



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 082**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Fresh Start</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced Themed Inspection</b>
<b>Date of inspection:</b>	<b>16<sup>th</sup> May and 5<sup>th</sup> and 6<sup>th</sup> June 2024</b>
<b>Registration Status:</b>	<b>Registered 16<sup>th</sup> December 2022 to the 16<sup>th</sup> December 2025</b>
<b>Inspection Team:</b>	<b>Linda McGuinness Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>24<sup>th</sup> June 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 in December 2007. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from the 16<sup>th</sup> December 2022 to the 16<sup>th</sup> December 2025.

The centre was registered to provide medium to long term care and accommodation to four young people, from age thirteen to seventeen years on admission. The model of care was based on a needs assessment model that was supported by the care team and a dedicated multi-disciplinary clinical team. The centre aimed to provide a safe and stable environment for children where they would be supported to meet their emotional, physical, social, and spiritual needs. There was also an emphasis on working closely with families where possible. The care team aimed to meet these needs through identified goals and placement objectives agreed for each child on admission. There were four children living in the centre at the time of the inspection. At the time of the inspection, the centre was granted derogation to accommodate two of the young people as they were less than thirteen years of age on admission.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4

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> of June 2024. There was no requirement for a corrective and preventative action plan (CAPA). The centre manager confirmed in writing on 17<sup>th</sup> July that there were no factual inaccuracies. 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: 082 without attached conditions from the 16<sup>th</sup> December 2022 to the 16<sup>th</sup> of December 2025 pursuant to Part VIII, 1991 Child Care Act



### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 9: Access Arrangements**  
**Regulation 11: Religion**  
**Regulation 12: Provision of Food and Cooking Facilities**  
**Regulation 17: Records**

#### **Theme 1: Child-centred Care and Support**

**Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

From review of the premises, centre records and speaking with children and care staff, inspectors found evidence that the children were encouraged and supported to exercise choice in respect of day to day living and planning for their care. The centre had maintained a relatively stable staff team, and the relationships care team members built with the children were key to understanding and reflecting their voices.

There was ample evidence of the care team using children's therapeutic resources, books, and technology to include them as much as possible in day-to-day decision making in a way they could understand. The team were creative in their approaches and utilised visual aids and resources to create opportunities for them to participate in placement planning and contribute to decisions about their care. There were child friendly versions of key documents to assist them with this, including animated forms for young people's meetings, preparation for child in care reviews and helping them set monthly goals. The voice of the child was also evident through planned, and opportunity led key working sessions. The daily log records provided insight into the children's views and experiences throughout each day. Where there were dietary limitations due to parental wishes connected to their faith, the care team explained the reasons why to the children in a way they understood.

One young person who moved in the week before inspection spoke with the inspectors and confirmed they were able to visit the centre, meet the team and other children prior to moving in. They described it as a positive experience and said they

felt very welcome, and that people were easy to talk to. They were provided with a young person booklet. They said they were consulted about their wishes relating to family visits and had plans with their key workers to personalise their room. They understood why they were in care and were aware of plans for their care and education. They told inspectors that the rules were explained to them, and they made sense. There was evidence on the care file that they were informed about their rights, and they understood that there was a process to complain about anything they were unhappy with. They told inspectors they were fully included in discussions and negotiations about their free time and felt that they were trusted, and their opinions were listened to.

The house was warm and welcoming, decorated in a child friendly manner and children were proud of photos of their art work, daily activities, celebrations and achievements displayed throughout the house. Their bedrooms were colourful and individualised based on their needs and preferences. The three younger children were provided with age appropriate written and pictorial information about the house and the routines and expectations.

House meetings were held each week and children participated in planning of meals and activities. For one young person who found this forum difficult, there were alternative ways of exploring their wishes and explaining key information. There was also evidence that the children raised important topics for them with key people as they arose, and inspectors found that there were prompt responses to these issues. Where this was not possible, these were escalated to the supervising social worker for discussion and follow up. The care team balanced the need to maintain family relationships with respecting the children's wishes to limit some family visits.

Given the young ages of three of the children their right to access information was appropriate to their age, stage of development and balanced with making the house as homely as possible. The young person who moved in was aware the care team maintained a daily record of their care and that they could ask to read the records.

There was much evidence of the care team advocating on behalf of the children. They were involved with the national advocacy service Empowering People in Care (EPIC) who had visited the house to meet them and there were also involved in fun activities on national 'care day'. The children participated in local sports clubs and summer camps were planned based on individual needs and preferences. A holiday to Legoland was planned for summer 2024 for some of the children.

At the time of inspection, the younger children did not have well-established relationships with their social worker or Guardian ad Litem even though they were in regular communication and visited regularly. The team indicated that they were exploring ways to improve this and envisaged that it would become easier when planned life story work was completed.

A statutory child in care review was scheduled for a young person who recently moved in all other children had an up-to-date care plan on file. There was evidence that monthly child in care reviews took place in line with national requirements for the placement of children aged 12 years and under in residential care.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 9</b> <b>Regulation 11</b> <b>Regulation 12</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.3</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**

### **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 policies and procedures in place to protect children from all forms of abuse and neglect. The inspectors found that these policies were in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and Children First: National Guidance for the Protection and Welfare of Children, 2017.

The organisations child protection and safeguarding policy was dated August 2023 and a review had commenced at the time of inspection.

The child safeguarding statement dated August 2023 was displayed in the centre as required. Inspectors found that the statement reflected the current risks to the safety of the young people. Care team members interviewed during inspection identified the centre manager as the Designated Liaison Person (DLP) for the centre.

Training records reviewed by inspectors evidenced that all full-time staff had received training in the Tusla e-learning module: Introduction to Children First, 2017 and in the organisation's child protection and safeguarding policy. The team also completed additional training in child sexual exploitation and online training in their role as mandated persons. There was evidence that child protection including the protected disclosures/whistleblowing policy, the roles of mandated persons and DLP were reviewed in team meetings. While there was evidence that actions relating to safeguarding and child protection were followed up after team meetings, the detail of discussions was often not included in the records as per the agenda template, and this is required to ensure evidence of effective planning.

There was anti-bullying policy in place and there was no evidence of bullying in the centre since the last inspection. Sibling dynamics in the house at times were well managed by the team and children were always supervised. The team stayed in constant communication with schools and were alert to issues of bullying or racism that could take place there. Individual safeguards were also in place for young people in intimate care plans, behaviour support plans (BSPs) individual crisis support plans (ICSP's), absence management plans (AMP's) and through safety plans if needed.

The inspectors reviewed the centres child protection register and significant event records on file and were satisfied that the centre had reported all child protection concerns in line with Children First guidelines. Care staff interviewed by inspectors were aware of the child safeguarding statement and their responsibilities as mandated persons in relation to reporting child protection and welfare concerns. The centre manager and regional manager had oversight of the child protection register.

The centre had a policy and procedure on protected disclosures/whistleblowing. Care staff interviewed were aware to whom they could report any concerns about poor practice. They confirmed they were confident to challenge each other and report under the policy without fear of adverse consequences to themselves if they raised a concern.

The supervising social workers for all the children confirmed to inspectors that they were satisfied the young people living in the centre were safe, well cared for and they had no safeguarding concerns. There was evidence of collaborative working to promote the safety and well-being of the young people. The care team understood that there were agreed procedures whereby allocated social workers would inform parents or guardians of any incidents or allegations of abuse.

Age appropriate, creative, keyworking and individual work took place with the children to help them understand their feelings and behaviour and develop self-care skills. The inspectors met with three young people during the inspection, and while conversation was limited with two of them the team were confident that they would speak up and let them know if something was wrong. Inspectors observed that the care team were very attuned to both verbal and non-verbal communication from the children.

The centre had a written online safety policy contained under the theme working safely with children and young people. Inspectors found that this mostly focused on the dangers of cyber bullying and recommend that all online risks are included in the current update of the policies. There were age-appropriate restrictions on the use of children's access to technology. There were plans in place for one young person who was moving to second level education to have a mobile phone. Inspectors found that work had commenced to ensure they were educated and fully informed about the benefits and risks of online activity.

Inspectors found preadmission risk assessments on file which were conducted prior to the recent young person's admission to identify and address areas of vulnerability and risk both individually and for shared living. Due to the young age and vulnerability of three children the centre manager and regional manager had carefully screened all referrals to ensure a safe and suitable mix of children in the centre.

Inspectors found that the policy in respect of safe recruitment was adhered to and that all staff were appropriately vetted as required.

<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 3.1</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.

### **Regulation 5: Care Practices and Operational Policies** **Regulation 6: Person in Charge**

### **Theme 5: Leadership, Governance and Management**

#### **Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.**

Inspectors found from interviews with management and staff and review of centre records that there were appropriate systems in place to monitor the service and ensure that the delivery of care was safe and effective.

There was evidence that the deputy manager and centre manager monitored the quality of care through observations of practice, reviewing records and through monthly governance reports. The deputy manager was a valuable resource to the centre manager. The manager reported to the regional manager who along with the quality assurance manager reviewed the monthly service governance reports and conducted visits to, and audits of, the centre. The regional manager had a regular presence in the centre and met with care staff and children. They provided reports of their visits and inspectors found evidence of support, guidance and direction to centre management. The quality assurance audits were aligned to the National Standards for Children's Residential Centres, 2018, (HIQA). There was evidence that a Corrective and Preventative Action plan (CAPA) was completed, and that prompt action was taken in response to any identified deficits.

Management and team meetings took place regularly where the quality and safety of care and progress of children was discussed. Inspectors recommend that that records of team meetings are improved to include all items on the agenda including monitoring and tracking of complaints and safeguarding/child protection. It was

evident that learning from audits and any Alternative Care Inspection and Monitoring Service (ACIMS) inspections across the organisation were discussed to inform service improvements.

There was a low level of both notifiable and non-notifiable complaints in the centre. Inspectors were satisfied from interviews and governance reports that information in relation to complaints, concerns and incidents was monitored. Notwithstanding this, inspectors found that, as with safeguarding and child protection, tracking of complaints must be evidenced in team and management meetings in line with the agenda template.

There was evidence that expressions of dissatisfaction by any young people were listened and responded to. There was evidence that the complaints process had been explained to the children in an age-appropriate way through animated leaflets, key working and in house meetings. There was low levels of significant events and serious incidents however inspectors were satisfied there were systems in place to review at team meetings and significant event review meetings for learning purposes if required. Care team members confirmed that reflective practice was a core aspect of their work, and this was evident across the records. One inspector attended a handover meeting and found that it was a child centred and reflective space. The team stated they received feedback from management meetings and that they were made aware of policy and procedure updates. The care records were well maintained and facilitated ease of access and effective planning.

Inspectors were provided with an annual review of compliance of the centre's objectives for 2023. This was aligned to the National Standards for Children's Residential Centres, 2018, (HIQA) and highlighted good practice and some areas for improvement to achieve better outcomes for young people. There was, however, no evidence in this report or elsewhere that exit interviews were analysed for trends or patterns and it is recommend that this is included in future compliance reports to inform recruitment and retention strategies.

<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 5.4</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.