



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 229

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Fresh Start Ltd.
Registered Capacity:	6 young people
Type of Inspection:	Unannounced
Date of inspection:	15th, 16th & 17th July 2025
Registration Status:	Registered from 26th of October 2023 to 26th of October 2026
Inspection Team:	Catherine Hanly Cora Kelly
Date Report Issued:	14th August 2025

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 1: Child-centred Care and Support (Standard 1.6 only)	
3.2 Theme 2: Effective Care and Support (Standard 2.6 only)	
3.3 Theme 4: Health, Wellbeing and Development (Standard 4.3 only)	

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 26th of October 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 as a multi-occupancy service. It aimed to provide a place of safety in a warm and caring environment where the needs of the young people, aged between 13 and 17 years upon admission, could be met. At the time of this inspection, there were six separated children seeking international protection (SCSIP) living in the centre. The length of time residing in the centre varied with some young people having lived there since the centre first opened in October 2023 and one had moved in the night before inspectors' arrival.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.6
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 and staff, and the allocated social workers. All the young people declined to speak with inspectors or complete questionnaires. 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 30th of July 2025. There were no issues requiring action identified in this inspection and the report based on its findings, therefore no corrective and preventive actions (CAPA) was required. Centre management were afforded the right to identify any factual inaccuracies in the draft inspection report, and they confirmed that none were identified.

The findings of this report 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: 229 without attached conditions from the 26th of October 2023 to the 26th of October 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

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.

Inspectors found that there was a culture of listening to young people in this centre that was evident across many domains – enabling young people in having a choice in their lives, education, activities, and their religious and cultural practices. Reasons for decisions were clearly explained to young people to ensure they had a clear understanding of matters, whether this was regarding education, English classes, access to monies for personal use or rules in the centre, and translators were used as necessary and spontaneously to support this.

Inspectors found that centre management and the staff team had generated and continued to maintain and support an open and transparent environment which was found to be a generally positive experience for all. Young people were encouraged and supported to raise issues and offer their suggestions in matters such as activities, education and religious observance, and these were heard and supported by the staff team. Young people opted not to speak directly with inspectors during their visit to this centre, but records reviewed, including those of young people’s collective meetings and individual work, demonstrated that young people were actively encouraged to contribute to service delivery and reassured that their feedback would be welcomed.

Young people were provided with written information on the centre’s complaints process, and this was explained verbally also and revisited as necessary. In addition to having an internal mechanism, young people were provided with external supports including the Office of the Ombudsman, EPIC (Empowering Young People in Care) and organisations from their respective countries of origin that may be able to provide support and advocacy. The staff team clearly understood their responsibility to ensure young people were listened to and felt that they had a voice in matters relevant to them. The centre complaints policy was clearly outlined, identifying and distinguishing between notifiable and non-notifiable complaints and inspectors found that practice regarding complaints had adhered to policy. There were records

maintained within individual files and in the centre's register of complaints. Inspectors found that where young people had made complaints, these were not consistently recorded by the young person or, if supported and written by a staff member on their behalf, this was not consistently identified. All records should clearly state if written by a young person on their behalf and the reasons for same.

A recent complaint made by one young person in relation to a religious celebration had been dealt with promptly and in line with the centres' policy. A post-crisis debrief meeting had been convened to discuss the matter, once concluded, to establish any learning and changes to practice if deemed necessary. Inspectors noted that clear procedures were followed on the day in question, plans had been made by young people which were not adhered to. Alternatives were offered by the staff team on duty and, as the young people were not satisfied with alternatives, they exercised their right to make a complaint.

One complaint made by a young person about a staff member had been reported separately as a child protection and welfare concern (CPWR) following discussion with the allocated social worker. The centre had a detailed policy on this aspect of safeguarding and child protection, and this was followed by the centre manager at the time of the event. It was clear that following the social worker direction, the centre manager complied with their own policy. What is not clearly stated in policy is the supports afforded to staff in such instances where there a CPWR is made. This may require review and amendments if necessary. Whilst this matter was subsequently closed and the young person informed of this, there was no evidence that it had been discussed at a team meeting in detail or that relevant learning had been shared with the staff member involved and the staff team. It would be important that necessary discussion and learning occurs for all involved following matters such as these.

Inspectors noted that there had been no bi-annual review of complaints conducted by the Quality Assurance Manager, as stated in the policy document, and this should be undertaken as a priority and any learnings arising from this should be shared with all relevant persons.

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

Compliance with standards	
Practices met the required standard	Standard 1.6
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
Regulation 8: Accommodation
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

As stated in standard 1.6 of this report, there was a culture of listening to young people and ensuring their voice was heard evident in this centre. The approach to the delivery of care enabled young people, in as far as was possible, to be active participants in their own lives. This was evident in the discussions had with young people and preparation for the transition to adulthood and life for them after they moved on from this centre.

The Tusla role with young people in aftercare planning and preparation for leaving care was evident for one young person at the centre. Inspectors were informed that aftercare workers were not appointed to young people until they were seventeen and a half. During interviews with allocated social workers, inspectors were informed that this was often due to the age (16+) that separated children presented to services in this country. However, this appeared to be a changing picture with a new approach to referring sooner to aftercare services which will be a positive development for young people. There were established positive working relationships between centre staff

and appointed aftercare workers for the current young person and for previous young people that had moved on positively from the centre. Social workers were also part of this working relationship in ensuring young people were prepared for moving on from the centre. The social workers interviewed by inspectors reported that there was a high quality of care being provided to young people in the centre. There was evidence of staff implementing aspects of the relevant young person's aftercare plan, however inspectors noted that this is an area for further development in terms of the focus on and attention to identified tasks. The regional manager acknowledged this need for practice development and informed inspectors of a piece of ongoing work being developed in another centre within the service in relation to the structuring of work linked to young people's preparation for leaving care. Once completed, the plan is to implement this across all relevant services.

The group of young people that were living in the centre, and those that had moved on, were reported by staff to have generally well-developed independence skills and to be able to manage daily living quite independently of staff. Efforts were made immediately post-admission to orientate the young people with the local area, including public transport options, shops, schools and other educational facilities, as well as places for religious worship. The experience for the staff team since the centre opened has been of young people becoming quickly familiar with their new surroundings and adapting relatively well. Inspectors found that the area of preparation for leaving care would benefit from more structure and oversight at a centre level. Having a structured and consistent plan to implement the acquisition and development of life skills would further support the positive work being done in the centre.

Young people often had limited influence on the location or type of aftercare accommodation they moved onto after this centre because of limited options generally available. Two young people had successfully moved on from the centre within the six months prior to this inspection, both to a location and accommodation-type that they wished for. However, this was often an exception rather than a regular occurrence. Young people were encouraged throughout their placement to save monies provided to them by the centre so that they would have at least finances available to them. Additionally, young people were provided with a resource pack by the centre of necessary items, including bedding and cookware, they may need when moving into their own accommodation. There had been some contact with staff and the young people since they moved on and both were reported to be doing well. Young people were provided with copies of important and relevant documents including medical and education records prior to leaving the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.6
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 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

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.

Inspectors found that the overall educational needs of all young people in this centre were met to a high standard. The manager and staff team had established links with local schools, the Youthreach co-ordinator and had sourced a tutor, recommended by a local school, to provide additional tutoring to the young people living in the centre. The positive working relationships with local secondary schools had enabled young people to settle well in the mainstream education system. Staff members attended parent/teacher meetings, and liaised on a frequent basis to address challenges, including non-attendance where it arose as an issue. School reports were sent out and were accessible by the young person themselves and the care team on the schools' online system.

The centre had utilised the assistance of the local Educational Welfare Officer when this was required. One young person had accessed an educational needs assessment since coming to live in this centre. In the main, interagency cooperation between all relevant parties, with the young person and their needs held central, ensured that

young people were offered the best avenue and support to achieve their educational potential. Although it was holiday time in the academic year at the time of this inspection, some of the young people were continuing to avail of educational input via tutoring and the Summer Provision programme.

In addition to a chair and table in each young person’s bedroom, resources such as tablets were provided in-house for young people to access if required for schoolwork. Where a young person had not been attending school on a fulltime basis for a protracted period, there was ongoing efforts to encourage them to engage and return to school.

One of the young people that recently moved on from the centre, had been permitted to stay on past their eighteenth birthday for the specific purpose of completing their second level education. This young person was awaiting the results of their state examinations and had applied for third level education courses, a remarkable success for them.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

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.