



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 023**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Fresh Start Ltd</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>13<sup>th</sup> &amp; 14<sup>th</sup> February 2024</b>
<b>Registration Status:</b>	<b>Registered from 13<sup>th</sup> September 2022 to 13<sup>th</sup> September 2025</b>
<b>Inspection Team:</b>	<b>Lisa Tobin Eileen Woods</b>
<b>Date Report Issued:</b>	<b>24<sup>th</sup> April 2024</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 13<sup>th</sup> September 2013. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from 13<sup>th</sup> September 2022 to 13<sup>th</sup> September 2025.

The centre was registered as a multi-occupancy service providing medium term care for up to three young people of all genders from age thirteen to seventeen years on admission. On occasion, and in consultation with the Alternative Care Inspection and Monitoring Service the centre accepted referrals for young people under 13 years under a derogation to the statement of purpose. The model of care was described as a needs-led therapeutic model for children and young people with a history of trauma, separation and loss. There was a sibling group of 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
2: Effective Care and Support	2.2
3: Safe Care and Support	3.3
7: Use of Resources	7.1

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 14<sup>th</sup> March 2024. The registered provider was afforded the opportunity to respond to any identifying factual inaccuracies in the draft report. As there were no actions identified in the draft report, there was no requirement for the organisation to submit a corrective and preventive action plan (CAPA) document. Centre management informed the Alternative Care Inspection and Monitoring Service on the 26<sup>th</sup> March 2024 that there were no factual inaccuracies in the draft report.

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: 023 without attached conditions from the 13<sup>th</sup> September 2022 to the 13<sup>th</sup> September 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

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

#### Theme 2: Effective Care and Support

#### Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Inspectors found that there was effective care and support processes in place to support the young people with their wellbeing and personal development. The young people had resided in the centre for a number of years; therefore, they had a good understanding of the structures and supports in place and available to them.

Hearing, listening, and responding to the young people's voice was something the centre had as a focal point in their general day to day care of the young people. This was evidenced and documented in the young people's meetings, individual work and the opportunity to make a complaint if they had an issue. For example, the young people did not like how frequently the young people meetings were occurring. The centre and the young people linked with Empowering people in care (EPIC) and it concluded with an agreement to have the meetings monthly.

All young people were encouraged to attend and participate in their child in care reviews (CICR's). One of the young people attended their last CICR while the other two young people didn't wish to, however they had their views represented by the staff team and their social worker. The young people's parents were afforded the opportunity to participate in the CICR's and if not present were later informed of the outcome. There was guardian ad litem (GAL) appointed to the young people and they would attend the majority of the CICR's and were regularly updated about their care.

All three young people had up to date care plans in place, however there had been delays in receiving all three of them from the social work department. The centre utilised their escalation procedure to expedite the care plans to no avail and subsequently the young people with the support from the care staff submitted a complaint through the Tusla "Tell Us" portal. The care plans were then forwarded to the centre shortly after this.

As the young people were long term residents in the centre and with the stability of the placement, their care plan actions were reflective of this situation with a lot of actions on a continuous basis as their care developed, for example, for the young people to remain in their current educational placement, for the young people to continue to access the clinical supports available. Inspectors found that the actions identified for the young people in their care plans were linked to their placement plans and goals. Key working was undertaken with two young people in an informal opportunity led way, at their request and with one young person in a more structured manner, again at their request. Both the social worker and the GAL stated in interview that they felt the centre was managing the young people's needs and achieving the goals identified in their care plans and placement plans. Both the social worker and GAL spoke of the complexity of the cases and the trauma-led supports that had been given to the young people which was evident in how the young people were developing and managing themselves over the years.

The young people's care plans and placement plans outlined the specialist supports that were in place and that were recommended for each of them. Supports from the centre were arranged to ensure the young people were facilitated in attending those appointments. Some identified supports were in the early stages and funding had been secured for assessment to occur. The organisation had its own clinical supports available to the young people and there was evidence of their involvement and input on the young people's records. The young people on occasion had specifically asked to link with the clinical members and this was facilitated. The staff team were also receiving guidance from the clinical team in how to best support the young people. For example, one young person was presenting with new behaviours and the clinical team member provided guidance on how to support the young person with this. A training session with the clinical team was being organised as part of the team's training needs analysis.

During interviews with staff, inspectors were informed that the communication with the social worker was effective and was positive. The social worker stated that they were well informed about all aspects of the care of the young people by management and by the staff team. There was a support social care worker assigned to two of the young people from the social work department to help with the ongoing relationships between the social work department and the young people. Inspectors got to chat briefly with the young people while onsite and it was evident the young people had good relationships with the staff given the interactions inspectors saw. One young person completed a questionnaire and highlighted their issue around the kitchen

being locked at night. Inspectors were aware of this ongoing issue being addressed in the centre in trying to support each young person with their relevant needs.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all areas under this standard were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas under this standard were assessed</b>

**Actions required:**

- No actions 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.**

The centre had a policy and procedure in place for managing incidents that occurred in the centre, the policy on the notification of significant events. The policy outlined what circumstance warranted when a notification should be sent and to whom. During interviews, staff were aware of the contents of the policy and their responsibilities if they were on shift when an incident occurred. The young people were informed on their admission about the processes in place around incidents and complaints if they wished to raise a concern. The young people were provided with a welcome pack which outlined the complaints process and what to expect as part of the procedure.

There were procedures in place for the significant people in the young people's lives to be informed of any incidents that occurred. There was an agreed system with the social work department for reporting information to family depending on what the incidents related to. Inspectors found that incidents were sent to the relevant people

in a timely manner which included the social worker, GAL, family, regional manager and the clinical team. All people involved in the care of the young people were afforded the opportunity to give feedback on the incidents and management included their comments on the incidents as to what follow up or supports were required.

While reviewing the register for significant events and a sample of the significant event notifications, inspectors found there was a clear system in place for recording the incidents, good quality detailed incident reports which included any antecedent information relevant to the young people's circumstances. In the sample reviewed, inspectors found that there were not many incidents relating to behaviours of concern of the young people, but more relating to complaints about the staff members. In line with centre policy, if an issue was raised by a young person against a staff member, it was deemed a notifiable complaint, and an incident report was submitted to the social work department and to the National Private Placement Team on each occasion. Relevant procedures were followed regarding these complaints, with the young people consulted and with conclusions/outcomes attached and the complaint closed off.

There were systems in place for reviewing incidents within the centre at handover, during team meetings and for management at senior management meetings. As mentioned above the identified trend in incidents was noted as complaints against staff. Inspectors observed evidence of this discussed at the team meetings regarding staff ensuring the young people's voices were heard and that may be completed through the use of the complaints process if they aired a concern or issue. Guidance was given to the staff team from management to follow the policy process and staff were offered support from the clinical team should they require it. Through the reviewing process, the team were able to see that at times staff can become targets for the young people. Relevant strategies were put in place to monitor this, risk assessments were drawn up and clinical advice and support was available. Inspectors spoke with the social worker and GAL regarding the complaints made against staff. They were aware of the centre's policy regarding notifiable complaints and were happy with how the centre was listening to the young people's voice and following up on the concerns raised.

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 areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

#### **Actions required:**

- No actions required.

### **Regulation 7: Staffing**

### **Theme 7: Use of Resources**

#### **Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.**

Inspectors found that the centre was being well managed ensuring that the correct systems were in place and available to the young people in many different capacities such as financially, socially, therapeutically and with a consistent full staff team to ensure the young people received safe and effective care and support. The young people's files clearly showed when and how much they received for pocket money, clothing and activities. This was managed by the staff team on a weekly basis and was documented and signed by the staff with receipts kept for the young people.

The inspectors saw the petty cash system on the house computer which showed how all the finance was managed and tracked for day-to-day spending. There was daily oversight and responsibility by the staff team with monthly oversight by the centre manager of the petty cash system. Monthly statements were received by the centre manager to help oversee and track the spending in the centre. There was a purchasing order system in place for larger, more expensive items required in the centre. From reviewing the financial system, inspectors saw that this was responded to quickly by the company if any larger items were required for example, one young person required a new bed, and the funds were in the account the following day.

The centre was maintained to a good standard with each room decorated appropriately. The young people had opportunities to give their opinion on how the house could be decorated and they had made changes throughout the years to their bedrooms and to the main living areas. There was a dedicated maintenance team available to the centre if any works were required. Any work being completed by the maintenance team did not affect the centre budget. There were ongoing issues around bats nesting in the centre during the last inspection in June 2022 and this had now been resolved.

The young people were offered to go on holidays during the summer of 2023 abroad. Each young person picked their own destination, and this was facilitated with finance and staff to ensure each child had the holiday they requested. The centre management created a savings system for holidays and for any extra items needed in the centre from any monies left over from the weekly petty cash budget. When reviewing team meeting minutes, petty cash was identified as an area of discussion for the team.

The centre had a full qualified staff team to support the running of the centre. There were three staff available to the young people each day. There were relief staff available to the team to support any absences. Inspectors found that there were resources available to the team from the organisation to enhance their development in the form of training offered and an employee assistance programme.

Each young person had a structured access plan developed to see family members every two weeks. Access had been suspended for a period for one young person with one family member. That young person subsequently made a complaint through the Tusla Tell Us portal regarding the access and it was reinstated as a result after consultation with the social work department. There was a budget available for expenses for the young people and staff to facilitate the access and there were two house cars available to the staff team to facilitate this.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 7</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 7.1</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all areas under this standard were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas under this standard were assessed</b>

**Actions required:**

- No actions required.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	No actions required.		
3	No actions required.		
7	No actions required.		