An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

# Alternative Care - Inspection and Monitoring Service

## Children's Residential Centre

**Centre ID number: 120**

**Year: 2024**

# Inspection Report

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|---|---|
| **Year:** | **2024** |
| **Name of Organisation:** | **Fresh Start** |
| **Registered Capacity:** | **Three young people** |
| **Type of Inspection:** | **Announced** |
| **Date of inspection:** | **4th and 5th November 2024** |
| **Registration Status:** | **Registered from the 29th September 2022 to the 29th September 2025** |
| **Inspection Team:** | **Linda Mc Guinness**<br>**Paschal Mc Mahon** |
| **Date Report Issued:** | **10th December 2024** |

# Contents

# 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 29th September 2016. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 29th September 2022 to the 29th September 2025.

The centre was registered as a multi-occupancy centre to provide medium to long term placements where young people, from age thirteen to seventeen on admission, could develop, and their needs could be met in a safe and stable environment. The model of care was based on a needs assessment model that was supported by the care team and a dedicated multi-disciplinary clinical team. The model incorporated attachment theory, trauma focused cognitive behaviour therapy (CBT), dialectical behaviour therapy (DBT) therapeutic crisis intervention and was being expanded to include dyadic theory. 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 care team aimed to meet these needs through identified goals and placement objectives agreed for each child on admission. 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 | 1.6 |
| 4: Health, Wellbeing and Development | 4.2 |
| 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, 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 2nd December 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 4th December 2024. 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: 120 without attached conditions from the insert date the 29th September 2022 to the 29th September 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.**

There was evidence of a child centred approach to the care of young people. The statement of purpose and the centre policies described how the centre prioritised listening to the voices of young people about their experiences of living in the centre. There was an expectation across policy and practice that there was consultation with and participation of young people in the operation of the centre and in their day-to-day care. The inspector's assessment based on review of care records and interviews was that, while this was happening in day-to-day practice, improvements were required in how this was recorded. All young people were encouraged to prepare for and to attend their statutory child in care reviews and each had participated in all or part of their most recent care plan review meetings. Except for one young person, inspectors did not concur with the findings of a quality assurance audit in August 2024 that there was evidence that the care team discussed the placement plans with young people. The placement plan evaluation for each young person recorded in writing that they were not involved in planning. The internal management team recognised that there was limited evidence of incorporating young people's voices and opinions into their placement plans. They had recently tasked one of the care team to explore ways to improve this particularly for young people preparing for aftercare.

The inspectors found there was a system in place for undertaking house meetings with the young people. At the time of inspection, a group weekly house meeting usually did not take place, but the team instead consulted with young people individually and brought any issues arising to the team meeting. Inspectors found that participation and engagement of the young people in this process was challenging at times and was mainly related to menu planning, free time, and requests for specific items. Inspectors recommend that the care team continue to seek ways to improve and evidence the engagement of the young people.

There was a suite of policies updated in June 2024 that supported children's rights including policies relating to consultation, key working, access to information, contact with families amongst others. There was evidence that individual policies were regularly reviewed at team meetings to ensure the care team remained familiar with, and aware of, any updates to policies.

The complaint policy set out all aspects of making a complaint; process, investigation, communication with the complainant, external advocacy, resolution, recording and appeals. There was evidence that young people upon admission to the centre, were made aware how to complain if they were dissatisfied with aspects of their care, and they were reassured that their feedback was welcome. Parents were also provided with written information about the centre that included the process for making a complaint.

Two young people completed feedback questionnaires for inspectors and confirmed that they would speak up if unhappy, and that the care team listened to them. Review of centre records showed that they used the complaints process effectively to highlight things they would like to see changed. It was evident that the care team were strong advocates for young people and supported them to make a complaint or recorded and reported issues on their behalf in line with policy.

Complaints related to day-to-day issues that could be resolved through negotiation and compromise were classified as non-notifiable complaints. More serious issues that could not be resolved informally, or where young people were unhappy with the outcome of a complaint were classified as notifiable complaints. Care team members interviewed were clear on the thresholds and explained to inspectors that supervising social workers were made aware of complaints at all levels through either significant event reporting or monthly updates.

Inspectors found that comprehensive records were held relating to any complaints made in the centre. One complaint was open at the time of inspection and investigation was underway and strategy meetings were planned with relevant professionals. There were various systems in place to track all complaints and assess if patterns of similar issues were arising. The centre manager and deputy had oversight of all complaints related documentation including the centre register. The regional manager and deputy CEO who was the assigned complaints officer for the organisation were also aware of all complaints made in the centre. Complaints were discussed at team and management meetings and it as evident that practice changed, or safety plans were implemented when complaints were upheld. All complaints were

investigated and brought to conclusion within the timeframes set out in policy. Young people were given in person verbal feedback on the outcome of their issue as well as a letter from the centre manager explaining the process and decision.

Information displayed in the centre and given to young people signposted external advocacy services such as EPIC (Empowering People in Care) and the children's ombudsman. They were also informed about 'Tell Us' – Tusla's complaint and feedback procedure. The centre manager linked in regularly with young people to ensure that they understood the complaints system and they also checked how they experienced the process if they had expressed dissatisfaction.

All social workers interviewed confirmed that they were satisfied with the care in the centre and that young people's rights were upheld. They stated there was open and transparent communication with centre staff and management and they were invited to meet young people and investigate where serious/formal complaints arose. Additionally, they were made promptly aware of non-notifiable complaints and liaised with young people and the care team to support resolution of these when required. The guardian ad litem for one young person confirmed they were satisfied that the team facilitated a thoughtful transition into the house for their young person and that they took the time to explain all aspects of the centre to them including the complaints process. They stated that the young person had built relationships with team members and felt that they would speak up confidently if they were unhappy about their care. This young person spoke to one of the inspectors briefly and said they were happy living there and that they felt safe. They said '*all the care staff were nice, and they could talk to any one of them*' if they had an issue they were unhappy with. They told the inspector they had been helped to make a complaint and that they were very happy with how it worked out.

Where parents were involved in the care of their young people, there was a system in place to receive feedback from them about the care being provided.

| **Compliance with regulations** | |
|---|---|
| **Regulation met** | **Regulation 5**<br>**Regulation 16**<br>**Regulation 17** |
| **Regulation not met** | **None identified** |

| Compliance with standards | |
|---|---|
| **Practices met the required standard** | **Standard 1.6** |
| **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 10: Health Care

### Theme 4: Health, Wellbeing and Development

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

Each young person had an up-to-date care plan that included aspects of their health needs. The inspectors found there were robust policies in place to guide the care team to ensure optimal health for all the young people placed. These included policies on health, food and nutrition, smoking cessation, substance misuse, administration of medication and medicines management.

All young people had access to a general practitioner service (GP) and were referred to medical, dental, ophthalmic, psychological, and other specialist services as required. One young person recently admitted to the centre was facilitated to remain with their G.P connected to their home and family. Young people were encouraged to attend scheduled appointments, and the negative impact of missed appointments was discussed with them. One young person had all their childhood vaccinations on file and while social workers were confident that the others had received vaccinations the records were not available. The centre continued to collaborate closely with the allocated social workers to source these documents.

Inspectors reviewed records of significant conversations and key working and found that there were varying degrees of evidence of work taking place with young people to support good nutrition, regular daytime and sleep routines, exercise, personal hygiene, self-care, and basic sex education. There was ample evidence of proactive key working with one young person who was more open to engaging in this work.

Deficits in the quantity and quality of key working were highlighted by internal centre management in early 2024. Inspectors concurred with this assessment as evidence of key working and individual work was very limited at that time. The manager informed inspectors that the system was revised to better facilitate and evidence this work. Although inspectors found that there had been some improvements since May 2024 this remains an area that requires attention and monitoring. While it is acknowledged that there are at times challenges in engaging them, the team must continue to set goals in consultation with young people and make efforts to complete and evidence identified work, particularly in relation to health, wellbeing, and development. Staff supervision records reviewed by inspectors did not evidence a sufficient focus on this work.

There was evidence of some discussions taking place in relation to substance misuse however inspection interviews and review of care files highlighted that the care team were not equipped with adequate training to facilitate this work in an informed and confident manner. Training is discussed further under theme 6 of this report.

From a review of the care files, inspectors determined that further work was required in a number of other areas to support good general health and to prepare the young people for leaving care. This included work on sexual health, consent, risk taking, impact of racism, addiction, and youth mental health support.

The care team were working hard to support one young person to avail of required dental work and it was evident that this was child focused, and their voice was at the centre of planning.

The managers and team encouraged young people to avail of therapeutic and specialists counselling services. Where they were not willing or able to engage in these services at this time the multidisciplinary team (MDT) gave guidance and direction to the care team to support young people with past trauma or other areas they needed support with. Care staff interviewed described this as a valuable service to support their work with the young people. The MDT were also available to meet directly with young people if they wished. There was evidence of effective communication with supervising social work departments to identify needs and agree plans and interventions that young people required. The guardian ad litem for one young person was very complimentary about the dedication and motivation of the team to assess and plan to meet all identified needs of their young person including those related to health and wellbeing.

Young people over sixteen were facilitated to attend appointments alone and to self-administer their own medication. From review of storage of and administration of medication inspectors found that medication was managed in line with centre policy. Evidence was provided that the care team were trained in the safe administration of medication.

| Compliance with regulations | |
|---|---|
| **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 identified

**Regulation 6: Person in Charge**

**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.**

The staff team at the time of inspection comprised of five fulltime staff members and four who worked reduced hours contracts. Additionally, the deputy manager and one staff member worked part of their hours in management or training posts and part on the roster. The regional manager indicated that they have recruited two new care staff who were due to commence in the centre following standard employment checks. Since September 2023 nine staff members have resigned or moved to other positions in the organisation causing some instability for young people and colleagues. The internal management team were working hard to establish a new and consistent team with the skills to meet the needs of all young people.

At the time of this inspection, all but three of the management and staff team of eleven held a social care or social studies qualification and the others held relevant qualifications. The social workers and a guardian ad litem (GAL) who spoke with inspectors commended the approaches and skills of the staff team and their dedication to the young people.

An induction programme supported by a written policy, was in place for all new employees coming to work in the centre. This consisted of two parts. There was a one-day organisational induction which included the structure of the organisation, the model of care, placement planning, introduction to policies and procedures, health and safety, quality assurance, safeguarding, report writing and national standards. The second part of the induction process was centre specific and generally was provided by the centre manager or assigned senior staff member. This involved new staff familiarising themselves with policies and procedures and all aspects of the operation of the centre, getting to know young people and colleagues and 'shadowing' experienced staff members. A checklist of mandatory training was to be completed by staff as part of the induction process. These included Tusla's eLearning modules of introduction of Children First and mandated persons training, first aid awareness, a crisis de-escalation technique programme and fire safety amongst others.

Whilst inspectors found that the care team all received induction as per organisational policy, the one-day organisational induction was dependent on the time of commencement of employment as it was generally facilitated three to four times per year across the company. One staff member who started working in the centre in July 2024 did not receive this induction until end of October 2024. Inspectors found from interviews and review of care files that this was a significant delay in them receiving the core information set out above and that it was not without impact particularly for newly qualified or inexperienced staff members. Inspectors noted that there could also be a significant delay in the care team receiving the crisis de-escalation five-day training as this too was only arranged when there were sufficient new staff to attend. Three of the team were between three and six months working in the centre prior to this training being facilitated. The lack of training was identified as a trigger in one significant event reviewed by inspectors.

The centre manager maintained a training database that identified the ongoing training status of staff team and when refreshers were due. Staff were facilitated to attend training through scheduling the rota in advance.

Inspectors reviewed supervision records, training logs, team and management meetings, quality assurance audits and appraisal records to assess how staff are encouraged and supported to update and maintain their professional knowledge and skills. This was also identified as a core feature of the staff retention policy. Whilst mandatory training was provided and tracked effectively and the MDT provided advice and guidance and reading material to the team to support their work, inspectors found deficits in respect of supplementary internal and external training to support child centred, safe and effective care. Except for one staff member who independently pursued other learning opportunities there was a lack of evidence of other training based on the needs of young people, discussions in supervision or identification of training needs based on performance appraisals. For example, areas of training that would benefit the team included drug and alcohol awareness, youth mental health, sexual health awareness for young people, cultural diversity, and supervisor skills training/refreshers. Inspectors found that this had some negative impact on responding to presenting issues of young people through targeted individual work as the care team required more knowledge and skills. One staff member requested drug awareness training in a recent appraisal however, this was a need that should have been identified at a much earlier point with a more effective training needs analysis process.

The training needs analysis presented during inspection was not a comprehensive assessment of the training needs of the team and individual team members and only five staff were included. Inspectors found in general, that the quality of supervision was limited and did not reflect the expectations set out in the supervision or training policy. Additionally, there were similar deficits with appraisals. Often the section of the records relating to external training was marked as non-applicable. A quality assurance audit relating to theme 6 responsive workforce carried out in October 2024 did not highlight the deficits in these processes. It was the assessment of inspectors that neither supervision or appraisal processes placed an adequate emphasis on training and professional development, and this was not highlighted through governance of the service.

There was a system whereby employees could request financial support or dedicated time off in pursuit of their own professional development if it was related to the needs of the young people and company vision. One person had applied for this support, and it was granted at the time of inspection.

| Compliance with Regulation | |
|---|---|
| **Regulation met** | **Regulation 6**<br>**Regulation 7** |
| **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 6.4** |
| **Practices did not meet the required standard** | **Not all standards under this theme were assessed** |

**Actions required**

- The quality assurance manager must ensure that audits of the service, under relevant standards determine if the team has sufficient and relevant training to support the team in their work with the young people.
- The centre manager must ensure that the training needs analysis process is strengthened to more effectively identify training needs to support the team to meet the specific needs of the young people.

## 4. Corrective Actions and Preventive Actions (CAPA)

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|---|---|---|---|
| 1 | None identified. | | |
| 4 | None identified. | | |
| 6 | The quality assurance manager must ensure that audits of the service, under relevant standards determine if the team has sufficient and relevant training to support the team in their work with the young people.<br><br>The centre manager must ensure that the training needs analysis process is strengthened to more effectively identify training needs to support the team to meet the specific needs of the young people. | The Quality Assurance Manager will conduct an audit under relevant standards to identify training to support the team in their work with the young people in the centre. This will be completed by February 2025.<br><br>The Centre Manager will complete the training needs assessment to include all staff members for January 2025. This assessment will ensure that all training needs are in response to the centres purpose and function, the needs of the young people in the centre and also staff members deficits in performance. | Feedback from the audit will be provided to Centre Management and Senior Management and any necessary corrective actions will be implemented.<br><br>The training needs assessment for 2025 will be reviewed monthly as a standing item at team meetings by Centre Management. Supervision training/refresher has been sourced to improve the quality of supervision being provided in the centre. |