



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: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Fresh Start</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced inspection</b>
<b>Date of inspection:</b>	<b>13<sup>th</sup> and 14<sup>th</sup> June 2023</b>
<b>Registration Status:</b>	<b>Registered from 20<sup>th</sup> September 2022 to 20<sup>th</sup> September 2025</b>
<b>Inspection Team:</b>	<b>Linda Mc Guinness Paschal Mc Mahon</b>
<b>Date Report Issued:</b>	<b>24<sup>th</sup> July 2023</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 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 on the 20<sup>th</sup> of September 2013. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from the 20<sup>th</sup> of September 2022 to the 20<sup>th</sup> of September 2025.

The centre was registered to provide care for three young people from age eight to twelve years on admission on a medium to long term basis. Their model of care was described as needs assessment based, providing an individualised safe, nurturing, and caring environment to bring stability to the lives of young people who have experienced a history of trauma, separation, and loss. There were three young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
4: Health, Wellbeing and Development	4.2
6: Responsive Workforce	6.3

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 to the relevant social work departments on the 30<sup>th</sup> June 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 12<sup>th</sup> July 2023. 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: 099 without attached conditions from the 20<sup>th</sup> of September 2022 to the 20<sup>th</sup> of September 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 9: Access Arrangements**

**Regulation 11: Religion**

**Regulation 12: Provision of Food and Cooking Facilities**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

Young people were provided with a booklet upon admission to the centre that explained information including routines, care planning, complaints, rights, and safety in child friendly language and using visuals. From a review of centre records and through staff interviews, inspectors found that the centre provided child centred care with a focus on young people's rights and responsibilities. There were policies and procedures in place to promote this including policies on complaints, consultation, key working, family contact and access to information that emphasised young people meaningfully participating in decisions affecting their lives. Staff were aware of 'Tell Us', Tusla's feedback and complaints procedure. There was information on this process in the complaints policy and procedure.

One young person had contributed to a children in care forum with Tusla, the child and family agency. At the time of inspection, while information about the national independent advocacy service Empowering People in Care (EPIC), was displayed in the centre and was in the young person's booklet the current group of young people were not familiar with this service and they were not invited to meet them yet. Inspectors found that there was positive engagement of all young people in the weekly house meetings and this forum should be used to inform them about advocacy available to them.

Staff and young people engaged in activities together both inside the house and in the community and they shared meals together. Young people confirmed that they had a say in decisions made in the house such as the food, decorating rooms and activities they wanted to do. Inspectors observed warm, supportive, and caring interactions between adults and the children. Young people's rooms and the communal areas



were bright, colourful, and supported the care of young children. They participated in choosing play equipment for outside spaces.

The three children were proud to show inspectors their bedrooms and toys and all said that they liked living in the centre and that if they asked for things in the group meeting that it was followed up by the adults. They confirmed that they were supported to meet their families and that they were involved in local clubs and activities of their choosing. They told inspectors about their key workers who supported them in the centre and with their families, education, and activities. Social workers and Guardians Ad litem for the young people in placement were satisfied that placements were meeting their needs and that they were making progress. They stated that young people were prepared for child in care review meetings and participated in person at some of them.

Inspectors viewed samples of key working records held in the centre and found that work took place relating to feelings and emotions, sex education, rights, education, building self-esteem, complaints, and more. A key work schedule to target key areas of focus was developed following review of placement plans at the monthly multidisciplinary team meeting. This process was supported by the deputy social care manager who was a case manager for keyworkers. A monthly checklist was in place to ensure appropriate follow up and monitor progress.

Young people were actively encouraged to attend some of their care reviews which were all held monthly in line with national policy. However, improvements were required to capture evidence that they were involved in their placement planning and that they were made aware of what was written about them. The staff team were very creative in using visual aids on a day-to-day basis. Their involvement in planning meetings and access to their information should also be done in a child friendly way that takes account their age and stage of development.

Inspectors found that the management and staff team advocated strongly for the children. One child had missed out on two school-based activities as written consent was required. A decision was made that this could only be provided by the principal social worker and could not be provided due to the short notice given. The supervising social worker informed inspectors that this was discussed at a recent child in care review meeting and they were actively trying to resolve the issue. This young person's court appointed Guardian Ad Litem concurred that this was an issue that should be addressed as a matter of priority. The centre should continue to work

with the supervising social work department to ensure that no young person misses out on organised activities.

Compliance with Regulations	
Regulation met	<b>Regulation 5</b> <b>Regulation 9</b> <b>Regulation 11</b> <b>Regulation 12</b> <b>Regulation 17</b>
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 1.3
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 are familiar with the national independent advocacy service Empowering People in Care (EPIC) and they should be invited to meet them in the centre.
- The centre manager must ensure that there is more evidence of children's participation in planning processes and how they can access information written about them.

### **Regulation 10: Health Care** **Regulation 12: Provision of Food and Cooking Facilities**

## **Theme 4: Health, Wellbeing and Development**

### **Standard 4.2 Each child is supported to meet any identified health and development needs.**

Inspectors found that there was a focus on health, development, and wellbeing for young people. Activities and exercise was built into daily planning in a fun way and was appropriate to the age of the group of young people. Healthy eating was encouraged and supported. Each young person had an up-to-date care plan that was reviewed monthly in line 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.* Inspectors reviewed placement plans and found that they set out each young person's health needs in line with their care plans. Prior to admission, the centre was provided with previous assessment reports to inform clinical needs assessments, required interventions and care approaches. There was evidence that guidance provided by the clinical team was incorporated into individual plans through the organisations' biweekly multidisciplinary team meetings.

While there were some delays in allocations, each young person was registered with a local general practitioner. There was evidence that they were supported to attend any required or routine, medical, dental, and optical appointments. All medical appointments and contacts were appropriately recorded and followed up. The need for specialist supports were discussed in detail at child in care review meetings. Where the clinical supports available within the organisation were not deemed sufficient, supervising social work departments sought approval for funding to secure timely interventions. One young person was linked to a specialist support service and staff were able to describe how they discussed and supported the interventions in practice with them on a daily basis. Keyworkers communicated closely with schools and provided supplementary education relating to sexual development, puberty, self-care, and personal hygiene. There was a policy relating to intimate care.

The centre had a policy on medication management that was updated in the weeks prior to inspection and was discussed with staff at the team meeting. The policy was adhered to in respect of administration of medication and while some spillages occurred there were no errors relating to prescribed doses. There were procedures in place to record the administration, storage and disposal of medications and records indicated that unused medication was returned to the pharmacy. Prescribed and permitted over the counter medication was stored securely in the staff office. There were systems in place to check and restock first aid equipment as required.

Care files reviewed during inspection contained records of all early childhood vaccinations. These were requested in writing if not provided at the time of admission.

Compliance with Regulation	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
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

### Regulation 6: Person in Charge Regulation 7: Staffing

#### Theme 6: Responsive Workforce

#### Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff were provided with a written job descriptions following interview and recruitment process. They were clear in interview about their assigned roles and responsibilities. Handovers, team meetings and multidisciplinary meetings took place to support effective planning. Inspectors found however, that there was no protected time for the handover meeting with the sleepover shift finishing at the same time as new staff came on duty. Team meetings were well attended and staff reported that they were beneficial, however inspectors found that the records contained actions but provided limited evidence of the discussions that took place and recommend that this is reviewed.

Inspectors found that there was a mostly consistent staff team and children confirmed this when chatting to inspectors. Three people had left since the last inspection in June 2022 and there were plans in place to fill a recent vacancy. There was a staff complement of centre manager, deputy manager and eight social care workers. There were no social care leader posts in place in this centre. At the time of inspection four of these worked 37.5 hours per week, two worked 30 hours and two

worked 22.5. The deputy manager covered some shifts however this did still not meet the requirement for eight wholetime equivalent posts. The roster saw two staff completed a 24-hour overnight shift and one covered 2pm – 10pm shifts when children were in school and 10am – 10pm at weekends and school holidays. Inspectors found that on three occasions across February and June that the day shift was not covered and that on four occasions in February and March that staff worked the 10am to 10pm shift having just completed the 24-hour sleepover. Reviews of daily logs, reflective practice and supervision records showed a pattern of staff expressing frustration at the heavy workload and on one occasion stated that *'young people were not being supported enough and staff struggled to manage'* when no day shift was available. The registered provider must ensure that there are sufficient staff to fulfil rostering requirements, meet the needs of young people, and support the team to provide safe and effective care.

There was a system of reflective practice in place whereby staff on shift recorded what went well and highlighted challenges and what did not go well. There was lack of evidence of where this information was analysed to inform service improvements. There was a written policy on supervision and staff received an overview of the purpose and functions of supervision. At the time of the inspection, supervision was provided to the staff team by the centre manager and deputy manager. Sessions generally took place in line with the four to six weeks set out in policy. There was evidence of discussions around planning for young people, policy review, risk management, training, feedback on performance and staff morale. Roles and responsibilities were discussed and learning objectives were identified for staff. There was a lack of evidence of review of agreed actions from one session to the next and this should be incorporated into the pro forma template.

There was a formal appraisal system in place and each staff participated in the process in late 2022. There was a policy on debriefing, supports from the clinical team and an employee assistance programme in place to support staff in their work. Supplementary training was provided linked to the individual needs of young people. Staff confirmed in interview that there was an effective on call system in place and there was no evidence of an over reliance on this as staff were confident and used their own initiative to manage their shifts. At the time of inspection there was a low level of significant events in the centre but there were systems and procedures in place to protect staff and minimise any risks to their safety if necessary. During interview with the centre manager inspectors were informed of a difficult period in the centre between January and May 2023 whereby there was a difficult team dynamic and low morale.

From review of supervision and centre records it was evident that there was a pattern of frustration and a poor team dynamic. While this was discussed in supervision and some efforts were made to resolve the issue inspectors found that it required a more robust response and a more effective link to implementation of centre policies including the code of conduct and HR processes. Inspectors found that a review is required to analyse and gather learning to ensure that a similar situation does not reoccur and potentially negatively impact the care of young people.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required.**

- The registered provider must ensure that there are sufficient staff to fulfil rostering requirements, meet the needs of young people, and support the team to provide safe and effective care.
- The centre manager must ensure that there is protected time for handover meetings to support staff and facilitate effective planning.
- The centre manager must ensure that there is evidence of analysis of learning from reflective practice to inform service improvements.
- The regional manager must conduct a review of the recent staffing issues to gather learning to ensure that a similar situation does not reoccur and potentially negatively impact the care 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 young people are familiar with the national independent advocacy service Empowering People in Care (EPIC) and they should be invited to meet them in the centre.</p> <p>The centre manager must ensure that there is more evidence of children's participation in planning processes and how they can access information written about them.</p>	<p>EPIC have been contacted and invited to meet with the young people in the centre and we have been advised that an advocate will be assigned on the 14/07/23. The young people were informed of this at a house meeting on the 10/07/23. Timeframe – 10/-07/23.</p> <p>Keyworkers will complete a child friendly key work session with all young people about how they can access their information, this was originally completed through their welcome booklet.</p> <p>Keyworkers will meet with the young people at the beginning of each month and in a child friendly manner request their input into their placement plans for the following month.</p>	<p>EPIC will be contacted and invited to visit each new young person on shortly after admission.</p> <p>The centre manager will review placement plans monthly to ensure that there is evidence of participation in the planning process. This will be added as an agenda item on the monthly key working meetings.</p>

		<p>Young people are given the option and supported to attend their CICR.</p> <p>Timeframe - Immediate</p>	
6	<p>The registered provider must ensure that there are sufficient staff to fulfil rostering requirements, meet the needs of young people, and support the team to provide safe and effective care.</p> <p>The centre manager must ensure that there is protected time for handover meetings to support staff and facilitate effective planning.</p>	<p>Two new staff have been appointed since the time of inspection One of these staff has since transferred from another centre in organisation, while the other is due to commence on 17/07/23.</p> <p>A half an hour is allocated to the handover process each morning whereby a thorough handover is conducted between the staff to ensure that all relevant information is handed over and so effective planning can occur for the upcoming shift.</p> <p>Ongoing</p>	<p>The centre manager will continue to regularly review the staffing compliment with the regional manager and HR. Regular workforce planning meetings will continue to occur at a senior management level to ensure forward planning with regard sufficient staffing. All current and new staff are subject to mandatory training in order to carry out their roles in a safe and effective manner.</p> <p>The centre management who are also present for the handover process will continue to ensure that the handover process remains effective and efficient in order to meet the needs of the house and the young people.</p>



	<p>The centre manager must ensure that there is evidence of analysis of learning from reflective practice to inform service improvements.</p> <p>The regional manager must conduct a review of the recent staffing issues to gather learning to ensure that a similar situation does not reoccur and potentially negatively impact the care of young people.</p>	<p>The centre manager will review reflective practices daily and address any issues raised promptly with the relevant staff where possible. The centre manager will also bring issues arising to the following staff meeting.</p> <p>Timeframe – Immediate and ongoing</p> <p>A plan had been in place with the regional manager and centre manager to meet on 21/06/23 to review the recent staffing issues, which subsequently transpired. The centre and regional manager reflected on and discussed the learning from the recent staffing issues, and how any issues pertaining to staff will be dealt with promptly and effectively going forward in line with policies and procedures so that a similar situation does not occur in the future.</p> <p>21/06/23 and ongoing.</p>	<p>Reflective practice will be placed as a standing item on the monthly staff meeting agenda whereby all issues raised will be discussed and resolved.</p> <p>The regional manager will continue to liaise with the centre manager in relation to all staffing issues, both informally and formally through the supervision process. The regional manager will work alongside the centre manager to ensure that an action plan is put in place to address any future issues in a prompt manner. The regional manager will continue to attend ad hoc team meetings and ensure that any identified staffing issues are addressed by management.</p>
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