



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: 2025

Inspection Report

Year:	2025
Name of Organisation:	Fresh Start Ltd.
Registered Capacity:	Three young people
Type of Inspection:	Announced Inspection
Date of inspection:	10th, 11th and 12th February 2025
Registration Status:	Registered from the 23rd March 2023 to the 23rd March 2026
Inspection Team:	Anne McEvoy Lorna Wogan
Date Report Issued:	30th April 2025

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support (Standard 1.5 only)	
3.2 Theme 3: Safe Care and Support (Standard 3.1 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.3 only)	
4. Corrective and Preventative Actions	16

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 23rd March 2023. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 23rd March 2023 to the 23rd March 2026.

The centre was initially registered as a pilot project to provide a stepdown placement for three young people. In November 2024, the centre applied to withdraw from the pilot project and to register as a mainstream residential centre. This change in circumstance was approved and the centre was registered to provide care to three young people from age 13 years to 17 years on admission. The aim of the centre was to provide a place where young people can develop, and their needs can be met in a safe and stable environment. The centre management aimed to provide this through an individualised approach, focusing on the cause of the behaviour that challenges rather than the behaviour itself. The centre applied for a derogation against its registered age range to provide care for the children currently placed. There were two children 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	3.1
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 28th March 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 10th 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: 218 without attached conditions from the 23rd March 2023 to the 23rd March 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

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.

Inspectors found evidence to support compliance with this standard through interviews, observed practice and a review of records. Both children were admitted to the centre three months prior to the inspection and inspectors observed that they were happy in their interactions with care staff and were regularly engaged with care staff in undertaking activities they enjoyed.

It was evident that care staff recognised and promoted the important role that family and friends played in the lives of the children. Access plans as agreed in the children's care plans were supported and facilitated by care staff. Both children were supported to engage as fully as possible in contact visits with family through the use of social stories and individual work to prepare them for upcoming visits and occasions. Inspectors found that the parent of one child was contacted weekly to inform them of progress and plans for their child and they had visited the child in the centre. This was in line with agreements with the allocated social worker to keep the parent updated. In interview with the allocated social worker for the second child, it was agreed that updates regarding the child's progress were completed through the social work department.

Minutes from child in care reviews evidenced that parents were encouraged to participate and their views regarding their children's care experience were taken into consideration. Contact with family members was planned in child in care reviews and was further discussed in team meetings as well as in-service clinical meetings where the benefits and impact of family contact was discussed to improve the overall contact experience for both children. Contact with siblings was facilitated by the care staff as agreed in the child in care review.

Inspectors found evidence that care staff supported the children's interests and areas of activities. Both children were encouraged to attend activities based on their

interests and where they wished to attend this was facilitated. Both children were facilitated and encouraged to attend their respective educational placements and there was key work completed to assist the children to make friends with one child attending a friend's birthday party in recent weeks.

Inspectors spoke with one child who chatted happily about the centre being decorated for Christmas and inspectors found that personal achievements were marked appropriately for each child.

Given the young ages of both children, neither had access to social media or their own phone but were facilitated to have access to television content appropriate to their age. In interview, the allocated social workers for both children were satisfied with the care provided to the children and stated the care staff and centre management were attuned to the needs of the children and worked collaboratively with them to meet those needs.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9
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 required

Regulation 5: Care Practices and Operational Policies

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a written policy on safeguarding and child protection and this policy was informed by the Children First National Guidelines for the Protection and Welfare of Children 2017 and was reviewed annually. Inspectors reviewed staff personnel files and found certification that care staff had completed training on the organisations child safeguarding and protection policy. Additionally care staff had completed the Tusla e-Learning module: Introduction to Children First, 2017, mandated persons training and training on the recognition of Child Sexual Exploitation as part of their induction and onboarding tasks. The centre had a named designated liaison person (DLP) and deputy designated liaison person (DDLp) who were trained in this role. Care staff, in interview, were familiar with the DLP and DDLp and were knowledgeable around how to report a child protection or a child welfare concern through the Tusla portal. A review of the centres policies evidenced that the roles and responsibilities of mandated persons and the DLP were clearly outlined, and this was further evidenced in meeting minutes with care staff and management where their roles and responsibilities as a mandated person were again reiterated.

The centre had a child safeguarding statement (CSS) displayed in a prominent area and in interview, staff were familiar with the CSS and the types of risks the children may be exposed to while living in the centre. The centre had received a letter of compliance from the Child Safeguarding Statement Compliance Unit indicating that the CSS contained relevant information under legislation. To further strengthen the safeguarding measures, inspectors recommend the centre management review the CSS to ensure that any risk of harm associated with caring for very young children is identified and appropriate procedures are in place.

Personnel files reviewed evidenced that all new care staff had appropriate vetting undertaken by the National Vetting Bureau and relevant international police checks completed where required. These were all obtained prior to care staff commencing work in the centre. Written references were obtained and verified for all new care staff to determine suitability for employment in the centre.

One child in the centre was of an age where they required assistance with intimate care. Staff were aware there was a written intimate care policy and a sleeping routine protocol. Inspectors found that the protocols for both intimate care and supporting the sleeping routine of this child had undergone revision on a number of occasions since admission and were routinely discussed with care staff in both team meetings and in supervision. Staff were provided with opportunities in both fora to discuss their concerns and strategies in relation to these protocols. These protocols were discussed in the child's child in care review and there was evidence of a collaborative approach between the social work department and the care staff to devise the most effective and safest approach to meet the needs of the child. This was confirmed in interview with the allocated social worker.

The centre management maintained a record of all child protection and welfare report forms (CPWRF) submitted to the Tusla Child and Family Agency portal. Inspectors found that the documentation relating to the CPWRF's was not stored alongside the report submitted and recommend that management consider storing all written communication relating to the CPWRF's alongside the report for ease of tracking and outcome. Additionally, there was limited records to evidence any discussions with the care staff team regarding changes to risk assessments or team approaches for the children following the submission of a CPWRF. Centre management must ensure that these discussions and outcomes are recorded to evidence the learning achieved and to guide future practice. Where allegations were made against staff members the centre's child protection procedures were implemented and there was evidence that appropriate assessments were undertaken, and the outcome recorded on the centre records. Parents were informed of these allegations and were advised of the outcome on both occasions.

Care staff were alert to the potential risk of bullying in the centre and had systems in place to always ensure full supervision of the children. In interview the allocated social workers were confident that both children were safeguarded against bullying and there was evidence that individual work was carried out as appropriate to support the children to live together.

Inspectors found that safety plans were on the children's care records as required. There were appropriate risk assessments drawn up the children as required and in line with their presenting needs. There was evidence of oversight of the centre's risk management systems by internal and external management.

Given the age of the children and their recent admission to the centre, the focus of individual work was on building relationships with key members of care staff. Subsequently there was no targeted work undertaken at the time of inspection with regards to developing the skills for independent self-care and protection. Both allocated social workers were in agreement that the current focus of building relationships was the priority and those trusting relationships would ultimately support the children to speak out if they were feeling unsafe or vulnerable.

The centre had a policy on protected disclosures. Inspectors reviewed this policy and found that it required review and amendment. The policy did not advise staff on appropriate external bodies or organisations they could contact where they had concerns about the organisation and its operation. Inspectors recommend that the registered provider review the policy on protected disclosures to assure themselves that it offers best practice guidance and procedures to follow including appropriate external agencies.

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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that discussions and outcomes regarding incidents of concern are recorded to evidence the learning achieved and to guide future practice.

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 found that the responsibilities for each role were outlined at the time of job application and induction for each new member of staff. In interview, staff were aware of the reporting structure in operation. There were monthly staff team meetings and monthly multidisciplinary team meetings to support staff to exercise professional judgement to provide a child centred service. This was achieved through robust discussions on the presenting needs of each child and how these needs might best be met. In interview, one social worker stated that the therapeutic input from the in-house multidisciplinary team was a significant and beneficial resource for the team members to support effective, child-centred and safe care.

There were procedures in place to protect care staff and minimise the risk to their safety. There was a clear supervision policy in operation and a review of staff records indicated that the frequency of supervision was occurring in line with the policy. Care staff had completed training in the purpose and function of supervision and managers in the centre received relevant training in how to provide supervision. There was evidence that staff were provided with positive feedback and support through the supervision process. However, the supervision records did not evidence that issues to be addressed with staff or areas for further practice development were discussed or recorded in supervision. The centre manager must ensure the supervision process evidences areas for development and accountability for practice. Inspectors found that supervision records were not always signed by the supervisee, in line with requirements of the National Standards for Children's Residential Centres (HIQA) 2018. Similarly, inspectors found that care staff were subject to three- and six-month probation reports as well as annual appraisals, however not all of these documents were signed by the supervisee and there was limited reference to training required and areas for development or improvement. To address this, the centre management must ensure that records, including supervision records and staff appraisals and performance development documents are co-signed by both parties to ensure agreement and transparency on discussions recorded. Additionally, all documents relating to care staff performance and supervision must be completed in full and include identified training requirements or areas for development as per the centre template in operation.

The care staff had experienced a very challenging event in the centre which had impacted significantly not only on the staff directly involved but on all members of

the team. Inspectors reviewed senior management records and were satisfied that this matter was being addressed proactively by senior and centre management at the time of inspection.

The centre management had identified supports in place for care staff who required assistance to manage the impact of working in the centre. This was embodied in policies such as “assault on a staff member”. Following staff interviews there was lack of clarity about the provision of external supports for staff and this must be clarified with the team. Inspectors recommend that senior management review the policy and update it to clarify issues highlighted by care staff. Outside of this issue, care staff stated that the centre manager and deputy manager were very supportive to them in supervision.

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 must ensure that records, including supervision records and staff appraisals and performance development documents are co-signed by both parties to ensure agreement and transparency on discussions recorded. Additionally, all documents relating to care staff performance and supervision must be completed in full and include identified training requirements or areas for development as per the centre template in operation.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
3	The centre manager must ensure that discussions and outcomes regarding incidents of concern are recorded to evidence the learning achieved and to guide future practice.	With immediate effect – The centre manager will ensure that incidents of concern are discussed during handover every morning and discussed at team meetings/multi-disciplinary team meetings. The meeting minutes will reflect that these incidents of concern are discussed and will be used to guide future practise.	The centre manager will ensure that the standardised Fresh Start team meeting agenda is followed and reflected in the minutes. In conjunction with team meetings and multi-disciplinary team meetings, where relevant, SERG / Post Crisis Review meetings and staff / team debriefs will be arranged to provide support and guidance for future practice following incidents of concern, and a written record kept of same.
6	The centre manager must ensure that records, including supervision records and staff appraisals and performance development documents are co-signed by both parties to ensure agreement and transparency on discussions recorded. Additionally, all documents	The centre manager reviewed all supervision files and appraisals and requested staff members to co-sign each file in the presence of their supervisor. Completed 09.04.25. Centre management will review and	The centre manager will ensure that all documents relating to staff performance inclusive of supervision and appraisal records, will be completed in full, and signed by both parties after each supervision to support the continuous development of the team. By implementing

	relating to care staff performance and supervision must be completed in full and include identified training requirements or areas for development as per the centre template in operation.	identify any outstanding training requirements and areas for development for every staff member at their next supervision, and these will be acted on accordingly. The training needs analysis will be updated accordingly if required. To be completed by 23.05.25.	these actions, the centre manager can ensure that all documents related to care team performance and supervision are co-signed on the day of supervision, comply with the centre's template, and support the continuous development of care team.
--	---	---	---