



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 003**

**Year: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Fresh Start Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> October 2025</b>
<b>Registration Status:</b>	<b>Registered from the 8<sup>th</sup> of April 2023 to the 8<sup>th</sup> of April 2026</b>
<b>Inspection Team:</b>	<b>Cora Kelly Mark McGuire</b>
<b>Date Report Issued:</b>	<b>14<sup>th</sup> November 2025</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 8<sup>th</sup> of April 2011. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 8<sup>th</sup> of April 2023 to the 8<sup>th</sup> of April 2026.

The centre was registered to provide multi occupancy for up to a maximum of four young people of all genders between the ages of thirteen to seventeen upon admission. The centre operated a needs assessment model of care with the aim being to offer children a safe caring environment delivered through a nurturing system. The model was described as trauma informed with a positive focus, having clearly defined boundaries and expectations that responds to the child's immediate needs. There were four young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.3
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, staff and an allocated social worker to two of the children. Inspectors consulted with three of the children. 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, the acting centre manager and to the relevant social work departments on the 13<sup>th</sup> of October 2025. 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 24<sup>th</sup> of October that was deemed to be satisfactory.

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: 003 without attached conditions from the 8<sup>th</sup> of April 2023 to the 8<sup>th</sup> of April 2026 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

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

The inspectors found that the centre demonstrated good practice in providing a child centred approach in meeting the individual needs and rights of the four children living in the centre with minor improvement required to the complaints process. The centre had policies that staff were implementing to ensure that the children were being listened to, and procedures were in place that welcomed feedback, suggestions and complaints by the children. It was evident from the inspector's review of centre records, the children's care files, and inspection interviews that staff listened to the children and encouraged them to be actively involved in making decisions regarding their daily living arrangements and overall care being provided to them. Through inspection questionnaire and in person with the inspectors three children stated that staff listened to them and helped them make important decisions. One child chose to not complete a questionnaire. The inspectors' observed positive interactions between staff and the children and of staff demonstrating good child led and child friendly ways of engaging with them.

Through key working, daily handovers and regular house meetings there was evidence of a culture of openness and transparency that welcomed feedback, suggestions, and complaints. The review of a sample of house meeting records evidenced positive engagement by the children and effectiveness in terms of decisions being made appropriately and followed up with centre management when required. There was a designated place in the centre where information relating to the advocacy support service Empowering People in Care (EPIC) was available. Information relating to complaints was not displayed nor were complaint forms easily accessible to the children. The inspectors recommend that this information is displayed with complaints forms accessible to the children. Complaint information and information relating to the Ombudsman for Children was detailed in the children's welcome booklet. Through questionnaire three children stated they were aware of the complaints system. All named they would speak with the centre manager

and/or staff if they wished to make a complaint. An allocated social worker to two of the children was satisfied that the children had a good knowledge of the complaints system.

In interview staff demonstrated a good understanding of the complaints procedure and spoke of the learning from complaints made by the children that led to practice improvements. On review of the notifiable and non-notifiable complaints made by the children to date this year, the inspectors found that the management and responses to the various stages of the complaints procedure was not clearly recorded including learning outcomes. Also, whilst notifiable complaints were appropriately notified to the relevant professionals through the notification of significant events system, a number of complaints were not recorded in the centres complaints register. In interview an allocated social worker was aware of the complaints made by the children they were allocated to and spoke of their efforts in discussing their complaints with the children. As mentioned above, three children indicated during the inspection process they would speak to the centre manager and staff if they were unhappy about something in the centre with two children stating they were happy with how their complaints were managed.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16 Regulation 17</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 1.6</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The acting centre manager must ensure that complaints are managed in line with policy and evidence where complaints are used to plan, deliver and review practices.

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

### **Regulation 8: Accommodation**

### **Regulation 13: Fire Precautions**

### **Regulation 14: Safety Precautions**

### **Regulation 15: Insurance**

### **Regulation 17: Records**

## **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.**

The layout and design of the detached property was suitable for providing safe and effective care for four children and meeting their individual needs. Space for communal living included a well equipped kitchen, a large conservatory/ living room, and a small sitting room. Given the busyness of the centre an allocated social worker spoke of lack of space to speak privately with children on occasion. The acting centre manager should consider another area of the centre for this purpose.

There were suitable indoor and outdoor recreation facilities for the children with the children saying they were happy with these and how staff supported them to attend local amenities for recreational purposes. The centre was adequately lit, heated and ventilated and there were adequate bathroom facilities. Each child had their own bedroom with three children telling the inspectors they were happy with their rooms and that they had enough space to store their personal belongings. It was evident the children's views were heard regarding the decoration of their rooms.

The inspectors found that the physical environment of some areas of the house were unclean despite cleaning systems in place, that decorative and maintenance repair was required that included for example painting throughout, replacing old and worn carpet and wood flooring and some maintenance repairs. Centre and senior management confirmed their agreement of the inspectors findings and gave their commitment to addressing these issues. The organisations quality assurance manager conducted an audit of the premises in the days following the inspectors onsite visit and a concrete plan on addressing the issues identified as immediately provided to the inspectors. The inspectors noted the prompt response by the organisation to this.

The centre demonstrated good fire safety management that mostly aligned to its fire precautions and safety policy and all staff had up-to-date fire safety training. Fire safety officers were appointed with daily, weekly, monthly, quarterly checks occurring along with fire drills with one having occurred during the hours of darkness. Fire drill reports were completed with the inspectors asking that they are expanded to include the full names of children participating. It was clear that all children and staff had participated in a fire drill. There was no fire assembly point signage in place and the issue had not been identified through monthly auditing system. The centre manager immediately responded to this with evidence provided to the inspectors.

The centre had a site specific up-to-date health and safety statement in place with a process in place for the recording of accidents and injuries. Responses to accident and injuries were found to comply with policy that included accident reports being held on the children’s care files. All staff had been provided with First Aid Responder training. The centres two vehicles were roadworthy, insured, taxed and driven by licensed staff. There was a delay in an ongoing repair, which was not compromising the roadworthiness, for one car. The regional manager was actively following this up.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- None identified.

## 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.

The inspectors found that each child was positively supported and facilitated by staff to attend their educational placements and had opportunities to maximise their strengths and abilities. The children were individually provided with educational and vocational guidance in line with their abilities, wishes and interests. Two of the children were maintaining good attendance at a mainstream secondary school with a third child regularly attending a vocational setting. There was evidence of them being provided with guidance in supporting their transition from mainstream school to their current vocational placement. Staff demonstrated to the inspectors their ongoing commitment to supporting one child who has refused to attend an educational or vocational setting. With the ongoing support of the organisation, the acting centre manager and staff were actively supporting the child with developing their employability skills and spoke of plans to help them with their aftercare plans alongside the child's allocated aftercare worker.

It was evident that the children's educational needs were monitored, regularly discussed and reviewed and they informed each child's care plan and placement plan with additional resources explored when required. One child was supported to complete their state exams and routines were in place that supported school attendance, homework and study. School reports were held on the children's care files and there was evidence of effective communication and engagement between the centre and the children's school and vocational provider. The attendance of a school professional at two of the children's child in care reviews was positively supporting their education journey.

Compliance with standards	
Practices met the required standard	Standard 4.3
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

#### Actions required

- None identified.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The acting centre manager must ensure that complaints are managed in line with policy and evidence where complaints are used to plan, deliver and review practices.	Centre management will ensure that all complaints are recorded, actioned, and outcomes documented in line with centre policy. The complaints policy will be reviewed at the team meeting scheduled 20-11-25, and all future complaints will be discussed and reviewed at team meetings.	All complaints are sent to the Complaints Officer. Complaints will be reviewed biannually as part of the auditing schedule to review practices and for learning purposes. Complaints will remain a standing agenda item at team meetings.