Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of a Safeguarding Inspection of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin Mid-Leinster
Type of inspection:	Unannounced
Date of inspection:	29 April 2026
Centre ID:	OSV -0004159
Fieldwork ID	MON-0050299

Safeguarding

This inspection is focused on the safeguarding of children and young people within children's residential centres.

The Child and Family Agency (Tusla) defines child safeguarding as:

> Ensuring safe practice and appropriate responses by workers and volunteers to concerns about the safety or welfare of children, including online concerns, should these arise. Child safeguarding is about protecting the child from harm, promoting their welfare and in doing so creating an environment which enables children and young people to grow, develop and achieve their full potential.

Safeguarding is one of the most important responsibilities of a provider within a children's residential centre. It has a dual function, to protect children from harm and promote their welfare. Safeguarding is more than just the prevention of abuse, exploitation and neglect. It is about being proactive, recognising safeguarding concerns, reporting these when required to the Child and Family Agency (Tusla) and also having measures in place to protect children from harm and exploitation.

Safeguarding is about promoting children's human rights, empowering them to exercise appropriate choice and control over their lives, and giving them the tools to protect themselves from harm and or exploitation and to keep themselves safe in their relationships and in their environment.

About the centre

The following information has been submitted by the centre and describes the service they provide.

This centre caters for children and young people who require a medium or longer-term residential placement within the context of a community residential placement, due to the previous and current complex home situations such as; familial breakdown, foster care or residential care breakdown, or challenging or at risk behaviour. The centre has qualified staff and operates 24/7, with staffing and management support. The delivery of a programme of care is underpinned by statutory care planning and individually assessed needs for each young person. The centre caters for all genders of young people who struggle with their emotional regulation and offers consistent support to children and young people within a safe, nurturing environment. The centre provides a child-centred therapeutic approach, where the staff team works holistically and inclusively with up to four children and young people. Staff support children and young people by consulting and developing an individualised programme of care to assist in their specific care and care journey needs. The care provision and practices of the staff team are underpinned by a wellbeing informed approach, alongside an understanding and regard for the impact of trauma and attachment issues have had on the children and young people and their resultant behaviour. The model of care underpinning the ethos of the social care team is a trauma informed approach to understanding the young person in the context of their overall life experiences. Interventions are tailored to meet the needs and risk of each individual. The model emphasises the physical, emotional, and psychological well-being of each child or young person as being paramount. An outcomes framework is implemented in the centre as a means of measuring how the care experience is impacting on the young person's well-being with the aim of guiding the staff team to key areas of work required in order to improve the well-being of the child or young person.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- Speak with children and the people who visit them to find out about their experience of the service
- Talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- Observe practice and daily life to see if it reflects what people tell us.
- Review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

1. **Capacity and capability of the service**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service**

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:			
Date	**Times of inspection**	**Inspector**	**Role**
29 April 2026	09:00 to 18:40	Saragh McGarrigle	Lead Inspector
29 April 2026	09:00 to 18:40	Adekunle Oladejo	Support Inspector
01 May 2026	14:00 to 16:00	Saragh McGarrigle	Lead Inspector

What children told us and what inspectors observed

This was an unannounced inspection of a children's residential centre, which focused on the safeguarding of the children who lived there. This centre has a maximum capacity for four children, and at the time of the inspection, it was at full capacity with four children living in the centre aged between nine and 17 years.

The centre is a two storey, detached house, with a large garden and patio area. A little over a year before this inspection, the house was renovated and was nicely decorated and furnished. The space in the centre allows children to have both privacy and opportunities to socialise together. All children have their own bedroom, with shared bathroom facilities. There is a communal living room, games room and sensory room. There is also a visitor's room, which means children can meet family, friends or professionals in private. The centre is in a rural location, on a country road, close to a town. There is access to local amenities such as schools, shops, and public transport.

Talking to and listening to children is an important part of inspections, as it helps inspectors understand their experience of the service. At the time of this inspection, two of the four children were in the house, for some of the time inspectors were in the centre. When asked if they would talk to inspectors about their experiences of living in the centre both children declined. However, they chatted informally with inspectors, and inspectors observed how they interacted with staff and managers. As part of the inspection, a parent, three social workers, one social care worker, two social care leaders, the deputy centre manager and centre manager, all spoke with inspectors. These conversations, as well as reviews of the centre's and children's records, helped inspectors to understand the children's experiences of living in this centre.

This inspection found that children were well cared for, supported and that safeguarding concerns were identified and managed appropriately by the staff and managers in the centre. Interactions between the children and staff appeared friendly and caring. On the day of the inspection, when some of the children returned to the centre after their day at school and training, they were observed as being comfortable and content as they made themselves snacks and chatted with staff.

Inspectors saw that children were involved in decision making about their lives, and staff listened, responded to, and advocated for them. Children were involved in their child-in-care reviews and aftercare planning. Records showed that

children's views were considered and included in decisions and actions recorded. Children also had their views taken into account with regard to how the centre was run. Children had opportunities to bring up issues with staff, both individually, and at children's bi-weekly meetings. Inspectors saw that, in many instances, actions were taken in response to issues raised by children such as being mindful of noise levels early in the mornings, to preferences for meals, as well as requests for contact with extended family members and their wishes for onward placements.

From speaking with staff, it was clear they had a good understanding of each of the children's individual needs, in particular their vulnerabilities or safeguarding concerns. Staff provided care to each child in line with their placement plans and ensured good communication across the staff team, through systems such as daily logs and bi-weekly team meetings. Staff saw the importance of children having access to advocates outside the centre and actively encouraged children to engage with these services. For example, a few months before this inspection, an advocacy service visited the centre and three of the children meet with them to discuss their experiences of being in care.

The inspector spoke to a parent of one of the children, to seek their view of the service. The parent spoke positively about how well the staff in the centre supported their child, and about how they were kept informed about their child's progress. The parent described how staff made them feel welcome in the centre when they visited, and how there were frequent telephone calls to keep them updated on their child's care. The parent spoke about how the staff worked to keep their child safe, and gave an example of a restrictive practice, and how the reason for this was clearly explained to both the child and parent, and the parent supported the use of this restriction. The parent stated that staff "care very much for [the child] ..."

Inspectors spoke with three social workers, and all of them gave positive feedback about this centre. All three social workers highlighted the good communication between them and the centre's staff, which meant they were aware of the children's progress. For example, if there was an incident with a child, their social worker was contacted and a significant event notification[1] (SEN) was completed without delay. One of the social workers described how a child, at the start of their placement, was guarded towards staff, but over time, staff developed a trusting relationship with the child, who is much more settled in the placement.

[1]Significant Event Notifications (SENs) describes the system in place for communicating significant events or incidents to line management and external stakeholders

Where restrictive practices were in place for some children, social workers were informed and agreed with the reasons for them. Where children were transitioning to another placement, social workers spoke positively about how this was managed by staff. One social worker spoke about how staff had effectively managed the safety needs for a child. Another social worker described how the staff have a nurturing approach toward the children and spoke about how all the children presented as happy to be living in the centre.

The next two sections of the report presents the findings from this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service provided to the children with regard to their safeguarding needs.

Capacity and capability

This centre was last inspected in January 2024, when eleven of the national standards for children's residential care were assessed. At that time, the centre was found to be compliant with eight standards and substantially compliant with three standards. In this inspection, HIQA found that of the eight national residential care standards assessed:

- Seven standards were compliant
- One standard was substantially compliant

This inspection found that children were well cared for and this care was tailored to their individually assessed needs, including safeguarding needs. There were effective leadership, governance and management arrangements in place in the centre, with clear lines of accountability, and this promoted safe and effective care of the children. Staff engaged in safeguarding training and support, such as training in *Children First: National Guidance on the Protection and Welfare of Children (2017)*[2] which supported effective practice. Staff recruitment practices were in line with legislation. Management had effective monitoring systems in place to support quality improvements and consistent approaches to safeguarding across the team. There were effective communication systems in place. Incidents in the centre were managed well. There was an effective risk management framework in place in the centre that identified and mitigated against risks, including child safeguarding risks. An annual review had been completed on the centre in 2025, and a plan for service improvements was being tracked.

[2] National policy document which assists people in identifying and reporting child abuse

There were systems in place to review incidents and SENs that happened and ensure learning informed future staff practice. At the time of the inspection there were no serious safeguarding concerns for children living in the centre. When significant events or incidents happened, they were managed well, and reviewed in a timely manner, including communicating with relevant people, such as social workers and parents. All SENs were reviewed internally by the centre managers, and a sample were reviewed through external mechanisms at regional level through significant event review group meetings[3] (SERG) meetings. Learning from these reviews were communicated to the team, and actions taken, when necessary.

Management and staff in the centre followed Tusla's national policies and procedures, which were in line with legislation such as the Children First Act (2015) and the Child Care (Placement of Children in Residential Care) Regulations, 1995 and national standards. Some national operational policies were still under review at the time of this inspection, however, this did not impact on the safe operation of the centre.

Standard 3.3

Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

There were systems in place which ensured that incidents and significant events were identified, managed and recorded. The systems also ensured that relevant people both in the centre and externally, such as to allocated social workers or management at a regional level, were informed if these incidents in a timely manner. All incidents and significant events were reviewed internally by the centre managers and team, and through external mechanisms at regional level. Learning from these reviews were communicated to the team, and actions were taken, when necessary.

There were policies and procedures in place for the notification, management and review of incidents that helped to safeguard children. These policies and procedures were followed by management and staff. Furthermore, there were good monitoring and oversight systems in place to ensure adherence to these policies and procedures and to ensure recording was to a good quality standard.

[3] This is a regionally based group meeting attended by regional management and centre managers where SENs from all centres are reviewed and learning shared regionally

Child protection concerns, safeguarding incidents and significant events were appropriately identified and managed in line with policies and procedures. When incidents took place staff recorded them as significant event notifications (SENs) and these were reviewed by the centre management. There was also a process in place at regional level for SENs to be reviewed by the deputy regional manager and at SERG meetings. Records of SEN's were good quality and gave a clear outline of the incident and actions taken in response, which showed staff skilfully managed difficult situations in a therapeutic and caring manner in line with children's individual assessed needs. Any learning from significant events was reviewed and discussed with staff at team meetings, and actions, when needed, were agreed to improve child safeguarding. Examples of actions taken included staff keeping the kettle in the kitchen empty when not in use, and maintaining visual checks on a child when there was concern about their emotional wellbeing. All social workers who spoke with inspectors said they were kept updated on any incidents or concerns and that SENs were sent in a timely manner.

In the twelve months prior to this inspection, there were three child protection reports and 85 SENs recorded. Child protection concerns were reported and managed in line with Children First (2017). Staff responded to challenging situations in a skilful and therapeutic way, with a clear focus on safeguarding children. When required, staff put safety plans in place to safeguard children and regular follow up with children's social workers was evident from the records reviewed. There were a variety of SENs which addressed issues such as incidents of children's behaviour that challenged, hospital admission, and accidents. Furthermore, all incidents had been reviewed by managers to identify learning and inform practice and appropriate follow-up actions were completed.

SEN reports were reviewed both internally at staff meetings and externally at regional level meetings so that learning from these events could be identified and used by the staff team. The management team attended monthly regional SERG meetings. Inspectors reviewed a sample of these minutes and found that significant events from this centre were discussed and learning identified. This learning was then communicated back to the staff team at centre team meetings.

There were systems in place which ensured that incidents were identified, managed, recorded and communicated to the relevant people both in the centre and externally, when required. Child protection concerns were notified in line with Children First (2017), and records of these and other significant incidents were reviewed and learning identified. For these reasons this standard is judged to be compliant.

Judgment: Compliant

Standard 5.1
The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

Regulation 5:
Care practices and operational policies

Management and staff in the centre followed Tusla's national policies and procedures, which were in line with legislation such as Children First Act (2015) and the Child Care (Placement of Children in Residential Care) Regulations, 1995 and the national standards. While some national operational policies were still under review at the time of this inspection, this did not impact on how the centre was operated.

In February 2026, Tusla revised and approved six suites of national policies and procedures. Inspectors saw the suite of policies were available to staff in the centre, which allowed staff to review them when needed. In addition, policies and procedures were discussed at team meetings. However, Tulsa has a seventh suite of policies which covers the use of restrictive practices and physical restraint in children's residential services. This suite of policies was still in development at the time of this inspection, and was due for completion in July 2026. Inspectors reviewed records of restrictive practices in use in the centre and found that practice was in line with child safeguarding practice. There was a record that all staff had reviewed the current procedure in place. At the time of this inspection, physical restraint was not in use in this centre.

The centre adhered to Tusla's national safeguarding policies and procedures, and had effective risk management systems in place to safeguard children. In line with good safeguarding practice, the centre manager was the designated liaison person[4] (DLP), and when the manager was on leave, this role was covered by the deputy centre manager. Staff who spoke with inspectors were aware of who held this role and that they could seek support. The centre had a safeguarding statement in place which was on display in a prominent place in the staff office. This provided an overview of identified risks and set out the procedures in place to manage these.

[4] Refers to the person responsible for ensuring that reporting procedures are followed, so that child welfare and protection concerns are referred promptly to Tusla.

The centre maintained a risk register in line with national policies and procedures. This ensured that where risks were identified, control measures were put in place to minimise the risks. A review of the centre's risk register showed a number of safeguarding risks were identified and appropriate controls put in place. For example, risk of injury due to violence was identified and control measures included that all staff completed mandatory de-escalation training, therapeutic services were in place for children that required same, and consultations completed with the Child and Adolescent Mental Health Services[5] (CAMHS) to support the teams practice with children.

Staff showed that they understood policies and procedures that guided their work in the centre. From talking to staff, and reviewing centre records, including staff training records, it was clear staff had a good understanding of legislation, regulations, policies, and standards with regard promoting the safety and wellbeing of each child. For example, with regard to restrictive practice, records reviewed by inspectors showed that staff only put these in place as a matter of last resort and stopped a restrictive practice as soon as it was safe to do so.

Staff understood their role as mandated persons under the Children First (2015). Inspectors reviewed records where staff submitted mandated reports to Tusla using the mandated reporting portal. These reports were followed up with children's allocated social worker, and where it was needed, safety plans were put in place.

There were policies in place that addressed other safeguarding concerns such as bullying and staff understood and implemented these policies. For example, records reviewed showed how a bullying incident in the centre was addressed and managed in a child-centred manner.

Management and staff adopted and implemented Tusla's national policies and procedures, which were in line with legislation such as Children First Act (2015) and the Child Care (Placement of Children in Residential Care) Regulations, 1995 and national standards. Staff practice was in line with good safeguarding practice. For these reasons this standard was judged to be compliant.

Judgment: Compliant

[5] A specialised healthcare service that provides assessment, diagnosis and treatment for young people who are experiencing moderate to severe mental health difficulties

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.
Regulation 6:
Staffing

There were effective leadership, governance and management arrangements in place in the centre, with clear lines of accountability that promoted safe and effective care and support. The managers and staff team were experienced and had the required skills to provide safe care for the children placed in the centre. Training and supports were in place for staff to support effective safeguarding practice on the team. Staff recruitment practices reflected good safeguarding measures and were in line with legislation. Management had effective monitoring systems in place to support consistent safeguarding practice across the team, and quality improvements. There were effective communication systems in place. Incidents were reviewed and any learning was communicated to the team and implemented within the centre. There was an effective risk management framework in place, which identified and mitigated against risks, including child safeguarding risks. An annual review had been completed on the centre in 2025 which tracked progress from actions identified in internal and external audits.

There were clearly defined management structures that set out lines of authority and accountability. The centre had an experienced manager who had overall responsibility for the centre, and who reported to a deputy regional manager. The manager was supported in their role by a deputy manager. They both had clear understanding of their roles and responsibilities, to the staff team, including the safeguarding role of designated liaison officer (DLP) and deputy DLP respectively.

Workforce planning was effective, with two staff on for day shifts and two staff for night shifts. For a period, after the most recent child was admitted, additional staff were on shift during the busier evening periods to support this child's needs during their settling in period. The staff team was made up of seven social care leaders and eight social care workers. While there was a full staff team, at the time of the inspection, a number of staff were on leave, and this was being managed within the team resources. This was identified and managed as a risk through the risk register, with controls in place which included the use of consistent agency staff and overtime. Staff told inspectors they felt supported in their roles, and managers were readily available for support. For example, after significant events, managers provided staff with space to debrief and check-in.

There were good systems in place to plan for and monitor that staff were kept up-to-date with mandatory staff training, and specialised training when an area of need was identified, which support consistent safeguarding practice. At the time of this inspection, all staff had completed the required mandatory training, and the majority of staff were up-to-date with refresher training. Where staff were due to complete refresher training, plans were in place for this. When a child with complex health needs was admitted to the centre, management ensured that all staff received training in order to meet the needs of the child. In addition, ongoing support and communication was maintained with the healthcare provider to ensure consistent, safe care to meet this child's health needs.

There were systems in place to ensure safe staff recruitment practices were adhered to. As part of the inspection, the inspector reviewed staff recruitment files - one of which was a staff member employed through an agency. This review found that the required checks had been completed, such as Garda vetting and police checks, and verification of written references and qualifications. Children First (2017) training certificates were also on file for all staff files sampled. All staff had confirmation that they had registered with CORU[6], in compliance with relevant registration.

There were effective communication systems in place that facilitated learning and ensured staff were up-to-date on the needs of children in the centre. There were bi-weekly team meetings where staff discussed and agreed actions on a range of practice issues. Inspectors reviewed a sample of these meeting minutes and found that good quality records, with clear discussion and actions captured, as well as who was responsible for completing the actions. Actions agreed were tracked from one meeting to the next to ensure completion. The minutes showed that - as well as discussions on each child's progress - learnings from audits, complaints and SENs were routinely discussed and reviewed. Additionally, restrictive practices, as well as matters raised by children at their meetings were reviewed and actions agreed.

The inspection found that the centre was operating in line with its statement of purpose. The statement of purpose for this centre outlined that it catered for children aged 13 to 17 years on admission, but when a child aged nine years old was admitted to the centre, the statement of purpose was reviewed to reflect that it was providing a service for a child younger than 13 years old.

There were systems in place that ensured monitoring and oversight of the service, including safeguarding practice. The centre manager had completed an annual

[6] Irelands multi-profession health and social care regulator

review of the centre for 2025. This included a review of progress made on areas identified for improvement both from the January 2024 HIQA inspection report and the report in March 2025 by Tusla's Practice Assurance and Service Monitoring (PASM) internal audit team. The annual review of the centre included an overview of practice under three themes; well-led services, safe services, and child centred services. Service improvements identified in this report were captured and tracked through the centre service improvement plan.

As highlighted earlier in this report, significant incidents and events were reported and reviewed both by management in the centre and at regional level. Learning from these reviews were identified and actions taken when required.

There was an effective risk management system in place in the centre, in line with Tusla policies and procedures. Risks were appropriately identified, control measures were in place, and were regularly reviewed.

There were effective leadership, governance and management arrangements in place in the centre, with clear lines of accountability that promoted safe and effective care and support. The staff team had the required skills to provide safe care for the children placed in the centre. Training and supports were in place for staff. Staff recruitment practices reflected good safeguarding measures and were in line with legislation. Management had effective monitoring systems in place to support consistent safeguarding practice across the team. There were effective communication systems in place. Incidents were reviewed and any learning was actioned. There was an effective risk management framework in place, which identified and mitigated against risks, including child safeguarding risks. For these reasons this standard is judged to be compliant.

Judgment: Compliant

Quality and safety

Children living in this centre experienced care and support which respected and protected their rights, while promoting safeguarding practice to manage and safeguard risks identified. A skilled staff team provided a caring, safe, and respectful service to the children living in the centre. Children were given opportunities to be involved in decision making about their lives and their opinions and wishes were listened to and acted upon. When children made complaints, these were taken seriously and resolved appropriately. Staff had a supportive and therapeutic safeguarding approach to behaviours that challenged which balanced

children's safety, and upheld their rights. When restrictive practices were put in place, they were used only when necessary to ensure children's safety and balanced this need with children's rights.

Children were supported to be involved in decision making about their futures. Children had opportunities to make a range of choices about their day-to-day lives, while balancing their safeguarding needs. Children were given information about and had access to advocacy services.

Children in the centre received care and support based on their individual needs, including safeguarding needs, to maximise their wellbeing and personal development. Children's care plans were up-to-date and reflected their needs, including safeguarding needs. There were effective systems to ensure that the safeguarding needs of children were assessed in advance of their admission to the centre. Children were involved in decisions about their care, and their views were reflected in actions and plans. Children were supported to develop skills, awareness and knowledge of how to protect and promote their development socially, physically and emotionally.

The centre is child-centred and homely, and the environment promoted the safety and wellbeing of the children and young people living there. The design and layout of the centre meant that children had a balance of their own private spaces, while also having spaces where they could be together in a social and positive way.

The staff and managers worked jointly with other professionals, and children's families to ensure children's care was coordinated effectively between services, and that their safeguarding needs were met, when moving home or to a new placement. There was clear communication to families, where appropriate, and other professionals about these safeguarding needs. Children were supported to prepare for adulthood by encouraging them to develop the skills required for independent living. Children's views about plans for their future were carefully listened to and actioned, if appropriate, as part of transition planning.

There were policies and procedures in place to protect children from all forms of abuse and neglect, in line with Children First (2015) and other legislation. Staff and managers who spoke with inspectors were aware of their role as mandated persons. Safeguarding concerns were properly documented, and reported to the relevant authorises, in line with Children First (2017). Staff and managers had training to enable them to address issues such as bullying and exploitation of children. Staff and managers who spoke with inspectors, demonstrated understanding of their responsibilities and inspectors reviewed records that

showed staff were following safeguarding procedures when there was a requirement to do so, such as if a child made a disclosure of abuse to them. There were examples of staff working in partnership with children's families and social workers to promote their individual safety and wellbeing.

Standard 1.1
Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Regulation 10:
Religion

Regulation 4:
Welfare of child

Children living in this centre experienced care and support which respected their diversity and protected their rights in line with the United Nations (UN) convention on the rights of the child. Staff worked with children and young people in a caring and respectful manner. Children were given opportunities to be involved in decision making about their lives, and their opinions and wishes were listened to and acted upon. When children made complaints, these were taken seriously and resolved appropriately. Staff had a supportive and therapeutic safeguarding approach to behaviours that challenged which balanced children's safety, and upheld their right to dignity. Restrictive practices were used only when necessary to ensure children's safety and balanced this need with children's rights.

The inspection found that children's rights were respected and supported in the centre. Children had care plans in place and reviews of these care plans were scheduled in line with regulations. These care plans addressed areas such as health, education, identity, family support, as well as emotional, behavioural development and social skills. Actions from care plans were followed up as part of their placements. For example, all of the children in the centre attended school or an educational programme, and all children had access arrangements in place with family and significant people in their lives. Where children were over 16 years old, aftercare planning was in place that reflected children's wishes for their future placements.

The children knew their rights and how to make a complaint if they felt they were being unfairly treated or had a concern. When children first move to this centre, they are given two booklets; "Our guide to help you" which is a Tusla guide for young people in care written by young people in care, and the centre's young person's booklet. Both guides had information about children and young people's

rights when living in residential care, what rules were in place and how these safeguarded and protected children. Both booklets also had information about how to make a complaint. There were also lists of organisations and contact numbers for advocacy services in both books. Representatives from an advocacy service visited the centre in February 2026, and spoke with three of the children.

The centre management listened and responded when children made a complaint about the service. The centre kept a record of complaints made about the service, and actions taken to address the complaints. In the twelve months before this inspection, six complaints were made by children and as part of the inspection, two of these were sampled. In response to both complaints, the centre manager met with the young people making the complaint, discussed their concerns and agreed actions, which were then implemented. The log recorded that the young people were satisfied with the action taken.

Children's right to be involved in decision making about their lives and about the day-to-day running of the centre was respected and promoted by staff. Children were encouraged to attend their child-in-care review meetings, and where they choose not to, their views were sought and considered at these meetings, as their care plans reflected their views.

Staff had completed training on how to promote children to participate in decision making and this had led to improvements in the last few months with children's meetings. The centre held children's meetings on average twice a month, the evening before the staff team meetings, so that all issues raised by children, could, when appropriate, be discussed and actions agreed the following day at the staff meetings. This meant that children got feedback from staff about any queries raised within a day. A review of these records showed a range of issues were discussed such as house rules, meal preferences and planning for holidays and day trips. These meetings were also used to talk to children about their rights such as their right to read their care records as well as giving positive recognition for achievements such as work completed in their educational programmes.

Restrictive practices were well managed, consistently reviewed and only in place for the shortest time necessary. Restrictive practices were used in the centre to safeguard children from harm to themselves or others. Staff talked to children about why restrictive practices were put in place. At the time of this inspection, there were 13 restrictive practices recorded in the centre. These included restrictions on the amount of free time each child had, the use of mobile telephones, and sharps such as razors and knives being locked away. Inspectors reviewed a sample of restrictive practices and found that each one was reviewed

regularly, and were also reviewed an updated when there was a change in circumstances for a child. For example, a restrictive practice in relation to access to a mobile phone for one child was reviewed and changed when that child moved school. Another example of a restrictive practice was the locking of the games room on the first floor due to safety concerns about children trying to jump out of the window. This was in place for a few weeks until the centre management had the locking system on the window adjusted to make it safer. The restrictive practice was then stopped. Inspectors noted that individual pieces of work were completed with children to explain the reasons for restrictive practices.

Children experienced care and support from staff which respected their diversity and protected their rights. Children were involved in decision making about their lives. Staff had a supportive and therapeutic safeguarding approach to behaviours that challenged. When restrictive practices were put in place, they were used only when necessary to ensure children's safety and balanced this need with children's rights. For these reasons this standard is judged to be compliant.

Judgment: Compliant

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.

Children were supported to be involved in decision making about their futures. Children had opportunities to make a range of choices about their day-to-day lives, while balancing their safeguarding needs. Children were given information and had access to advocacy services.

Restrictive practices used in the centre to safeguard children from harm to themselves or others. Restrictive practices were well managed, consistently reviewed and only in place for the shortest time necessary. Staff talked to children about why restrictive practices were put in place.

As highlighted earlier in this report, children were encouraged to participate in making choices in their day-to-day lives through regular children's meetings where things such a meal planning and group outings were discussed and agreed. On an individual level, each child had two keyworkers assigned to them whom they had opportunities to discuss and be supported in a range of areas.

Children were told about and given information about advocacy services when they moved in through the information books they were given. There were lists of

organisations and contact numbers for advocacy services in both books. As already mentioned, three of the children had met with representatives from an advocacy in February 2026. Inspectors also saw examples of staff advocating for children or supporting them to advocate for themselves. An example of this was regarding children's views about their moving-on plan being acted upon.

Children were assigned two keyworkers who coordinated their care needs. Managers explained that keyworkers are assigned a few weeks after children are admitted in order to observe if the child is forming close connections with particular staff members. Children were able to develop relationships with staff, which supported safeguarding. Staff worked with children to help them develop skills and understanding of how to keep themselves safe in a variety of situations. For example, how to manage when having time on their own away from the centre, as well as how to keep safe in relationships.

There were structures in place to ensure the views of children were sought and they were supported to be involved and make decisions regarding their care. Each child had a keyworker who supported them in areas including development of safeguarding skills for example, children were consulted on the use of restrictive practice in the centre. Children were aware of their right to complain and had made complaints. These were dealt with in an open and transparent manner. All children in the centre had access to advocacy services and were provided with information about their rights. For these reasons this standard is judged to be compliant.

Judgment: Compliant

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

Regulation 23:
Care Plan

Regulation 24:
Supervision and visiting of children

Regulation 25:
Review of cases

Regulation 26:
Special review

Children in the centre received care and support based on their individual needs, including safeguarding needs, in order to maximise their wellbeing and personal

development. Children's care plans were up-to-date and reflected their needs, including safeguarding needs. There were effective systems to ensure that the safeguarding needs of children were assessed in advance of their admission to the centre. Children were involved in decisions about their care, and their views were reflected in actions and plans. Children were supported to develop skills, awareness and knowledge of how to protect and promote their development socially, physically and emotionally.

Children's care plans were up-to-date and showed ongoing assessment and planning for children's care needs, including safeguarding needs. Care plans and aftercare plans took into consideration individual needs and the supports required to address these. Individual work and supports were put in place for children to address these needs. Examples of this included staff supporting children to attend for therapeutic appointments and individual work about age-appropriate understanding of consent, respecting their own and others boundaries in relationships, and independence skills development such as how to plan journeys and use public transport.

Children's safeguarding needs were assessed as part of pre-admission collective risk assessments and plans were identified and actioned to support children moving into the centre. The inspector reviewed a pre-admission collective risk assessment which showed that careful consideration was given to how the identified needs and risks of the child could be safely managed within the centre, and whether the child's needs could be met if placed in the centre.

Placement plans, which reflected children's care plans, were in place for children, and this included placement support plans, individual plans and absence management plans. These plans were updated when the needs of children, including safeguarding needs, changed, and children were involved in the development of these plans. At the time of the inspection, one child's placement support plan was out of date by two weeks. The manager advised the inspector that the updated care plan - developed at the child-in-care review - had been received less than two weeks ago, and keyworkers had up to two weeks to update placement plans.

Aftercare planning in the centre was to a high standard and plans considered children's safeguarding concerns in decision and actions taken. Safeguarding measures included ensuring that the onward placement was close to the child's established family and support networks.

Health promotion needs were identified, and work was completed with children through keyworking sessions. This included addressing health and wellbeing, including fitness as well as areas such as emotional and sexual health, in developmentally appropriate levels.

Children received care and support based on their individual needs, including safeguarding needs. There were care plans and placement plans in place, which were based on the assessed needs of the children and addressed safeguarding needs and risk. Children were involved in drawing up these plans. Systems were in place to ensure that the safeguarding needs of children were assessed in advance of their admission to the centre. Children were supported to develop skills, awareness and knowledge of how to protect and promote their development socially, physically and emotionally. For these reasons this standard is judged to be compliant.

Judgment: Compliant

Standard 2.3
The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Regulation 7:
Accommodation

Regulation 12:
Fire precautions

Regulation 13:
Safety precautions

Regulation 14:
Insurance

This inspection found that the centre was child-centred and homely, and the environment promoted the safety and wellbeing of the children and young people living there. The design and layout of the centre meant that children had their own private spaces, while also having spaces where they could be together.

A full refurbishment of this centre was completed a little over a year before this inspection. The centre is a two story building, located in the midlands of Ireland, close to a small town. There is access to public transport and a range of local amenities such as schools, shops and extra-circular activity clubs. There is a large garden to the rear of the house, which was well maintained and had football goal posts, a basketball hoop as well as a boxing punch bag. The garden also had

hedging and trees around the boundaries and a raised flowerbed. Staff told inspectors that one of the young people was doing a landscaping course and had helped with some of the garden planting. The centre had the use of three cars and a large carpark to the front of the centre. A shed in the back garden was used for storage, and this was well maintained.

The house had four bedrooms upstairs, one for each child resident there. All of the bedrooms were well maintained and clean. There were adequate toilet and shower facilities in the house. There were two bathrooms upstairs, which the young people shared, and downstairs there was a small toilet and sink which everyone could use. All the bathroom facilities were well maintained and clean on the day of the inspection.

There was a staff office on the ground floor, which had the child safeguarding statement on display. A manager's office was located in a separate building beside the back garden, a few metres from the back door. There was an air to water heating system in place and, on the day of the inspection the house felt warm and cosy.

There were several communal spaces for children to use. These included a games room on the first floor, which had a large television, a sofa and large cabinet which contained games and books. On the ground floor there was a large living area which had sofas and a television and was tastefully decorated with wall art. Inspectors noted some marks on the wall of the living room. In addition, there was a smaller living room which children could use to meet with family or their social workers. Another room on the ground floor was used as a sensory room and had art on the wall, books and games. There was also some damage done to this room's wall and evidence of attempts to patch it up.

The centre's kitchen was well equipped to cater for the four residents and there was plenty of fresh food available on the day of the inspection. There was a utility room on the ground floor, which housed the laundry facilities.

While overall, the house was clean and kept in good structural and decorative repair, inspectors noted damage to the paintwork on some of the walls and some patchwork where there were attempts to fix the damage. The manager explained that one of the young people had damaged the walls over the last few months and they recognised their temporary attempts to fix the damage was not adequate. The manager provided evidence that this issue had been escalated and arrangements were in place to have the whole house repainted.

While there were fire safety management systems in place, record keeping for fire safety checks needed improvement. Fire safety systems in place included fire detection and alert systems, emergency lighting, and fire doors. In addition, there was firefighting equipment in a number of areas, both upstairs and on the ground floor. There was also a fire action plan on display, which noted the assembly point in the event of evacuation of the house. Staff had received training in fire safety and there were up-to-date personal emergency evacuation plans in place for each child.

A review of the fire register found that regular fire drills had been undertaken with the children and any new staff. Firefighting equipment required a monthly inspection, but the records showed that only one inspection had been recorded for 2026, on the 10 March. The emergency lighting requires weekly testing, and this had been recorded as happening weekly up until two weeks prior to this inspection, but the week prior to this inspection had no record that the test was completed. There were similar findings with regard the records for weekly tests of the fire-resistant doors. The gaps in the fire register was raised with the centre manager, who advised that management reviewed the register monthly as part of their oversight. The deputy manager advised that the tests had been completed but had not been recorded. Management told inspectors that they addressed these gaps on the day of the inspection and updated the records.

There was a safety statement in place in the centre which was reviewed in June 2025. A health and safety checklist for the centre was completed on a quarterly basis, and health and safety checklists were completed with new staff as part of their induction programme.

Overall, the centre was warm, homely, well decorated, and furnished in a child-centred manner. Children had their own bedrooms and there were adequate communal spaces. There was a need for the walls to be repainted due to some marks and damage, and a plan was in place to address this. While overall fire safety systems were in place, improvement was required in recording safety checks and that there was effective oversight to ensure they were completed at regular intervals, in line with requirements. For these reasons this standard was judged to be substantially compliant.

Judgment: Substantially compliant

Standard 2.5
Each child experiences integrated care which is coordinated effectively within and between services.

The staff and managers in this centre worked jointly with other professionals, and children's families to ensure children's care was coordinated effectively between services, and that their safeguarding needs were met, when moving home or to a new placement. As part of preparations for these transitions, children's safeguarding needs were assessed and addressed. There was clear communication to families, where appropriate, and other professionals about these safeguarding needs. Children were supported to prepare for adulthood by encouraging them to develop skills for independent living. Children's preferences about plans for their future were carefully listened to and addressed as part of their transition planning.

Systems were in place for effective communication and cooperation with all who were involved in transition planning for children. For example, where child safeguarding concerns meant a restrictive practice was in place, this was communicated as part of transition planning. Another example was where actions needed to be completed to secure onward placements, clear meeting records were kept with actions assigned to the relevant people and follow up tracked. This supported a smooth transition from the current placement to a placement that supported the young person's goals and wishes such as continuing with studies and living close to family and network supports.

Children and young people were involved in decision making, through the care planning and aftercare process. Their views were taken on board. An example of this was where a young person raised safeguarding concerns about an aspect of their aftercare plan and as a result part of the plan was changed to address this risk.

There were good supports and strategies in place to support children to develop independent skills, while balancing their safeguarding risks. For example, children were allowed opportunities to have time away from the centre on their own, when developmentally appropriate. Children, where appropriate, were encouraged to plan and complete journeys using public transport, including to the areas where they were transitioning to.

Children and young people's care was coordinated effectively between services, and their safeguarding needs were met. There was clear communication to families, where appropriate, and other professionals about safeguarding concerns

and the best approach to managing these. Children were supported to prepare for adulthood by encouraging them to develop skills for independent living. For these reasons this standard is judged to be compliant.

Judgment: Compliant

Standard 3.1
Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

There were policies and procedures in place to protect children from all forms of abuse and neglect, in line with Children First Act (2015). Staff and managers who spoke with inspectors were aware of their role as mandated persons and their responsibilities to safeguard children and young people. Safeguarding concerns were properly recorded, and reported to the relevant authorises, in line with Children First (2017) guidance. Staff and managers completed training that supported them to effectively identify and manage safeguarding concerns such as bullying and exploitation of children. There were examples of staff working in partnership with children's families and their allocated social workers to promote their individual safety and wellbeing.

The centre management and staff adhered to Tusla's safeguarding policies and procedures for children's residential centres, which guided staff in the identification and management of safeguarding concerns. All staff had completed mandatory Children First (2017) training and were up-to-date on their refresher training. While, at the time of this inspection, risks such as child exploitation and trafficking were not concerns in the centre, all staff had completed training in child exploitation and were aware of these risks. There was a policy on protected disclosures, and staff reported they were aware of this policy.

Child protection concerns were well managed. Management maintained a record of all child protection and welfare concerns reported to Tusla. This record included the status of the referrals, and follow up actions, if any, completed. There were three child protection reports recorded in the 12 months prior to this inspection. A review of one of these reports showed that staff reported the matter in a timely manner in line with Children First (2017) and managers ensured appropriate support for the child, as well as follow up with the child's social worker. This matter had been closed appropriately.

Managers and staff demonstrated a good understanding about how to work within the safeguarding policies and procedures. The staff were clear on their

responsibilities as mandated persons and inspectors saw where staff had made mandated reports. Furthermore, staff knew who held the role of DLP and that this was a resource for advice and support when they had child safeguarding concerns.

Staff were knowledgeable about how to identify and respond to safeguarding concerns, including abuse and bullying. When concerns or risk were identified, staff took action to safeguard children, such as following safety plans if required. For example, where there was a concern, staff worked in partnership with the children's families and allocated social workers to promote the safety and wellbeing of children. This ensured a consistent, safe approach for the child and strengthened the relationship between the staff and the child's family. There were no episodes of missing from care in respect to the children resident in the centre, in the twelve months prior to this inspection.

Staff were followed Tusla's approved model of care, which planned and monitored the child's progress across a range of areas including developing skills needed for self-care and protection. Individual work was completed with children to support them developing their own safeguarding and protection skills.

Staff gave careful consideration to the appropriateness of networks of people involved in each child's life. Where risks were identified relating to children's associations or relationships, action was taken to address these risks. For example, staff completed one-to-one work with children to support them to recognise when relationships were not positive in their lives and to ensure children could talk about worries they had about any friendships or relationships.

Policies and procedures were in place in the centre to protect children from all forms of abuse and neglect, in line with the Children First Act (2015). Staff and managers in the centre demonstrated a clear understanding of safeguarding policies and procedures and followed these when any safeguarding concerns arose, and also to ensure safety for the children resident in the centre. Staff understood the role of the DLP and were aware of the protected disclosure policy. Mandatory Children First (2017) training was completed by all staff, as well as additional safeguarding training. For these reasons this standard is judged to be compliant.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension	
Standard Title	**Judgment**
Capacity and capability	
Standard 3.3: Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Compliant
Standard 5.1: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Compliant
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.	Compliant
Quality and safety	
Standard 1.1: Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Compliant
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.	Compliant
Standard 2.2: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
Standard 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant
Standard 2.5: Each child experiences integrated care which is coordinated effectively within and between services.	Compliant

Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant

Compliance Plan

This Compliance Plan has been completed by the Provider and the Authority has not made any amendments to the returned Compliance Plan.

Compliance Plan ID:	MON-0050299
Provider's response to Inspection Report No:	MON-0050299
Centre Type:	Children's Residential Centre
Service Area:	Dublin Mid Leinster
Date of inspection:	29 April 2026
Date of response:	

Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant -** A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a

risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Standard : 2.3	**Judgment: Substantially compliant**
Outline how you are going to come into compliance with Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child. There was a need for the walls to be repainted due to some marks and damage, and a plan was in place to address this. While overall fire safety systems were in place, improvement was required in recording safety checks and that there was effective oversight to ensure they were completed at regular intervals, in line with requirements. For these reasons this standard was judged to be substantially compliant. Internal painting of the centre did take place as planned on 29.04.2026 and was fully completed on 11.05.2026. The maintenance and repairs of Auburn House will continue to be monitored and actioned when necessary. The fire register was updated on 29.04.2026 to document the staff signatures to evidence the completion of the weekly fire safety checks. The fire register will be monitored and reviewed on a weekly basis by centre management to ensure all audits, checks and inspections are completed and recorded as required.	
Proposed timescale: **Completed**	**Person responsible:** **Person in Charge**

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk

rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant	orange	Completed

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