



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Fresh Start Ltd.
Registered Capacity:	6 young people
Type of Inspection:	Announced
Date of inspection:	26th & 27th February 2024
Registration Status:	Registered from 26th of October 2023 to 26th of October 2026
Inspection Team:	Catherine Hanly Lorraine Egan
Date Report Issued:	26th March 2024

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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 Assurance 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 one 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. On opening, a total of six separated children seeking international protection (SCSIP) were admitted to this centre on a medium to long term basis, and all six remained 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	3.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 4th of March 2024. 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 13th of March 2024. 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: 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

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 personal development.

There were six young people, all of whom were separated children seeking international protection, residing in the centre at the time of this inspection. Each of them had a care status and, in line with this, each had an up-to-date statutory care plan on file that had been developed following a statutory care review. The level of detail contained within these plans was limited, reflecting the level of unknown information about each of their lives prior to them coming to this country and having contact with Tusla. The young people had all been involved in their statutory review process, they had completed their own consultation form and had been present in the discussion on care planning with their voices and views being well reflected there. None of the separated young people had contact with family members in their respective countries of origin and thus social workers were not able to contact them to contribute to the care planning process.

The centre had developed initial placement plans for each young person using the information within the statutory care plan and based on their own internal needs assessment that had been completed based on limited known information upon admission. These placement plans had been recently updated for all young people. Individual work had been completed with each of the young people to help them understand the placement planning purpose and process. It was evident from key work planning documents and individual work being completed, that the staff team were responsive to the emerging needs of the young people, but the placement plan format did not lend itself well to tracking this changing need and progress. The placement plans required further development to ensure that they are specific to each young person's needs and circumstances, reflective of their own views and self-identified goals for the placement and their futures and can better track individual progression and achievements. This should include aspects of independent living where relevant and appropriate.

Whilst most goals and actions named within the statutory care plans were being implemented at the centre, there were still some outstanding matters including

clarity on care status for young people, referral to aftercare, and English language lessons that had yet to be actioned. Those matters identified as social work responsibility were raised by inspectors in their meeting with the dedicated social work team for this group of young people and were being consistently pursued by centre management. Inspectors noted a collaborative and positive engagement between the centre and the social work team with frequent contact and visits by allocated social workers to the centre.

Compliance with regulations	
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 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must ensure that placement plans are specific to each young person's needs and circumstances, reflective of their own views and self-identified goals for the placement and their futures and can better track individual progression and achievements.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

There was a positive approach taken by the staff team in responding to presenting behaviours informed by policy and training. The staff team acted as positive role models for young people in their everyday work engaging in a positive, open and respectful manner with those around them. They were trained in the theory of a recognised model of behaviour management which guided them to look beyond presenting behaviours and to try to understand the trauma that manifested itself in

behaviours that represented a move away from baseline for the young people. The positive approach was evident across all information gathered by inspectors. The staff team were open to engaging in daily frank dialogue with young people; the use of interpreters for everyday and complex issues was second nature which ensured there was no unnecessary time delay for tension or frustration to build up; and the staff team respected and acknowledged the autonomy of the young people with due regard for safety and welfare.

Key work records with the young people demonstrated a consistent and coordinated approach to educating young people about matters including sex education; their personal safety when out of the centre, including the need for curfews and maintaining telephone contact with staff; internet safety; developing CVs and job hunting; supporting young people in securing work placements for school; setting up a bank account; and their rights, amongst others. The young people informed inspectors that there was very positive regard amongst the young people as a group and between the staff team and the young people. They felt very much respected by the staff team with most young people describing them as “*all staff are good*”.

The staff team had engaged in a reflective discussion facilitated by the organisations’ consultant child and adolescent psychotherapist in January 2024. This had provided the team with a space which they described as being invaluable in supporting their work and engagement with the young people. It had enabled them to further understand the children’s journey to Ireland and into care and the implications of their previous experiences on their current presentation. The staff team were very much in a space of being present with the young people, allowing and enabling them to settle into the centre and their new lives whilst supporting their gradually emerging emotional expression.

Individual Crisis Support Plans (ICSP) were on file for each young person in line with the TCI approach. The young people living in the centre at the time of this inspection did not present with any significant behaviour that challenged, although there were some presenting behaviours related to mental health. The interventions within the ICSPs were quite generic and upon review, may not be deemed warranted if a young person does not present with crisis behaviours. There was one documented incident of an expression of suicidal ideation which, the staff team had been promptly responsive to, seeking professional and clinical intervention accordingly. This event, alongside a consideration of other factors known and unknown could have benefited from a broader consideration and associated risk assessment. This positive lens approach would have ensured a greater awareness by the staff team to documenting

behaviours, patterns, prescribed medication usage, interactions, and mood fluctuations during a period.

There were no restrictive practices stated as being in use. The manager and staff team understood what they were and the need to review them frequently if in use.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 3.2
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 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre manager had been appointed to their post at the beginning of October 2023, prior to this centre commencing operations. They were assigned the overall responsibility of the delivery of the service, supported by the regional manager. The manager was supported within the centre by two social care leaders and a third acting social care leader. These staff members took on additional duties delegated to them by the centre manager, and one identified social care leader provided alternative management cover during extended periods of leave taken by the centre manager. The manager worked usual office hours from Monday to Friday and covered on-call

as part of a dedicated rota. They had regular oversight of the practices and record-keeping at the centre and were present for team meetings and shift hand overs.

There was a clear line of accountability from centre management to the regional manager and beyond within the governance structure of the organisation. The manager had daily contact with the regional manager who was included in information of significance related to the young people's placement. The regional manager had visited the centre, was familiar with the young people and each of their respective circumstances and was committed to putting in place the necessary resources to ensure a high standard of care was provided. A senior manager within the organisation had conducted several themed audits against identified standards. Full reports with action areas had been prepared for the centre manager to attend to.

There was an identified risk framework in place, and the manager reported the level of risk overall to be quite low. There was a centre risk register in place with live risks named and previous risks that had since been closed. Inspectors view the area of risk identification and management to be an area of development for this centre which, the regional manager concurred with. The risks named for young people, for example, could be expanded to include the range of risks connected to their trauma, possible child protection concerns and how these may emerge over time and then require a response to.

The policy document for this centre had most recently been reviewed in October 2023. The centre and regional managers informed inspectors that the distinct nature of this centre and how the service was delivered, separate to other centres operated by the organisation, meant that there were policies that were not directly applicable. The management also acknowledged that as their learning expanded over time, the need for further policy development may arise and so the intention was to keep policy development under active review.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.2
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 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The regional manager informed inspectors that nine full-time staff were employed to work at this centre. However, at the time of the inspection, one staff member was out on long term leave although had been expected to return immediately prior to this inspection but had then extended their leave. A second named staff member was not accepted by the registration committee within the Tusla Alternative Care Inspection and Monitoring Service (ACIMS) as a social care staff due to their qualification. This staff member was then identified as a support staff worker with strict conditions imposed within the centre by the agency on their role and responsibilities in this centre. This led to complexities in organising the rota which was well managed by the centre manager. Due to the direction within the revised guidance being issued by the Tusla ACIMS on the registration of supported care accommodation for separated children seeking international protection around the time of this inspection, this support staff worker was permitted to resume duties in line with their colleagues. The remaining gap on the roster, due to long term leave by one staff at the time of the inspection, was being filled by relief staff.

The development of the roster was the responsibility of the centre manager and they, with the regional manager, held responsibility for workforce planning at this centre. They informed inspectors that recruitment was ongoing across the organisation and that this had been extremely challenging for this centre. There had been gaps in the roster, acknowledged by the centre manager over the Christmas period and these had been filled by agency staff or by members of the staff team working double cover. The latter had been risk assessed for and had only occurred on two occasions that inspectors could see. The young people informed inspectors that mostly, they experienced the same staff members though did comment that occasionally there were new faces. A consistent staff team was named in the roster for the months since the centre had opened but inspectors noted that seventeen names were included in daily records for the month of February which is a significant number of staff in a centre with a reported stable staff team. There were discussions related to workforce planning in senior management meeting minutes which focussed on staff recruitment and retention incentives which, staff in interview viewed to be meaningful incentives for them. There were also discussions on how to reduce the use of agency across the organisation which appeared to be an ongoing challenge. One of the young people had made a complaint about the behaviour of an agency staff member. The young person informed inspectors that they were satisfied with how their complaint was heard and responded to confirming that the staff member had not returned to work in the centre. Centre management must continue to create stability and consistency through a smaller number of core staff.

The manager was satisfied with the competencies of the staff team and their ability to deliver a good quality service to these young people. The young people, as previously mentioned, described the care team as “good” stating that they were happy in the house and knew staff were available to them. Inspectors noted ongoing discussion in senior management meetings that referred to broadening accepted qualification standards to enable them to deal with an ongoing national staffing crisis. There was also ongoing discussion aimed at ensuring required training was completed by staff members and how best to address this. Inspectors noted several areas of further training and professional development that would support the team in the work that they do. These included cultural diversity, mental health, and trafficking. The centre and regional managers were committed to securing these and indeed any other training courses for the staff team.

There was a formal on-call system in place shared by those at management level and only rarely used by staff in this centre.

Compliance with regulations	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1
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.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must ensure that placement plans are specific to each young person's needs and circumstances, reflective of their own views and self-identified goals for the placement and their futures and can better track individual progression and achievements.	The centre manager met with the Regional Manager, Clinical Co-ordinator, and TCI support to review placement plans for the young people. Amendments to the placement plans were agreed to reflect the goals and views of the young people while also allowing for evaluation of progress for each individual young person. Completed on 13.03.24	The revised placement plan will be used from 13.03.24. This document will be routinely reviewed by centre management to ensure it continues to reflect the young people's goals and track individual progression and achievements.
3	None identified.		
5	None identified.		
6	None identified.		