



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 218**

**Year: 2023 (2)**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Fresh Start Ltd.</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced themed inspection</b>
<b>Date of inspection:</b>	<b>1<sup>st</sup>, 4<sup>th</sup> December 2023</b>
<b>Registration Status:</b>	<b>Registered with attached conditions from 23<sup>rd</sup> March 2023 to 23<sup>rd</sup> March 2026</b>
<b>Inspection Team:</b>	<b>Linda Mc Guinness Paschal Mc Mahon</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> February 2024</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 23<sup>rd</sup> March 2023. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered with an attached condition from the 23<sup>rd</sup> March 2023 to the 23<sup>rd</sup> March 2026.

The centre was registered to provide medium term care for three young people between the ages of thirteen and seventeen on admission. The centre was established under a new pilot project commissioned by Tusla's CRS National Private Placement Team as a step-down service to cater for young people who were leaving special care or in need of a placement in special care. There was one young person living in the centre at the time of inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.1

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 worker, 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 person, staff, and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A first inspection of this service took place in August 2023 and the assessment of the submitted corrective and preventative action plan (CAPA) deemed the centre not to be operating in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: *Care Practices and Operational Policies*, Article 7: *Staffing* and Article 16 *Notification of Significant Events*.

A condition was attached to the registration of the centre from the 3rd October 2023 under Part VIII Article 61 (6) (a) (i) of the Child Care Act 1991. The condition being:

- There must be no further admissions of a young person under 18 to this centre until assurances are received and evidence that the number, qualifications, experience, and availability of members of the staff of the centre are adequate having regard to the number of children residing in the centre and the nature of their needs.

This inspection was scheduled to assess evidence of compliance with the aforementioned regulations and ongoing compliance with the national standards for children's residential centres 2018, HIQA.

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 4<sup>th</sup> of January 2024. 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 16<sup>th</sup> of January 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 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: 218 with the above attached conditions from the 23<sup>rd</sup> of March 2023 to the 23<sup>rd</sup> of March 2026 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

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

**Regulation 6: Person in Charge**

**Theme 5: Leadership, Governance and Management**

**Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.**

Inspectors found that the registered provider and the centre management had made steady progress in addressing deficits identified following the August 2023 inspection. The inspectors met with the young person, they confirmed that since the last inspection things had improved in the centre. This was their second admission to the centre, and they confirmed while chatting to inspectors that ‘things were very different this time’. They said that they were now happy living in the centre and that they felt that everyone had learned from the last time. They made specific comment to the fact that they were reassured that the staff were now familiar and not constantly changing. They confirmed that they had no complaints but if they had any concerns, they could talk with the centre managers or any of the team who they were getting to know well since they returned to live there.

There was now clearer evidence that the statement of purpose reflected the day-to-day operation of the centre, and that appropriate governance arrangements were in place to ensure accountability for realising this in practice. Inspectors found the manager and two deputies to be professional and focused on driving a child-centred culture of quality and learning that was lacking previously. They were supported by a regional manager who had a regular presence in the centre and held responsibility for oversight of practice. Specific improvements noted by inspectors related to recording systems, policy development, staffing and reviewing the quality, safety and continuity of the care provided.

The quality assurance manager (QAM) conducted an investigation from 15<sup>th</sup> to 30<sup>th</sup> of August into failings/ deficits in the service since it first opened in April 2023. This was a comprehensive report and while there was no specific action plan, the findings were aligned to the findings of the August 2023 inspection and monthly strategy meetings took place to track required actions from both processes. Inspectors found

evidence that actions identified in the corrective and preventative action plan (CAPA) for the August 2023 inspection were substantially addressed or near completion.

The centre had updated its policies and procedures as required in the inspection CAPA and there was evidence that these were discussed regularly at team meeting level and implemented in practice with robust oversight from centre management. During this inspection there was improved evidence that the model of care was being implemented in consultation with the organisations clinical team to guide practice in line with the centre's policies and procedures.

The quality, safety and continuity of care provided was being reviewed through systems that included monthly governance reports, regional manager oversight and weekly team meetings. Also, staff received regular supervision that focused on placement planning and key working, post crisis response forums and regular multidisciplinary meetings.

The governance reports reviewed, provided an overview of training, health and safety, team meetings, supervision and CAPA updates from inspection and internal quality assurance processes. There was evidence that learning from these review mechanisms was shared with the team and practice was amended as required.

Furthermore, audits to assess the safety and quality of care against the *National Standards for Children's Residential Centres, 2018 (HIQA)* were now in place. Since the last inspection, the QAM conducted audits relating to themes 3 (safe care and support) and 5 (leadership, governance, and management) and findings were shared with the regional manager and centre manager in a timely manner. A corrective action plan was implemented and tracked to completion. There was evidence of building a culture of learning and accountability and staff members confirmed to inspectors that findings from audits were shared with them. They commented that the management team were both challenging and supportive in guiding them to provide safe and effective care. Members of the team who also worked in the centre during the previous inspection commented on the learning taken and improvements implemented since that time. At the time of inspection, there was clear plan for the monitoring and auditing of the centre to ensure compliance with regulations and national standards.

Improvements were also found in how both complaints and significant events were reviewed, analysed, and tracked for learning purposes by management and the team

in consultation with the clinical department through post crisis response and multi-disciplinary team (MDT) meetings.

There was progress in respect of placement planning and the young person's care file contained all relevant information to facilitate effective planning. Inspectors found that some detail was lacking in records of team meetings and recommend that this is reviewed.

The social worker and the appointed Guardian ad Litem who spoke with inspectors were complimentary of the care team. They emphasised more efficient and effective communication, improved relationships and keyworking with the young person, and an improved focus on risk management.

During the visit to the centre inspectors observed the young person's interaction with the social care team working and found that they were warm, respectful, and caring towards them. One inspector attended the daily handover meeting and found that it was child focused and considered the young person's needs. Those present reflected on the causes of a recent significant event and implemented measures to avoid a reoccurrence.

An annual review of compliance is scheduled in 2024 when the centre would be in operation for one year.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.4
Practices met the required standard in some respects only	Not all areas under this theme were assessed
Practices did not meet the required standard	Not all areas under this theme were assessed

#### **Actions required.**

- None identified.

## Regulation 6: Person in Charge

## Regulation 7: Staffing

### Theme 6: Responsive Workforce

#### **Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.**

There was evidence during this inspection from a review of records, audits, and management meetings that workforce planning took place and that staffing requirements were under constant review within the organisation.

There was a focus on staff development, strengthened retention initiatives and evidence of ongoing attempts to recruit new team members.

It was in the area of staffing that the young person informed inspectors that there was the greatest difference since they lived there previously. They said they now knew all the staff team and that they were getting to know everyone and had people they could trust and talk to.

At the time of inspection, the team comprised of a manager, two deputy managers, and five full time social care workers and three social care workers with reduced hour contracts. This meant there were 6.7 wholetime equivalent staff available at the time of inspection. One staff member was temporarily relocated to another centre as they did not yet complete the required training in the model of behaviour management. This was scheduled for January 2024, and they would return to work in this centre at that time. As such, the centre was not yet in compliance with the Alternative Care Inspection & Monitoring Services (ACIMS) regulatory notice 'Minimum Staffing Level and Qualifications' and the service level agreement reviewed during inspection. Seven staff held social care qualifications while another experienced social care worker in the organisation held a qualification in a related social care field. At the time of inspection, the centre was operating in agreement with ACIMS, as a single occupancy service and, as such there were sufficient staff to fulfil the required roster of two sleepover staff on shift daily.

The lack of experience of the care team was a significant contributory factor to deficits highlighted during the August 2023 inspection and the organisations own internal investigation. While there were significant improvements in this regard, it was noted that three experienced care team members were relocated to this centre when another service temporarily closed. There was a lack of certainty if these people

would remain allocated to this service once that centre reopens. Given the strong feedback from the young person about the negative impact of staffing changes and challenges, it is imperative that the centre maintains a stable and consistent team to provide child centred safe and effective care and support. This was echoed strongly in interview with the young person's social worker and Guardian ad Litem.

The organisations' internal investigation report highlighted that a lack of trained and qualified staff was the most significant factor in what occurred in this centre. It found that this led to certain significant incidents, a lack of consistency for the young people and a lack of a safe working environment for the care team. It also found that the initial induction and training programme was not robust and thorough and that a training needs analysis was not completed. Inspectors found evidence that these issues have been addressed and have resulted in improvements in care provision and staff morale. The report highlighted that the care staff were not supported by a dedicated clinical team as outlined in the procurement document and this has since been rectified.

As the dedicated relief staff member was covering gaps on the rota at the time of inspection, the centre did not have access to a dedicated centre specific relief panel to provide cover for annual leave, sick leave, and contingency cover for emergencies. They did, however, have access to a companywide relief panel if required. In order to ensure consistency, the centre manager made every effort to ensure that care staff familiar to the young person were used if needed. The team were also flexible and responsive to provide cover when needed.

Overall, whilst the inspectors acknowledge that at this stage, the needs of the young person have not been significantly impacted as a result of the staffing challenges, the registered provider must ensure the agreed staffing levels are maintained to deliver ongoing child-centred safe and effective care and support.

Inspectors were informed by the regional and centre managers that they were in the process of recruiting additional social care workers and there were ongoing efforts to recruit relief staff across the organisation. They stated that staffing within this centre was a priority within the organisation.

<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 areas under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas under this theme were assessed</b>

#### **Actions required.**

- The registered provider must ensure the maintenance of a stable, consistent, experienced staff team in line with the 1996 regulation on staffing as outlined by regulatory notice 'Minimal Staffing Level & Qualifications in CRC Settings' June 2023.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The registered provider must ensure the maintenance of a stable, consistent, experienced staff team in line with the 1996 regulation on staffing as outlined by regulatory notice 'Minimal Staffing Level & Qualifications in CRC Settings' June 2023.	Centre manager, regional manager & HR department have reviewed the staffing ratio for the centre and at present are operating at 8 WTE for one young person in residence. This WTE will be increased when consideration is being given to any new referrals. There is also a comprehensive employee assistance programme with benefits for staff in place to promote retention of staff. Ongoing.	Recruitment drive remains active at present that will focus on boosting the current staffing levels within the centre. The registered provider will ensure that a panel of suitably qualified staff is in place for the centre as required.