



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: 2025

Inspection Report

Year:	2025
Name of Organisation:	Fresh Start
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	26th & 27th May 2025
Registration Status:	Registered from 20th September 2025 to 20th September 2028
Inspection Team:	Linda Mc Guinness Paschal McMahon
Date Report Issued:	31st July 2025

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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 20th of September 2013. At the time of this inspection 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 medium to long term care for three young people from age eight to twelve years on admission. The 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	1.5
5: Leadership, Governance and Management	5.4
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.

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 24th June 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. Following communication and clarification with the Alternative Care Inspection and Monitoring Service (ACIMS) the centre manager returned the final CAPA on the 17th July 2025. 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 20th September 2025 to 20th September 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

All children living in the centre were placed in line with the centre's purpose and function. A suite of policies and procedures was provided to inspectors that included policies on consultation and contact with families. Inspectors reviewed the care plans and placement plans on file and were satisfied that identity and family relationships were considered a priority and access arrangements were set out in consultation with children and their families.

The inspectors found that management and care staff interviewed demonstrated a keen awareness of the importance of family contact. They provided examples of the various ways in which they supported the children to remain in contact with parents, grandparents, siblings and other significant people in their lives. They supported them to travel long distances and supervised them to spend time with family members where required. The children also made contact by telephone and communications apps, and they encouraged the children to write letters and send cards. All contacts between children, family members and others were maintained on the care record as well as communication between family members and the care team. For two children, the care team also facilitated them to maintain links with friends and previous carers who lived a significant distance away. Parents were updated by the centre or social work departments about significant events in their child's life and were also appraised of progress they made.

The children spoke to inspectors and confirmed that they were supported to see their families and that they were involved in their lives. One child explained to inspectors how significant planning went into arranging to celebrate a recent significant life

event. They spoke about shopping for the occasion, going for a meal and staying in booked accommodation with family to mark the occasion.

All children explained to inspectors the many ways in which they participated in community and school activities. They were involved in a variety of clubs and activities including swimming, camogie, football and youth clubs and were making plans to go on summer holidays. They attended teenage discos and in consultation with their social worker and the team, one young person was excited to make plans to stay overnight with a friend's family. There was evidence that birthdays and special occasions were celebrated with parties and gifts and the children were consulted about how they wished to celebrate. Photos were displayed throughout the centre of festivities, celebrations and days out. The children were also visited by the national advocacy service Empowering People in Care (EPIC) and were actively involved in 'care day' and had participated in art competitions with great success.

The inspectors found that the children had access to a telephone, mobile phones, television and the internet as appropriate to their age and level of development. Parental controls, phone checks, supervision, education and appropriate safeguards were implemented to ensure phone and internet safety.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.5
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 5: Care Practices and Operational Policies

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.

There were a range of internal systems and processes in place to monitor the quality and safety of care in the centre. The centre manager was present in the centre four days per week and there was evidence of their oversight of records and practice. They usually worked remotely on the fifth day but were available to care staff and young people. They read and signed off on records generated in the centre and provided commentary as required. Inspectors found that the records management system facilitated ease of access, were professionally written and well maintained. This was key to effective internal and external oversight to monitor the service and ensure the delivery of safe care.

The centre manager reported to the regional manager who had a regular presence in the centre and provided supervision to the manager. The regional manager monitored the quality of care through receipt of monthly governance reports completed by the centre manager and deputy manager. The regional managers role was described as mostly operational and that they provided day to day support to managers in their region. They did not conduct specific audits but met with the centre manager and reviewed aspects of care during each visit to the centre. They kept a brief record of their visit and noted when issues identified for action were closed out.

The organisation had a dedicated quality assurance practice manager who conducted regular audits against identified national standards. In the year prior to the inspection several themed audits to assess the safety and quality of care in the centre against the National Standards for Children's Residential Centres, 2018 (HIQA) were conducted by this person. A full audit report and action plan was provided to the centre manager following each audit. There was evidence that actions relating to identified deficits were followed through in a timely manner and that the staff team were made aware of findings and areas requiring improvement.

Inspectors noted that in the twelve months prior to this inspection that all, or aspects of, themes 2, 3, 4, and 5 of the national standards were reviewed. Theme 6 which was reviewed as part of this inspection were not covered across any audit provided. Inspectors found deficits relating to adherence to organisational policy and quality of supervision records that were not highlighted for action through the systems of governance in place. This must be prioritised in the coming month, and organisational management must implement systems through governance and auditing to ensure effective oversight of supervision of the care team.

There was evidence of regular communication and meetings with supervising social workers to review progress and those who spoke to inspectors were satisfied with the quality, safety and continuity of care being provided to the young people.

There was evidence that when young people moved into the centre, they were made aware of the centre's complaint process and given information about Tusla's "Tell Us" feedback and complaints process. They also received an information booklet that explained their rights and information about Empowering People in Care (EPIC) the children's advocacy service.

There was a comprehensive policy relating to complaints that set out the organisation's commitment to learning from mistakes and improve the quality of the service. The systems in place for recording and managing complaints were robust and improved the quality and safety of the care and support provided. Inspectors found from a review of the centre's complaint register that there were nine complaints from young people since the last full inspection of this service in July 2023. These were mostly categorised as low level and were resolved with local resolution. There was evidence across daily logs and individual work records that young people's voices were being listened to and discussed at team and management meetings.

Families and social workers were provided with opportunities to provide feedback on the care being provided in the centre. In the main this feedback was positive however, recent feedback from one parent about consultation relating to their child's care could have been categorised as a complaint and processed as such. While there was evidence that there was appropriate follow up and conclusion to the issue the parent was not offered the opportunity to make complaint and have it responded to accordingly.

Inspectors were satisfied that there were effective systems in place to ensure that information in relation to complaints and incidents was recorded, monitored,

actioned, and analysed. This was evidenced in minutes of team and multidisciplinary team meetings, management meetings and in an annual review of compliance.

An annual review of compliance with the centre's objectives was provided to inspectors. The report focused on areas of good practice across themes and identified priority goals for 2025 relating to staffing and education of young people.

Compliance with Regulation	
Regulation met	Regulation 5
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 5.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must implement a system of governance and auditing that ensures effective oversight of supervision of the care team.

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.

Inspectors found that there was a good focus on training and development within the organisation to ensure there was a skilled and competent care team. Several people within the organisation were assigned training responsibilities as well as guidance and direction provided by the clinical team. Upon employment in the centre the care staff received an induction programme that included child protection and safeguarding, a recognised model of behaviour management, the model of care, policies and procedures and relevant legislation. They also completed online modules of training relating to Children First, National Guidance for the Protection and

Welfare of Children, 2017. All staff members had completed Tusla's e-learning training on the role of mandated persons. The care team had undertaken first aid training and some were awaiting certification at the time of inspection. There was evidence the clinical team supported skills development and learning in various ways and they had also provided additional training relating to therapeutic parenting.

There was a written induction policy and evidence of induction on personnel files and care staff interviewed during the inspection stated that the process prepared them well for working in the centre. They stated they were supported to continuously update and maintain their skills and knowledge. Inspectors found that records of the probation process were limited and recommend that the records are reviewed to better evidence skills development and training needs. Additional training was provided for those who held specific roles such as mentoring, designated persons and supervision. The acting deputy manager took up post just prior to the inspection and there was evidence they received a comprehensive handover, guidance and direction to support them in the role.

There was evidence that staff training was discussed in team and management meetings. There was a training needs analysis in place however inspectors found that there was a lack of connection between this and the supervision and appraisal processes. The inspectors found that while professional supervision and annual appraisals took place there were deficits in both processes. A review of records indicated that sections of the templates were often not completed, and some supervision was outside the timeframes set out in the policy. Additionally, inspectors found there was inconsistencies relating to discussions about training needs across appraisals and individual supervision records. As stated above, this was not highlighted through any audit of supervision so that prompt action could be taken to address these deficits.

All mandatory training was recorded and monitored for compliance and there were systems in place to monitor and ensure refresher training was undertaken as necessary.

Compliance with Regulation	
Regulation met	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 registered provider must ensure that there is evidence of an adequate focus on training and skills development during the probation period, and in supervision and appraisal processes.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified		
5	The registered provider must implement a system of governance and auditing that ensures effective oversight of supervision of the care team.	The registered provider will ensure that the QAM and/or Regional Manager will audit/review supervision once a quarter for the next twelve months to ensure effective oversight of supervision of the care team. Immediate and ongoing.	The first audit of supervision was completed by the QAM on the 03.07.25, and the next audit of supervision will occur on or before 03.11.25 and so on for the next 12 months thereafter an audit of supervision will be completed biannually.
6	The registered provider must ensure that there is evidence of an adequate focus on training and skills development during the probation period, and in supervision and appraisal processes.	The centre manager will ensure that there is adequate focus on training and skills development for any new care team members through staff probation and supervision. They will ensure that supervision and appraisal records are more detailed, with clear objectives and an emphasis on skills development. The centre manager will support staff to source and attend training and provide regular follow up and review. Immediate and Ongoing	A training needs analysis is completed annually to ensure training delivered for staff is effective in its purpose. More emphasis will be placed on specific training needs within appraisals, and the training needs analysis will be updated as identified needs arise. The centre management will ensure that goals set in supervision and appraisals are subject to regular review to support skills development for staff.