



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Fresh Start
Registered Capacity:	Three young people
Type of Inspection:	CAPA Review
Date of inspection:	2nd & 3rd October 2024
Registration Status:	Registered from 20th September 2022 to 20th September 2025
Inspection Team:	Paschal McMahon
Date Report Issued:	14th November 2024

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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 a corrective actions and preventative actions (CAPA) review 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 20th of September 2013. At the time of this CAPA review the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from the 20th of September 2022 to the 20th 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 progress made by the centre with the implementation of the CAPA from the previous inspection in June 2023. For the purposes of this inspection the inspector requested documentation from the centre manager to provide evidence that actions taken in relation to the CAPA had been completed. The inspector also interviewed the centre manager, the organisations regional manager and two staff members.

Statements contained under each heading in this report are derived from collated evidence. The inspector 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 25th of October 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have fully implemented the required actions and therefore 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 20th September 2022 to 20th September 2025 pursuant to Part VIII, and 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.

Issue Requiring Action:

- 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.

Corrective Actions:

- 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.
- Key workers 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. Key workers 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. Young people are given the option and supported to attend their child in care reviews. Timeframe – Immediate.

Review Findings:

The inspector found that the centre manager arranged for a representative from Empowering People in Care (EPIC) to visit the centre following the last inspection. This meeting took place in August 2023 and was attended by all of the young people.

The inspector viewed evidence of key working sessions and house meeting records where the role of EPIC was discussed with the young people since then. The young people also attended an EPIC “National Care Day” event in February 2024 and information leaflets and contact details on EPIC were made available to them.

Key working sessions viewed by the inspector recorded how the centre manager met with all of the young people following the last inspection to explain the placement planning process to them. The team also introduced a weekly planning document to improve the level consultation with the young people. The inspector was provided with copies of these weekly plans and was satisfied that the opinions of young people were sought. Monthly key working meetings with the young people’s key workers and the deputy manager reviewed by the inspector included the young person’s wishes as an agenda item and recorded the young people’s input. The inspector was satisfied that young people were informed and consulted about their statutory child in care reviews and there was evidence that some young people had attended in person.

The inspector was informed that the young people had not accessed their care records. The rationale for this outlined by the management was staff sensitivity to the young people’s ages and stages of development. While acknowledging the centres efforts to have young people’s voices heard, the inspector recommends that the care team are more proactive in their efforts to find creative and child-centred ways to make the young people aware of the information they record and how they can access this information.

Overall, the inspector was satisfied that the corrective actions were implemented as outlined in the CAPA.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9 Regulation 11 Regulation 12 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.3
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

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.

Issue Requiring Action:

- 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.

Corrective Actions:

- Two new staff have been appointed since the time of inspection. One of these staff has since transferred from another centre in the organisation, while the other is due to commence on 17/07/23.
- 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. Ongoing.

- 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.
Timeframe – Immediate and ongoing.
- 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.
21/06/23 and ongoing.

Review Findings:

Based on the staffing information provided to the inspector at the time of the CAPA review, there were 8.1 whole time equivalent staff working in the centre to fulfil rostering requirements. The inspector was satisfied from a review of a sample of rosters for several months in 2024 that there was a consistent stable staff team in place. Since the inspection in July 2023 two permanent staff had left their posts and two new staff were recruited. The centre had adequate relief staff to cover all forms of leave.

The inspector was informed that the centres handover process was reviewed since the last inspection. Staff interviewed reported that the manager and deputy manager were present at the majority of handovers and the practice of staff having to remain on after their shift ended was no longer an issue. The inspector viewed copies of handover records and was satisfied that there was an effective shift planning process in place.

All those interviewed stated that the team reflected on their work for learning purposes and to improve the quality of care provided to the young people. Staff interviewed stated that reflective practice took place at handovers, in supervision and at the organisations monthly multidisciplinary team meetings. Copies of handover records viewed by the inspector showed that there was a shift reflection element at daily handovers. The managers attended handovers and reviewed the daily logs noting reflective pieces for further discussion at team meetings. The inspector was informed that reflective practice was a standing agenda item at team meetings. However, the inspector found this difficult to confirm this as the quality of the team meetings presented to the inspector were not of a sufficient standard and lacked detail of discussions, agreed actions and outcomes. The quality of team meetings

records was also an issue identified in the last inspection and the centre manager must ensure that the recording of the team meeting minutes is improved.

At an organisational level, the staff had the opportunity to participate in paid monthly reflective sessions to facilitate learning on a variety of subjects including trauma and different intervention approaches. This was to assist the team to meet their continued professional development component to gain CORU registration and was overseen by the organisation's senior clinical psychologist.

The inspector found that efforts had been made to address staffing issues and the poor team dynamics in the centre following the last inspection in June 2023. This was acknowledged in interview by those who were working in the centre at the time of this CAPA review who stated staff morale had improved since the inspection. The senior clinical psychologist attached to the service had undertaken a number of sessions with the team to support team dynamics and the culture within the team. While it is evident that progress has been made, the inspector recommends that senior management continue to focus on this area and in building an open and respectful culture.

Overall, the inspector was satisfied that the corrective actions were implemented as outlined in the CAPA.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.3
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