



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: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Fresh Start Ltd.</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>19<sup>th</sup>, 20<sup>th</sup> &amp; 21<sup>st</sup> May 2025</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>Catherine Hanly Cora Kelly</b>
<b>Date Report Issued:</b>	<b>8<sup>th</sup> July 2025</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 three 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 four 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 (ACIMS) the centre accepted referrals for young people under 13 years under a derogation to the statement of purpose. Such a derogation had been approved in November 2024 to facilitate the placement of two very young children aged three and five, who were siblings.

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 were four young people living in the centre at the time of the inspection, two sibling groups of two persons each. One sibling group had been residing at the centre for over 6 years.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.5
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, and the allocated social workers. Inspectors met with all four children living in the centre. 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 4<sup>th</sup> of June 2025. There were no issues requiring action identified in this inspection and report 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: 023 without attached conditions from the 13<sup>th</sup> September 2022 to 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 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

Inspectors found that there were effective systems of communication in place between the staff members at the centre and the various personnel they interfaced with in relation to the young people's care. The care team met with the internal multi-disciplinary team (MDT) monthly and clear records of these meetings, including direction and guidance from the MDT were maintained. The staff members interviewed as part of this inspection were familiar with the direction and input of the MDT. There were clear systems of communication between the centre and various members of the senior management team that supported the work of the acting centre manager and care team. There were monthly professionals' meetings between centre management and the social workers for each of the two sibling pairs that were residing at the centre. These had commenced for the purpose of bringing all relevant persons together to discuss the placements of the young people and their respective impact on each other and continued with this purpose to the fore. Inspectors suggested that including an action-oriented aspect to this forum would lend itself to a focus on what needed to occur to ensure that the needs of the young people as individuals were being prioritised and adequately met.

One of the young people was only months away from their eighteenth birthday at the time of this inspection. They had been allocated a Tusla aftercare worker and had been working alongside them to complete their leaving care needs assessment in line with the national policy. There was evidence of an integrated approach between the young person, their allocated social worker, the care staff team and the allocated aftercare worker to ensure access to aftercare beyond the current placement. A sibling of this young person had successfully moved on from this centre the year previous. They had been actively involved in the planning arrangements to move on from this centre and there was some ongoing contact between staff members at the centre and the young person.

Whilst the centre had a policy on preparing young people for leaving care, this should be enhanced to provide more structure and guidance to the care team, and keyworkers in particular, in preparing young people for leaving care. Inspectors

found that planning for the young person's skills acquisition and other necessary preparations in readiness for leaving care, whilst happening, were not well incorporated into their placement plan. Inspectors recommend that the centre policy and practice could be further developed to enhance the preparation aspect and review of relevant timelines within the centre.

The centres' discharge policy specified that feedback from young people is sought when they are being discharged from the service via an 'exit interview'. The information provided is utilised to inform service improvements. The regional manager acknowledged that it was an oversight that feedback had not been sought from the previous young person discharged from the centre. Inspectors encouraged centre management to pursue obtaining feedback from this young person, particularly in how they experienced integrated care, as care staff are still in regular contact with them.

The centres' policy on administrative and care files specifies that when young people move on from the centre, their care file will be appropriately stored and returned to the referring social work team. The regional manager stated that this occurs within six weeks of the placement ending although no timeframe is stated in the written policy.

<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 2.5</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **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.**

In February 2025, a change in circumstances (CIC) form was submitted to the ACIMS informing them of a change in the named manager at the centre, in accordance with the requirements of the Child Care (Standards in Children's Residential Centres), 1996, Regulations – Regulation 6, Person in Charge. This represented a significant change for the centre as the previous manager had been in post for more than a decade and had provided significant consistency and stability to the service during that period. The acting manager who was in place at the time of the inspection had been requested by senior management to step into the role on a temporary basis to bring stability to the team and centre. They had been working in a sister centre in the position of acting deputy manager for a short period prior to coming into this role. They had a relevant equivalent qualification and had several years' experience of working in various centres within this organisation. They had previously worked in this centre as relief and were familiar with two of the young people and members of the staff team. The previous managers' departure was planned and allowed for a robust handover and induction for the incoming acting manager.

The acting manager was reported by staff to be supportive (this will be further expanded on under Standard 6.1 of this report), direct and provided clear guidance. Staff described a clear management style that was helpful to them in delivering on their daily tasks. The manager had ensured clear structures were in place for daily routines of young people as well as daily care delivery in the centre. The acting manager clearly understood their role and what was required of them to bring about a period of stability for the young people and staff team. They were knowledgeable about the young people, their respective needs and care planning for them. They were present in the centre Monday to Friday during normal working hours and additionally worked on a roster providing on-call support. They provided formal supervision to the staff team and there was evidence of their oversight of and direction in records reviewed by inspectors. They were supported in their administrative and supportive duties by a deputy manager who worked a four-day

week and a team leader. The latter role was a recently introduced one to this centre and indeed to the organisation and represented a welcome and needed development in terms of an appropriate and necessary internal management structure. The deputy manager shared the responsibility of administrative duties and formal supervision of members of the staff team. They were also responsible for covering any period of significant leave taken by the acting manager. The team leader split their working hours between frontline care delivery and administrative tasks. The regional manager informed inspectors that the plan was to formalise the acting managers' role through an internal recruitment process in the coming months.

There was evidence of a culture of learning through discussions held at the multi-disciplinary team (MDT) meeting forums and in the various discussions and interviews held with all staff during the inspection process. Professional meetings were convened monthly between centre management and the social workers for each of the sibling groups. This forum ensured regular information sharing and discussions on the continued provision of safe care that was of a good quality. Inspectors recommended to centre management and social workers alike that an action-focused element to this forum would be a useful inclusion.

The acting centre manager reported to a regional manager within the organisation. There was weekly contact, at a minimum, and sometimes more frequent. The regional manager was informed of significant events in the centre, was familiar with the case and care of each of the young people and visited the centre regularly. They were present at management meetings, were actively involved in the ongoing recruitment process to secure additional staff for this centre and spoke with confidence in the acting managers' ability to bring about stability to the centre following a turbulent period. The quality assurance manager within the organisation conducted regular audits against the national standards. Inspectors reviewed a sample of these and noted that although actions were identified across the standards examined, the standard itself was deemed to be met. Inspectors noted that the audit of standard 2.3 which relates to the overall property, was conducted in February 2025 and identified a lengthy list of matters to be addressed by centre management and/or maintenance. Inspectors noted that many of these matters had been dealt with/completed during their inspection in May 2025 however there were further matters that required immediate and prioritised action. Senior management must consider the resources available to centre management at this centre and ensure that these are allocated priority so that a safe and homely environment is always maintained.

There was an updated suite of comprehensive policies and procedures in place. These were generally reviewed annually and updated then or more often if necessary. There was some evidence of discussion of various policies at team meetings. In line with findings of this inspection in relation to preparation for leaving care detailed under standard 2.5 of this report, inspectors recommend a review of the policies guiding practice in that area of care provision.

The centre had a risk framework in place that consisted of individual risk assessments and associated management plans scored using an accompanying risk matrix. Staff were familiar with the use of and need for risk assessment and management plans. Inspectors noted that not all records relating to risk, including assessments, restrictive practices, management plans and the centre risk register itself were kept up to date and recommended that centre management undertake a comprehensive review of all related documents to ensure that information on files was current and accurate.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 5.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **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.**

At the time of this inspection, there were nine social care staff on fulltime working hour contracts (150 per month as determined by the organisation), at the centre. A further two were on 90 hours per month contracts, although one of these was on leave for a significant period prior to and during this inspection. In addition, there was a fulltime acting manager working five days per week, and a deputy manager that worked four days per week in the centre, solely on administrative duties. The centre was found to be compliant with the requirements of Tusla ACIMS Minimal Staffing Level and Qualifications for Registration Children's Residential Centres memo, August 2024 and Article 7, Staffing of the Child Care (Standards in Children's Residential Centres), 1996, Regulations. There were four young people living in the centre at this time and, to meet their individual needs, the minimum daily staffing required was four social care workers on each day – two of whom worked a day shift and the other two a 24-hour sleepover shift. In addition, a live night shift from 9pm-9am was required. Due to the level of staffing required, and the absence of a staff member, the acting centre manager was filling gaps that presented with the use of relief and agency staff.

The acting manager who had been in post three months at the time of inspectors visit to the centre, had implemented measures to provide much-needed support to the staff team following a significant period of change with the previous manager and long-serving members of the core staff team having left the service. These measures included being present in the centre Monday to Friday and giving support, guidance and direction to the team at important junctures throughout the day, but particularly at shift handover. They were providing formal supervision directly to staff and ensuring that the deputy manager and recently appointed team leader were also delivering on this task to their assigned personnel. The staff team were being supported by centre management and the organisation in attending debriefs following significant incidents and were being encouraged and facilitated to access internal and external supports as needed.

The staff team all had a social care or relevant equivalent qualification and there was a mix of length and type of experience amongst them. Inspectors observed warm, empathetic and caring interactions between centre management and members of the staff team with the young people on the day of their visit. Records reviewed were reflective of meaningful relationships between key workers and the young people with active listening and a consistent care approach delivered. The acting centre manager and regional manager spoke about the benefit of having a core team member with a qualification in Early Years Education, given their current group of residents, and this should be considered in ongoing recruitment. They noted that

current staffing levels were below what the centre required to adequately fulfil its stated purpose and function and that the recruitment of one to two additional social care staff would augment the work of the care team. Ongoing recruitment of social care staff was active. The regional manager referred to findings within exit interviews that would be considered in recruitment; however, many reasons provided for exiting the company were individual to the person. Some additional considerations for this centre in current recruitment would be the hiring of a houseparent. There were ten people in the house Monday to Friday and eight people present both days of the weekend, with the manager and deputy off duty on those days. The volume of daily household tasks to be completed by the care team was significantly high and a housekeeper could provide the care team with additional time to respond to the needs of the young people.

Staff spoke about incentives in place within the centre and provided by the organisation that encouraged staff retention. These included opportunities for promotion, support from centre management and professional supports made available. Professional supports included access to personnel within the multi-disciplinary team (MDT) – either on an individual basis or at a team level. One of this team had delivered a training day to the staff team on working with young children in January. A repeat of this training for staff recruited since that time, or an expanded version could be considered.

There were procedures in place for on-call arrangements. This was shared amongst the centre and deputy managers and provided another type of support to the staff team.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 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 6.1</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **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	None identified.		
5	None identified.		
6	None identified.		