.	The Deputy CEO and regional manager will review the process of health and safety auditing to ensure that all deficits are highlighted and recorded on an action plan to ensure that prompt remedial measures are taken. To be completed by November 30th, 2022.	The registered provider will ensure the health and safety systems are reviewed annually or as required to ensure they comply with existing standards and regulations.
	The registered provider must ensure that the systems in place for safe stock control of medication is reviewed and made fit for purpose.	The centre manager reviewed and updated the systems in place for safe stock control of medication and an updated system was implemented to ensure it is fit for purpose. Completed on November 1st, 2022.	The centre manager will regularly review medication management and storage of medication in the centre.
	The registered provider must ensure that all fire safety checks including emergency lighting take place within the within the required timeframes	The registered provider will ensure that all fire safety checks including emergency lighting take place within the required timeframes. The annual service of the emergency lighting took place on October 21st, 2022. Immediate and ongoing	The centre manager will regularly review the fire register and ensure all servicing of fire and emergency lighting occurs within the required timeframes.
	The registered provider must ensure that certificates of training provided to staff contain completion dates (and expiry dates, if relevant).	The registered provider will ensure that certificates of training provided to staff contain the completion dates and expiry	The organisations HR department to communicate with all trainers the requirement for certificates to have completion dates and expiry dates and to

		dates where applicable. Immediate and ongoing	regularly review certificates presented following training.
3	The register provider must ensure that where they are aware of inaccurate information in care plans or that agreed actions are not taking place, they take action to escalate this in line with organisational policies. The register provider must ensure that individual crisis support plans are reviewed to ensure they fully incorporate information relating to any contraindications to the use of restraint	The registered provider will ensure the centre manager provides evidence on the young people's files where they are aware of inaccurate information in care plans or that agreed actions are not taking place and that they then take action to escalate this in line with organisational policies. Individual crisis support plans were reviewed and updated at monthly multi-disciplinary team meeting on 11th October 2022. Immediate and ongoing	The centre manager to regularly review the information in care plans and agreed actions to ensure the information is accurate. Contraindications to the use of restraint will remain on ICPS's, removed only in the event of any changes with supporting evidence of same. These will be reviewed at monthly multi-disciplinary team meetings.
4	The register provider must ensure that there is collaborative planning in respect of education assessments deemed necessary, and that discussions and decisions relating to this are evidenced on the care records.	The register provider will ensure that there is collaborative planning in respect of education assessments deemed necessary, and that discussions and decisions relating to this are evidenced on the care records. Immediate and ongoing.	The centre manager will liaise with relevant professionals in respect of any assessments deemed necessary and will ensure that all discussions and decisions relating to this are evidenced on care records.

	The register provider must ensure that all key information relating to education is provided to social work departments to facilitate timely and effective planning.	The registered provider will ensure that all key information relating to education is provided to social work departments to facilitate timely and accurate planning. Immediate and ongoing.	The centre manager will communicate regularly with relevant social work department to ensure all key information relating to education is provided.