



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 124

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Fresh Start
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	31st March & 1st April 2025
Registration Status:	Registered from 22nd December 2022 to the 22nd December 2025
Inspection Team:	Joanne Cogley Linda McGuinness
Date Report Issued:	8th May 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 in December 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 the 22nd of December 2022 to the 22nd of December 2025.

The centre was registered to provided multi occupancy medium to long-term residential care for four young people aged thirteen to seventeen years on admission. Occupancy was increased from three to four young people in December 2024. The model of care was described as providing a safe, nurturing and caring environment to help bring stability to the lives of young people through having clearly defined expectations and boundaries that are responsive to the needs of young people. There were two 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
3: Safe Care and Support	3.3
6: Responsive Workforce	6.3

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 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 17th April 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 30th April 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: 124 without attached conditions from the 22nd of December 2022 to the 22nd of December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

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.

Staff in the centre promoted positive relationships with family and the young people. Significant work had occurred resulting in building positive relationships with those who were important in the young people's lives. There were clear plans on file through care planning, placement planning and email correspondence with social workers that outlined family contact for the year ahead and ensured all visits were scheduled and supported where required. Family members were also invited to attend care plan reviews and separately were provided with a feedback form from the centre in which they could have their say about their child's placement and areas they wanted the staff team to focus on with the young person. There was also a significant focus on sibling contact and both young people had regular contact with their siblings separate to their parents to allow for bonding time. One young person was completing life story work and a family tree with their social worker. Both allocated social workers were satisfied with how access was being promoted and supported.

Both young people had been in placement over five years and had become embedded in the local community. They recently held a breakfast morning in the house in aid of charity where they invited neighbours and politicians from the area and were also invited to a community party in a local hotel at Christmas time. They also had developed a group of friends through school and were afforded time with these through play dates and one young person attended sleepovers at a friend's house. The young people were involved in horse riding, kick boxing and soccer clubs among other activities and one attended a local horse-riding stable once a week to help muck out and received a wage for same.

Special occasions were a big event in the centre. Mother's Day had been celebrated just before inspection and the young people were supported to send cards. Both young people had recently been taken out for a meal to mark living in the centre five

years. Birthdays consisted of cake and parties and in some instances a community centre was hired out with a bouncy castle where parents, siblings, cousins and friends of the young people attended to celebrate their birthdays. Birthday planning was included in the most recent care plans and sibling's birthday dates were outlined with an instruction to ensure all were celebrated together. Special achievements in school such as art awards and playing in a national sports tournament were recognised and rewarded.

Both young people had access to a mobile phone. One young person met with inspectors and showed them their phone and spoke about the rules surrounding same. Inspectors spoke with this young person's social worker who noted they were satisfied with how the situation was being managed and supported. Parental guidance applications were in place for safeguarding along with technology guidelines signed by the young people outlining expectations.

The other young person had worked towards receiving a smart phone and significant key working had been completed in preparation for this. As the young person was putting themselves in unsafe situations, following a risk assessment and in consultation with the social work department, the use of the smart phone was suspended at the time of inspection. They had access to the house phone should they wish to contact social workers or family members and key working around online safety and expectations were ongoing. The young person had been noted to have lower anxiety levels, was engaging better within the centre and school issues had diminished following the removal of the smart phone. Inspectors spoke with the allocated social worker who was very satisfied with how this situation was being managed and the progress that was being made.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 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

- No action required.

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors spoke with staff members, one young person and observed interactions within the centre that evidenced an open culture was promoted. Whilst the level of significant event notifications (SENs) were relatively low in the centre, there was evidence that young people were encouraged and supported to raise any issues they may have. Staff were also encouraged through supervision to raise any issues and were reminded of the whistleblowing policy.

As aforementioned there were systems in place to ensure feedback could be sought from significant people in the young people's lives.

Policies and procedures were in place for the notification, management and review of incidents. Inspectors reviewed a sample of SENs and found them to be reported in line with policy. The majority of SENs were positive notifications. One serious incident had occurred in January 2025 and it was evident from review that an in depth life space interview (LSI) and follow up key working was completed with the young person and an alternative plan identified that was to be implemented by the staff team to prevent a recurrence. From a review of further samples of SENs it was evident that there was implementation of the behaviour management model through follow up LSIs and managers comments. Inspectors spoke with social workers who confirmed incidents were notified to them in a timely manner.

Incidents were discussed at team meetings and at organisational multi-disciplinary meetings which were attended by the clinical team. Staff members interviewed found these meetings to be beneficial. The organisation was also in the process of recruiting two new practitioners who would be involved in the reviewing of SENs and the review of application and approach to behaviour management in the future.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.3
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

- No action required.

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.

Inspectors met with members of staff and management during the visit and found them to understand their roles and responsibilities clearly. They were clear of reporting structures within the organisation and noted they found the centre manager to be supportive and approachable. Staff were supported to exercise professional judgement through team meetings and daily handover meetings where they made plans for the day ahead and teased out any issues arising within the centre.

There were several procedures in place to protect staff and minimise the risk to their safety. This included policies and procedures relating to lone working, risk management, health and safety. There were also several training courses provided by the organisation that were designed to keep staff safe in their work. This included behaviour management, fire safety, first aid and child protection.

Team meetings were held monthly. There was a set agenda in place which allowed staff members the opportunity to add their own items to the agenda. Inspectors noted recorded attendance at these meetings was poor and only saw evidence in one supervision session reviewed that attendance had been addressed with one staff member however there was no evidence to suggest it had been addressed with others. Records were limited in the recording of discussions and therefore did not demonstrate how learning was generated within this forum. Inspectors did speak with the regional manager, centre manager and staff members on shift and all were able to provide clear and concise examples of where learnings had been shared with the team relating to incidents. It is recommended the centre manager review attendance at meetings and review the effectiveness of the current team meeting recording system. Management meetings occurred monthly and were attended by centre managers within the organisation along with representatives of senior management. A range of topics were discussed, and the agenda included a section for learning on 'corrective and preventative actions (CAPA) reviews & feedback'. From a review of the 2025 minutes this section was yet to be utilised for discussion. Multi-Disciplinary meetings were held for the centre monthly, alternating from the weeks team meetings occurred. Attendance at these were significantly better than team meetings. This was also attended by the organisations clinical team and placement planning was the core focus.

A clear supervision policy was in place however inspectors noted this was not being adhered to in terms of frequency and discussions. Inspectors reviewed a sample of 7 supervision files and found significant delays in the provision of supervision ranging from 7 weeks to 11 weeks which was outside the frequency outlined in the policy. Contracts were on file for all staff members signed with their supervisors however not all records had been signed by supervisees. In some cases, recording was vague and sparse and did not adhere to the discussion format laid out in the template. Inspectors also noted that despite significant gaps in supervision being provided, supervisors were not held accountable in their own supervision with their supervisors instead with it being noted that they were doing well with the provision of supervision.

An audit was completed in October 2024 by the organisation's quality assurance manager on standard 6.3 however none of the above deficits were identified and no improvement plan implemented.

Of the files reviewed, all had up to date appraisals completed in September 2024 however it was noted whilst the staff members reflected on practice and contributed

to the process, the manager section, in most cases was left incomplete with no learning, feedback or areas for development identified. There was a clear guidance document that accompanied the appraisal which laid out areas for the manager to address during the appraisal and inspectors recommend that the manager adhered to this guidance document during the appraisal process.

A policy and systems were in place to support staff to manage the impact of working in the centre. This included access to a health fund, clinical support and counselling, personal accident cover, income protection, debriefing and immunisation.

Compliance with Regulation	
Regulation met	Regulation 6 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 6.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager and deputy manager must ensure they are adhering to the organisations policy on the provision of supervision.
- The quality assurance manager must ensure audits are robust and identifying deficits and action plans where required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	No action required.		
3	No action required.		
6	<p>The centre manager and deputy manager must ensure they are adhering to the organisations policy on the provision of supervision.</p> <p>The quality assurance manager must ensure audits are robust and identifying deficits and action plans where required.</p>	<p>Supervision has been placed on the Centre rota to ensure all supervision is completed in the specific time frame of 4-6 weeks, by Centre Management. All Supervision has been reviewed and all deficits corrected. Completed on 07.04.25.</p> <p>The Quality Assurance manager will ensure that when audits are completed, they are cross checked, and the details contained in audits audit are validated as factually correct. Immediate and ongoing.</p>	<p>Centre Management to utilise Supplementary Supervision Forms if needed due to Annual Leave, Sick Leave, Compassionate Leave etc. ensuring all supervision is completed in the required time frame.</p> <p>The Quality Assurance Manager and Centre Management will review completed centre audits to ensure they are accurate and amend any factual inaccuracies where necessary.</p>