



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

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|---------------------|-----------------------------|
| Name of provider:   | The Child and Family Agency |
| Tusla Region:       | Dublin Mid-Leinster         |
| Type of inspection: | Unannounced                 |
| Date of inspection: | 27 and 28 March 2025        |
| Centre ID:          | OSV-0004164                 |
| Fieldwork ID        | MON- 0046658                |

## 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:

Our aim is to provide a safe, caring environment characterised by the quality of the relationships we develop with the young people in our care, in which we can support children and families with issues that may be preventing them from living at home with a view to facilitating their earliest possible return. Where this is not possible, we will work to prepare each young person for a successful transition to an agreed placement / aftercare arrangement and will do so up to a point to be determined by their age, need or development whereby circumstances are such that it becomes more feasible to help prepare them to live independently, initially with the support of our aftercare services.

We work to ensure that our care practice is always young person centred and that we maintain a needs-led, multidisciplinary approach to looking after the young people in our care. Our work is conducted through both the Care and Placement Planning processes and complies with the requirements of the *National Standards for Children's Residential Centres 2018* and the *Child Care (Placement of Children in Residential Care) Regulations, 1995*.

**The following information outlines some additional data of this centre.**

|   |   |
|---|---|
| <b>Number of children on the date of inspection</b> | 4 |
|---|---|

## How we inspect

To prepare for this inspection the inspector 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 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 summarise 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:**

| <b>Date</b>   | <b>Times of inspection</b> | <b>Inspector</b> | <b>Role</b> |
|---------------|----------------------------|------------------|-------------|
| 27 March 2025 | 10:30 hrs to 17:30 hrs     | Grace Lynam      | Inspector   |
| 28 March 2025 | 09:45 hrs to 16:30 hrs     | Grace Lynam      | Inspector   |

## What children told us and what inspectors observed

This was an unannounced inspection focused on the safeguarding of young people living in the residential centre. The centre was a single story building in a rural setting on the outskirts of a town and was at full capacity with four young people living there at the time of the inspection.

Listening to the voices of young people is an important part of the inspection process as it provides inspectors with an opportunity to understand young people's experiences of the service. Inspectors also use every opportunity to observe young people and their interactions both with the staff team and with each other. The daily routine of the centre was busy during the period of the inspection. The inspector was briefly introduced to all four young people, all of whom had commitments outside of the centre during the inspection - including visits to their families and medical appointments. Staff facilitated the young people's commitments throughout the day. The young people were offered the opportunity either to speak with the inspector in person or by telephone at a time convenient to them. All four young people exercised their right not to engage with the inspector. The inspector had brief opportunities to observe interactions between young people and staff during the course of the inspection. In addition, the inspector spoke with three parents, two social workers, one social care worker, one aftercare worker and two guardians ad litem (GAL)<sup>1</sup> as part of the inspection. The inspector also interviewed the centre manager and four staff members working in the centre.

Staff were knowledgeable about the young people's needs and preferences and were particularly aware of each one's safeguarding needs. It was clear from the inspector's review of files that young people felt comfortable talking to staff about their concerns and parents confirmed this. One parent told the inspector they encouraged their child to confide in staff and to listen to their advice. The inspector observed that staff and young people interacted easily with each other – the young people appeared to be comfortable in their company. The inspector noted the caring and respectful tone staff used in these interactions.

Parents and professionals were all very positive about the staff and the care they provided to young people living in the centre, and they all expressed the opinion that the young people were safe and well-cared for. One professional commented particularly on how the staff team had supported a young person to understand some of the risks relevant to them and how the approach used supported the

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<sup>1</sup> A guardian ad litem (GAL) refers to an individual appointed by the court to represent the best interests of a minor in legal proceedings

young person to make good choices for themselves. Parents told the inspector they felt included in their child's care and that staff kept them informed. They said their children had developed good relationships both with staff and the other young people in the centre.

Parents comments included:

- "They're looking after him good".
- Child is "100% safe there" and staff "accommodate my needs as well as (name of child)".
- Staff are "always in contact", "they ring me" and "100% involve me" in my child's care.
- The child is "happy there, settled there."
- "They have given (name of child) stability.... child has "changed for the better".
- "They're doing a great job of it.... it's a home away from home."

When asked if the staff could do anything better, parents said:

- "They're too soft on them."
- "They do everything they can."
- "No, they are doing a great job."

Professionals spoke very highly of staff. They described a team who were committed to providing young people with the best care, and who were open to using different approaches to reach young people and to support them to manage challenges. They commented on the "fantastic relationship building" practiced by staff and said they were "agreeable, flexible, available and approachable" and that they really supported a young person in their particular interests. One professional acknowledged the balanced approach they had seen a staff member use with a young person, which had a calming, reassuring effect on them. A social worker described the team as experienced, stable and consistent. Professionals told the inspector that the staff were supporting young people to re-engage with education or training options and that young people were making progress in the centre. Social workers and GALs were kept informed about safeguarding incidents, all of which they said were well managed. None of the professionals who spoke with the inspector could suggest any ways in which the care provided to young people could be improved upon.

The next two sections of the report present the findings of 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 being delivered.

## Capacity and capability

This centre was last inspected in 2023 when HIQA found that of the eight standards assessed, six were compliant and two were substantially compliant.

In this inspection, HIQA found that, of the eight national residential care standards assessed:

- six standards were compliant
- two standards were not compliant.

There was effective leadership, governance and management in the centre which supported a competent and confident staff team to provide safe, good quality care to young people. Staff were trained in all aspects of safeguarding and used their knowledge, training and experience to tirelessly work to ensure young people were safe. The governance and management systems in place underpinned the safe delivery and oversight of the service. This inspection found that incidents were effectively identified, managed and reviewed in a timely manner in line with the standard. There were systems in place to ensure compliance with *Children First: National Guidance for the Protection and Welfare of Children* (2017), (Children First) and the *Child Care (Placement of Children in Residential Care) Regulations*, 1995. The staff team implemented relevant legislation and national policies and procedures to ensure that young people's welfare was protected and promoted.

Since the 2023 inspection there was a change in the management team with a new centre manager in place. One young person had been admitted to the centre in 2024 who was of a much younger age than the three young people residing there which affected the dynamic in the centre. There had been a number of challenges in the months preceeding the inspection which included assaults on staff and some serious safeguarding concerns. Actions to address these challenges included having an increased number of staff on shifts and regular reviews of risk assessments, safety plans and restrictive practices. The management team demonstrated a commitment to keeping young people safe and guided and supported the staff through these challenges.

Strong, confident leadership was a feature of the management team and this in turn supported the staff team to be confident and competent in ensuring that each young person's individual safeguarding needs were well managed. At the time of this inspection two young people were transitioning out of care as they were approaching 18 years of age.

There was a good mix of experienced and recently-qualified staff working in the centre and they complimented each other in terms of their approach and management of safeguarding issues. All staff the inspector encountered over the course of the inspection presented as competent and confident in their roles and had adequate training in safeguarding. Staff also had additional training relating to the particular vulnerabilities of the young people living in the centre. The staff were supported by external professionals in implementing the model of care and in providing therapeutic supports to the young people.

There were effective systems in place for the management of risk. The risk management framework supported staff to effectively identify, assess and manage safeguarding risks. There was good oversight and review of incidents to ensure the safety and quality of the service. All these systems ensured effective safeguarding practice.

The inspection found that improvements were required in relation to the provider's oversight of the recruitment of staff to ensure that it is in line with safe recruitment practices. In addition, national safeguarding policies and procedures were not up to date. Improvements were required to ensure that policies, procedures and guidance for staff are updated regularly as required and that they are reflective of developments in practice and potential risks relating to the safe care of children and young people.

### **Standard 3.3**

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

This inspection found that incidents were effectively identified, managed and reviewed in a timely manner in line with the standard. There was an open culture in the centre which encouraged both young people and staff to raise concerns and identify areas for improvement. Policies and procedures were in place for the notification, management and review of incidents in line with standards and national policy. The provider also adhered to Tusla's national incident management policy and procedure.

All safeguarding risks were identified, recorded and reported appropriately, and were well managed. These included child protection and welfare concerns, significant events and risks of violence, intimidation and aggression. Individual risk assessments were completed for each risk identified and safety plans were put in place as appropriate to manage these risks. There were also regular meetings of



core groups of professionals involved in the young people's care to ensure all aspects of their care were appropriately addressed, including safeguarding issues.

Significant events were well managed and reviewed, and there was a process in place for the reporting, recording and review of these events. A register of all significant events was maintained in the centre to ensure good oversight. The inspector reviewed a sample of records of significant events (SENs) and found they were appropriately recorded and managed in line with the Tusla policy. There was a system in place to ensure the quality of the recording of significant issues and for the identification and sharing of learning from the management of such incidents. The centre manager reviewed all the records of significant events and identified areas of improvement, for example, where additional detail was required in the record. The inspector sampled a number of records of significant events and found that all but one contained sufficient detail of the event. All appropriate actions had been taken following the incident.

An external significant event notification review group (SENRG) met regularly to review SENs for a number of centres within the region and to provide feedback to staff teams about all aspects of the management of significant events. The inspector found evidence that this learning was shared with the staff team and implemented to improve practice. For example, the SENRG had recommended that more detailed information - such as the full name of the staff member involved - was required in one record. The inspector's review of team meetings reflected that recommendations from the SENRG had been communicated to staff. However, the inspector noted that in a recent record of a significant event the full name of the staff member was not included so this recommendation had yet to be fully implemented. This is an area of improvement for the recording of significant events.

When significant events occurred, young people could discuss them with staff and know they would be heard. Young people could be confident that the staff team identified any risks to their safety and took action to stop any potential harm where possible. Parents were positive about the care their children received in the centre and one parent said that if their child had any concerns they would tell the staff and they would deal with it. Professionals told the inspector that significant events were well-managed by the staff team.

The inspection found that all incidents which impacted on a young person's safety were identified, reported and recorded and were well managed to reduce both the risk to the child and of the incident re-occurring.

**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**

The residential centre had systems in place to ensure compliance with Children First (2017) and the *Child Care (Placement of Children in Residential Care) Regulations*, 1995. The staff team implemented relevant legislation and national policies and procedures to ensure that young people's welfare was protected and promoted. The centre manager was clear that practice in the centre is underpinned by legislation and that staff provided care in line with legislation and standards. The inspector found that staff demonstrated an understanding of legislation, policies and procedures for promoting the safety of young people in their care and this was reflected in all aspects of their practice. The inspector's review of young people's case records and interviews with staff supported this finding.

However, Tusla's own national policies, procedures and guidance documents for residential centres - intended to guide staff in safeguarding children - were not up to date and had not been reviewed as required. For example, reviews of Tusla's National procedures for the provision of information and training for staff in relation to the identification of the occurrence of harm, guidance to manage risk of harm, 'Tell Us' complaints policy and procedure and Tusla's child sexual exploitation policy were more than a year overdue. The policy on protected disclosures had been due for review in December 2024 and the review of Tusla's Recruitment and Selection policy and procedures was more than five years overdue. Furthermore, inspectors noted an absence of up-to-date policies, procedures and guidance for staff on recognised and increasing safeguarding risks for children and young people in Ireland, in particular children in care, including; criminal exploitation, labour exploitation, sexually coerced extortion and child trafficking for the purpose of exploitation.

Staff who spoke with the inspector were knowledgeable about their responsibilities under Children First (2017). They were familiar with reporting procedures and knew that the designated liaison person (DLP) for Children First was the centre manager. It was clear from the inspector's review of young people's case records that staff implemented the correct reporting and recording mechanisms under Children First. The centre had a safeguarding statement in place in line with legislation. Where safeguarding concerns did not meet the threshold for intervention by Tusla's social work department, these were managed effectively by

the staff team. For example, when incidents of bullying occurred in the centre they were reported to the social work department as per Children First (2017) and appropriate action was taken to address the behaviour. Strategy meetings were held and detailed safety plans were put in place which included individual work with the young people on the topic of acceptable behaviours and about the impact of bullying.

There was good co-operative working in place between all the professionals involved in the young people's care and in particular relating to safeguarding. These included members of An Garda Síochána, GALs, social workers, social care leaders and aftercare workers. Regular strategy and core group meetings were held to discuss safeguarding concerns, and agree actions for inclusion in safety plans for the young people. Professionals who spoke with the inspector confirmed this.

The inspector found that the provider had not ensured that all young people had an allocated social worker in line with the standards and regulations, as one young person did not have an allocated social worker. The centre manager advocated to the relevant service area for the young person to be allocated.

There was an absence of up-to-date policies, procedures, protocols and guidance across significant areas of practice directly related to safeguarding children in residential care. Duration of time overdue review varied significantly, indicating no clear mechanisms for a systematic review of such national policies. Significant improvements are required to ensure that all such national guidance documents remain relevant, up-to-date and inclusive of developments in practice and risks relating to the safe care of children and young people. It is for this reason that this standard is judged to be not compliant.

**Judgment: Not 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.

### **Regulation 6: Staffing**

There was effective leadership, governance and management in the centre and lines of accountability were clear to all staff. However, significant concerns were identified in relation to the safe recruitment of staff.

There were clear management structures in place. The centre manager was supported by a deputy manager. The centre manager reported to a deputy regional manager. The full staff team consisted of four social care leaders (one of which was a vacant post) and 11 social care workers, all of whom had varying degrees of experience and a good mix of skills. At the time of the inspection, three social care leaders were not available for shifts on the roster. Agency staff were used to cover any gaps in the roster. Efforts were made to ensure consistency of care for the young people by utilising the same agency staff as far as possible. The centre manager and the social care leader on duty over the course of the inspection demonstrated strong leadership to the staff team and were available to support and guide the care of the young people as required.

There were sufficient staff in place to meet the safeguarding needs of the young people and, at the time of the inspection, there was an increased staff presence on duty to ensure the safety of both staff and young people, following the risk assessment of incidents of particularly challenging behaviour.

There were effective communication systems in place to ensure safe, child-centred and individualised care for each young person. These systems included daily handovers between staff, the use of a communication book and a diary for the young people's activities, emails, team meetings and management meetings. Information about the young people's needs - including safeguarding issues and the actions in place to manage them - was shared through these mechanisms. The inspector reviewed a sample of staff team meetings and found that these were well attended. Each young person was discussed in detail including all aspects of their presentation and care, giving an overall view of their placement. Keyworking reports were presented and plans for the care of the young people were outlined especially in regard to their safeguarding needs. The meeting ensured that all staff were informed on each young person's care and management of their particular issues and presentation. Restrictive practices and significant events were reviewed, learning shared and staff training was discussed.

There was a system in place whereby all required tasks were allocated to named individuals to ensure implementation. For example, three named staff were responsible for ensuring that young people had information about their rights, the Ombudsman for Children and the complaints procedure. Other named staff had particular responsibility for updating the centre logs and organising young people's activities and holidays.

There were effective governance and management systems in place to ensure the delivery of safe care to young people. The management team promoted an open culture where safeguarding was embedded in practice. Staff who spoke with the inspector were clear about their responsibilities to safeguard young people and care records reflected this in practice. The culture of openness supported young people and staff to raise concerns including safeguarding concerns. Staff were aware of the protected disclosures policy and reporting procedure, although had not had recourse to make use of it. The inspector noted that the protected disclosures policy had been reviewed at a recent team meeting. Young people knew how to make a complaint when they were dissatisfied. The inspector reviewed two such complaints and found they were well-managed and included consultation with the young people.

The management team had good systems in place to oversee the safety and quality of the service and to identify where improvements could be made. The centre manager had oversight of the various registers that were maintained. These included the child protection and welfare log, the significant events log, restrictive practice log and the restraints log. The inspector reviewed these logs and found they were up-to-date and comprehensively completed. The management team also undertook a programme of self-audits under various headings including governance and management, complaints, child protection and welfare reports and risk management. The inspector reviewed a sample of these and found that where deficits were identified, actions were taken to address them. For example, one audit identified that three staff required training in risk management. The action was to ensure they completed the training. This action had been completed appropriately at the time of the inspection. An audit of child protection and welfare reports included an analysis of trends in the type of reports being made, the outcome noting that there were no trends, and all appropriate actions in relation to reporting and recording had been completed.

There were good training records maintained and this training supported effective safeguarding practices. The inspector reviewed the training register for staff which included agency staff. This register was up-to-date and reflected that all staff, including agency staff were up-to-date with their mandatory training requirements relating to safeguarding. Staff were trained in Children First (2017) and all other training required by Tusla. Additionally, the majority of the staff team were also trained in child sexual exploitation (CSE) and had completed training in managing violence, harm and aggression (VHA). Three staff had not yet completed this additional training. These three staff completed the required online training module and produced their training certificates prior to the completion of the inspection.

The inspection found that staff demonstrated an understanding of safeguarding policies and procedures. In interview with the inspector staff explained their role as mandated persons under Children First (2017) and demonstrated a knowledge of reporting procedures for concerns about young people. Staff were well-versed in the individual needs of the young people in their care, and took an individualised approach to the management of safeguarding issues. Actions were tailored to the needs of each young person and took into consideration their particular vulnerabilities. This was evident from the inspector's review of the young people's case records, including their safety plans. Parents told the inspector that their children had developed trusting relationships with the staff and would tell them if they had a concern and that staff would come up with a plan to deal with the issue.

There were effective risk management systems in place in the centre. These included a risk register and registers of concerns about young people's welfare, restrictive practices, restraints and significant events. The inspector reviewed the risk register and found it included risks such as the risk of injury due to violence, harm and aggression, potential drug misuse and the risk of child sexual exploitation. Risks were identified, reviewed and managed effectively and control measures were outlined which aimed to mitigate or eliminate risks to ensure young people's safety and wellbeing. The risk management framework and structures in place supported staff to effectively identify, assess and manage safeguarding risks including bullying and peer abuse. Staff were clear about their responsibility to safeguard young people. Individual risk assessments were completed for all identified risks to young people's safety and actions were clearly outlined about how these risks should be managed. The inspector reviewed a sample of individual risk assessments and found they were comprehensively completed and included existing control measures, additional measures and the person responsible for implementing the control. The centre manager maintained oversight of all risk assessments. Safety plans were also used in specific circumstances to ensure young people's safety was promoted both within and outside of the centre. These are discussed under standard 3.1 further on in the report.

Tusla has a '*Need To Know*' risk escalation policy and procedure which is a process for the escalation and notification of reportable events such as child deaths and serious incidents. The centre had not made any such reports in the 12 months preceeding the inspection.

There was external oversight of the service and the centre had been audited by the Tusla Practice Assurance and Service Monitoring (PASM) team in November 2024. The audit found that the centre was well-run with robust governance and management oversight systems in place. Records reviewed by PASM were of good quality and the staff team were committed to ensuring the safety and wellbeing of the young people living in the centre. The report of the PASM audit assigned a 'substantial assurance' rating to the centre. This means that a high degree of compliance with Tusla policies, legislation and national standards was found, with good systems in place to support safe, evidence-based best practice. Practice in the centre relating to the management of significant events was also externally examined through the work of the SENRG as outlined under standard 3.3 above.

The centre management team were committed to continuous quality improvement to achieve the best outcomes for children. Arrangements were in place to assess the safety and quality of care provided. There was an annual review of the quality and safety of the service for 2024 which had been prepared by the centre manager. This review identified how practice in the centre had been developed to enhance the service in 2024. Good systems had been put in place to review and respond to challenging behaviour, to support young people to develop self-care and protection skills and good management of risk had been promoted within each young person's programme of care. This review also set out an analysis of the use of restrictive practices in the centre in 2024. Restrictive practice is the intentional restriction of a person's voluntary movement, behaviour or choices. In 2024 restrictive practices used in the centre included checks on young people's internet use, restrictions to Wi-Fi accessibility, room searches, restrictions on free time and observing a young person on the external closed circuit television (CCTV) system when there was a risk of them absconding. The 2024 review report noted that the centre implemented robust reviewing procedures regarding significant events and the use of restrictive practices to ensure they were used in line with policy, risk assessment and the young person's best interests. The use of restrictive practices in the centre is discussed further under standard 1.1. The annual review of the service outlined that there were no incidents of physical interventions in 2024.

The service had developed a service improvement plan (SIP) in November 2024. This plan included a review of sporadic incidents of possible drug misuse in the centre. Actions identified to address these incidents included the continued use of individual risk assessments and safety plans, and how the details of these would be communicated to the staff team. The SIP also included the review of all open child protection and welfare reports made to social work departments and an

action to seek updates on all of these, a review of mandatory training, and actions to be taken following an audit of staff supervision. There was also a review completed of the staff roles and responsibilities checklist which assigned named staff members to certain tasks. The inspector found that these and other identified measures had been implemented in the centre. The deputy centre manager told the inspector that the service improvement plan for 2025 was currently being developed.

The inspection identified some concerns in relation to the safe recruitment of staff. The inspector reviewed seven staff recruitment files in total relating to four Tusla staff and three agency staff working in the centre. The majority of Tusla staff files contained all necessary information to indicate safe recruitment practices. These included up-to-date vetting by An Garda Síochána, relevant qualifications on file and identity checks completed. One file did not contain a valid reference for the staff member. The review of agency staff files indicated some concerns regarding the safe recruitment by the provider of agency staff. These included statements of employment being accepted as valid references and references that did not pre-date the staff member taking up the employment. Following the inspection, HIQA sought assurances from the provider in relation to these issues. The provider submitted a satisfactory response outlining a service improvement plan aimed at increasing effectiveness of oversight systems in place with regard to ensuring the safe recruitment of staff engaged to work in Tusla services.

There was a culture of learning and continuous improvement in the centre which ensured good safeguarding practice. The inspector spoke with staff who demonstrated an openness to learning and who explained that learning was shared in team meetings as well as in their supervision with their managers. The staff team implemented learning to improve practice and ensure young people's safety and welfare. The inspector's review of young people's records demonstrated the team's commitment to quality improvement and how learning was put into practice. For example, the team had been advised by the external advisor on the model of care, to take a very specific approach in the care of one young person and both the placement plan and the records of the individual work completed with that young person demonstrated how this approach was being implemented. This ensured safeguarding measures were appropriate and effective. Professionals and parents all agreed that the staff team did all they could to keep young people safe and protected both in the centre and also when they were outside of the centre.



Governance and management systems in place promoted safe care practices and young people were provided with good quality care. Robust recruitment practices are an essential element of effective safeguarding. However, this inspection found that improvements are required in the oversight and monitoring by Tusla to ensure that the recruitment of staff is safe and carried out in line with requirements. It is for this reason that this standard was judged to be not compliant.

**Judgment: Not compliant**

### Quality and safety

Good safeguarding practice thrives in a culture of openness where safeguarding concerns are discussed, reported and investigated. This inspection found that the safety and wellbeing of young people was at the centre of the care provided. Young people received care and support which respected and protected their rights in line with the United Nations (UN) Convention on the rights of the child. Safeguarding practice aimed to promote young people's welfare and protect them from harm and took into account their individual vulnerabilities. Young people were treated with dignity at all times and safeguarding measures were tailored to address each young person's presenting needs and risks. There was good managerial oversight of safeguarding risks and registers were maintained on all aspects of child safeguarding including child protection and welfare reports, restrictive practices, significant events and a centre risk register.

Young people were encouraged to exercise choice and had access to advocacy services in order to make informed decisions about their care. Staff were good advocates for young people and encouraged them to advocate for themselves. Young people were provided with knowledge to raise their awareness around risk and develop skills so they could protect themselves. The care and support provided in the centre was based on the individual safeguarding needs of each young person and aimed to maximise their safety, wellbeing and personal development, and they were supported by staff to develop skills in making safe choices.

Young people experienced care that was effectively coordinated within and between services. When young people were transitioning out of care they were supported to develop independent living skills as well as the life skills they would need to keep themselves safe. They were involved in decisions, and efforts were

made to accommodate their preferred options for their future in relation to where they lived and whether they were in further education or employment.

Young people were safeguarded and their care and welfare was protected in the centre, and this was a priority for the centre manager and the staff team. Children First (2017) was fully implemented in the centre and all staff were trained in this regard. Staff were proactive in protecting the young people in their care and there was a culture of openness in the centre where all issues could be raised by staff and young people. The staff team identified emerging safeguarding concerns and acted appropriately to address them - including and consulting children in the process. An example of this was the specific dynamic that developed between two young people and the impact this was having on the presenting behaviours of one of them. This was identified and addressed by the staff team with both young people through individual work, and through the care provided - in a manner that was respectful to both young people. There were also meetings held with other professionals to decide on the appropriate actions to take to address the presenting behaviours.

Care practices protected and promoted the safety and welfare of the young people. All safeguarding risks were identified, comprehensively assessed, reviewed and amended accordingly to ensure young people's safety both in and outside of the centre. Staff worked cooperatively with the young people's families (as appropriate) and other professionals, to protect the young people and keep them safe.

Incidents of young people going missing from care were well managed and there were systems in place to ensure they were reported and recorded appropriately. There were a number of plans in place for young people that guided staff in providing good quality, safe care to young people. These included care plans, placement plans and placement support plans, safety plans and aftercare plans. All these plans were comprehensive and aligned with each other to ensure the care provided to each young person met all their care and safeguarding needs.

### **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

The young people in this centre received care and support which respected and protected their rights in line with the United Nations(UN) Convention on the rights of the child. Safeguarding practices aimed to promote their welfare and protect them from harm. Young people were encouraged to participate both in decisions about their care and in the running of the centre. The use of restrictive practices was considered against the young person's rights and used only to promote their safety and well-being.

Information was given to young people about their rights when they first came to live in the centre. The centre staff had also developed a booklet for parents which explained how the centre promoted these rights. This booklet noted the valuable contribution young people can make to decisions about their care and to the running of the centre and also included information on the complaints process.

Young people were treated with respect and this was evidenced from the inspector's review of their case records and from observing young people and staff interacting with each other. Staff were respectful when speaking about individual young people to the inspector and demonstrated a commitment to ensuring their needs were met in a safe way that promoted the young person's wellbeing. It was clear from records reviewed by the inspector that young people's safety was paramount and staff promoted the young person's right to be heard and to participate in decisions about their care, which took into account their age, ability and maturity.

On occasion, a young person's wishes may be in conflict with what is regarded as appropriate or safe by the adults responsible for their care. The inspector found that when this was the case, staff made every effort to educate the young person on the risks and safeguarding concerns which informed decisions about their care. Young people were consulted about the safety plans that were in place to mitigate or eliminate risk to their wellbeing and the reasons for certain decisions were clearly explained to them. Professionals who spoke with inspectors said they supported staff practice in this regard as it was in the best interests of the safety of the young people.

Young people were treated with dignity and respect including when staff were managing behaviour that challenges. The inspector observed staff in their interactions with young people and found they spoke to them in a respectful manner and promoted their right to make choices. Staff also educated the young people to make good choices for themselves. Staff used various intervention techniques to ensure young people were safe when they presented with behaviours that challenged. These included the use of routine de-escalation

techniques, some restrictive practices and, on rare occasions, the use of physical interventions. Restrictive practices and physical interventions were used in accordance with best practice. Alternative procedures were considered before the use of a restrictive practice. The inspector reviewed records of strategy meetings with other professionals responsible for the young person's care and found good discussions took place to ensure appropriate monitoring and review of such practices. Restrictive practices are further discussed under standard 3.1.

The promotion of young people's rights was embedded in practice in the centre. The inspector observed that young people were comfortable in expressing themselves. Safeguarding measures were individualised to the needs of each young person and staff were mindful of the each one's dignity at all times including when responding to behaviours that could potentially be unsafe for themselves and others. 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.

Young people were encouraged to exercise choice and had access to advocacy services in order to make informed decisions about their care. They were encouraged to advocate for themselves, and staff were also good advocates for the young people in their care.

There were systems in place to encourage and support young people to express their views and preferences about their day-to-day activities in line with their safeguarding needs. They were supported and facilitated to spend time with their peers as appropriate and attended activities and services in line with their individual needs and preferences. These included shopping trips, driving lessons, gym attendance, baking, go-karting and arts and crafts.

Young people were given opportunities to participate in the day-to-day running of the centre. Regular young people's meetings were generally well attended and were held in a manner that facilitated their attendance – treats were provided and sometimes an informal approach was taken, such as having the meeting over dinner, to encourage attendance. On occasions when they did not attend, the staff team were proactive in eliciting young people's opinions and preferences and used other opportunities to ascertain their wishes. Young people were informed about decisions made at team meetings, such as the times when Wi-Fi would be

available in the house, and asked for their opinion. They were also asked if they had issues they wanted raised at the staff team meetings. Various topics were covered in these meetings such as healthy eating and meal planning, respecting each others differences, bullying, safety on the streets, activities for seasonal events and the expectations around keeping their rooms clean.

Young people were also facilitated to recently attend a youth participation event run by a national organisation for young people in care.

Care plans were in place and young people were supported both to prepare in advance for these meetings and to attend them in person in order to express their views and participate in decisions about their care.

Young people were consulted about their safety plans and the reasons for the use of restrictive practices was explained to them. For example, the availability of Wi-Fi was limited to certain hours in the day and evening to support good sleep routines for the young people. The reasons for this were clearly set out at a young people's meeting and their opinions sought. None expressed an issue with the Wi-Fi access being limited.

Young people were matched with keyworkers with whom they could develop a trusting and supportive relationship. Parents and professionals commented on the relationships young people had developed with members of the staff team and how these were beneficial to them. The inspector's review of care records reflected that young people shared their concerns with staff who then acted on these concerns. Staff demonstrated their commitment to their role as advocates for the young people and supported them to make complaints as appropriate. Keyworkers engaged in direct work with the young people based on the model of care provided in the centre. Keyworking sessions were used to provide young people with safeguarding information that was appropriate to their particular needs. They were supported to understand and exercise their rights and to participate in decision-making about their care. The inspector reviewed a sample of the keyworking sessions completed with young people and found that staff were persistent in their efforts to empower them to advocate for themselves and to develop skills to keep themselves safe. Staff used these sessions to explain their concerns for the young person's welfare. They provided the young people with information about the risks associated with vaping, some of their relationships and the importance of making healthy life choices relating to diet, medication, mental health and self-care. Young people were included in discussions about the safety concerns relating to them, and the plans in place to keep them safe were explained. The centre manager valued the contribution of young people in their own risk assessments and safety plans, acknowledging their good insights.

Young people had access to advocacy services and had been visited by representatives from a national organisation supporting young people in care. They were encouraged to be advocates for other children and young people in the care system and had been supported to attend an event organised by this national organisation. They also had visits from an organisation who provided information about the impact of the misuse of drugs.

**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

This inspection found that young people living in the centre received care and support based on their individual safeguarding needs which aimed to maximise their safety, wellbeing and personal development.

The care provided in the centre followed the Tusla national approach to providing care to young people in residential centres. This therapeutic model of care identifies six key areas for young people to work on so as to achieve positive outcomes and to reach their full potential. The staff team implemented the model of care in an individualised way in consultation with each young person, and were supported by an external professional who guided them in this regard.

Professionals who spoke with the inspector commented on how the staff team were open to using different approaches with the young people so that they achieved the best outcomes for them. There was a good team dynamic in the centre and it was clear from the inspector's observations that the team worked well together in the best interests of the young people.

In addition, staff consulted with Tusla's Assessment, Consultation and Therapeutic service (ACTS) who provided advice and guidance in managing particular aspects of young people's behaviour and how to implement the recommended approaches. The staff team had also had a presentation from a drug and alcohol prevention service to increase their knowledge in this regard so they could support individual young people about this risk.

Care plans in place were supported by up-to-date, comprehensive placement plans reflecting the young person's individual needs, including their safeguarding needs. There were effective mechanisms in place to ensure the safeguarding needs of young people were assessed prior to their admission. Safeguarding needs were addressed in the various plans in place to guide the care of the young people including individual crisis support plans, behaviour response plans, placement plans and placement support plans. The inspector reviewed a sample of these plans and found they comprehensively outlined young people's individual needs and how staff were to manage them. They clearly reflected the implementation of specific advice and guidance provided on the national model of care used and outlined strategies for managing all identified safeguarding risks and other aspects of the young person's presentation. When other risks emerged, these were carefully considered: strategy and core group meetings were held and were attended by the various professionals involved in the young person's care.

Young people were helped to settle into the centre when they were first admitted. When they struggled with this, every effort was made by the staff team to identify and address the issues. Strategy meetings were held and actions identified to support the young person to develop coping mechanisms and to minimise any negative impacts of the move.

As already outlined, direct work was completed with young people through keyworking sessions. Staff also used naturally occurring day-to-day opportunities to raise young people's awareness of potential risks to their safety and to develop skills to keep themselves safe. Staff spoke with them on topics such as the dangers of vaping, the effects of drug use, safe use of social media and taking care of their own mental health. Staff encouraged the young people to be healthy - physically and mentally - and advised them on the services available to support their individual needs. Young people were facilitated to attend relevant support services as appropriate to their needs.

Young people were encouraged to engage in educational or training programmes and whilst three of the young people were not currently engaged in education or training, there were plans in place to re-engage them in school, training courses or work options in line with their expressed preferences and ambitions.

**Judgment: Compliant**

### **Standard 2.5**

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

Young people experienced care that was effectively coordinated within and between services. When young people were transitioning out of care they were supported to develop independent living skills.

The inspector found from the review of young people's case files and from speaking with parents and professionals that everyone involved in their care worked collaboratively with the staff team in the centre. This included young people's families where appropriate. Professionals and parents told the inspector they were kept informed about the young person's care and were consulted on decisions - including those in regard to keeping the young person safe. Various meetings were held to discuss young people's needs and to progress actions to ensure their safety and wellbeing.

No young people had been discharged from the centre in the 12 months prior to the inspection, and two young people were planning to transition out of care in the months following the inspection. When young people were preparing to leave care they were supported by the staff team, in collaboration with other professionals and their families, to make the transition. They had allocated aftercare workers who had developed aftercare plans for them, following a needs assessment. The inspector reviewed two aftercare plans and found they identified the young person's needs under a number of areas such as personal and social development, education, health and housing and emotional wellbeing. It was clear from these plans that the young people had been consulted and efforts were being made to accommodate their preferred options for their futures. Aftercare plans were updated as the young person's circumstances progressed.

Staff worked with young people to help prepare them for the transition out of the centre and to further develop their independent living skills. Young people were helped develop self-care skills and supported to take age-appropriate risks while at



the same time being aware of potential risks and how to manage them. For example, some used public transport independently rather than taking a lift in the centre's car. Families were involved in transporting young people where appropriate, and in line with their care plans. Staff helped young people with budgeting and encouraged them to eat healthy meals and gave them information about good dental hygiene.

**Judgment: Compliant**

### **Standard 3.1**

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

Young people were safeguarded and their care and welfare was protected in the centre, and this was a priority for the centre manager and the staff team. Children First (2017) was fully implemented in the centre and all staff were fully trained in this regard.

The provider had policies and procedures in place in line with the legislation and standards but, as already identified, these were out-of-date and required review. Staff demonstrated good knowledge of safeguarding legislation and their responsibility in relation to reporting and recording all safeguarding issues. They were well-versed about the particular safeguarding needs of each of the young people living in the centre and their safety was paramount both within the centre and outside it.

All the staff working in the centre were trained in all required modules of Children First (2017) and, those who spoke with the inspector understood their role as mandated persons under the legislation. All safeguarding concerns were properly documented and reported to the relevant authorities in line with Children First. Safeguarding concerns included child protection and welfare reports, significant events, restrictive practices and physical interventions. There were registers maintained by the management team on all these safeguarding issues. The inspector reviewed the child protection and welfare register. There were 17 child protection and welfare concerns recorded in the register. Of these, nine reports related to 2024 or before and were still open to the relevant social work departments. The reports included incidents of bullying between young people, disclosures of previous and potential current abuse and threats of harm, possible substance misuse and vaping. Staff were responsive and took appropriate actions, in a sensitive manner, when concerns of a child protection nature arose. All concerns had been appropriately reported to the relevant social work department

and there was evidence that the centre manager regularly contacted the social work departments for updates on the investigations into these reports.

Safeguarding issues were managed through the implementation of safety plans. These plans were based on comprehensive and dynamic risk assessments of the individual circumstances of the identified risk. There were safety plans in place as appropriate for all identified risks including bullying between young people, access visits, vaping, violence and aggression and the safe use of technology. Safety plans were reviewed and updated appropriately to reflect young people's changing safeguarding needs. Strategy meetings and core group meetings were held as appropriate to discuss incidents such as assaults on staff and violence harm and aggression. Staff were trained in Children First (2017) and all other mandatory training required by Tusla. There were identified risks in the centre relating to violence harm and aggression and child sexual exploitation and additional control measures were outlined in the risk register to mitigate and manage these risks. These controls included staff being trained to manage such risks. To that end the majority of staff had also received training in recognising and dealing with child sexual exploitation (CSE) and in managing violence, harm and aggression (VHA). This was a particular safeguarding measure and it was important that the staff on duty had this training. The inspector sampled the roster and found there were always staff rostered who had completed this training.

Incidents of young people going missing from care were well managed. Staff made every effort to maintain telephone contact with the young person and to ensure they returned safely. These incidents were recorded through the SEN system. There had been 14 such incidents recorded in the six months prior to the inspection. There was a system in place to notify the appropriate authorities of when a young person was missing and when they returned.

Restrictive practices were used in the centre and there were a number of these in operation at the time of the inspection. Restrictive practices included limits to free time in certain locations, checks by staff on internet devices, searches of young people's bedrooms, confiscation of items, locking of knives and sharps for safety, restrictions of Wi-Fi usage and limited pocket money. The inspector found that all of these restrictive practices were in place because of individual risks to young people that had been risk assessed. The reasons for the restrictions were discussed with and explained to the young person, some of which they understood and agreed with. For example, the use of bedroom searches was due to a risk of self-harm, drug or alcohol use. Young people were made aware of the search and the reason for it, and were invited to be present when their room was being searched. Restrictions to Wi-Fi were used to promote sleep routines. All restrictive

practices were reviewed on a monthly basis and amended or removed as deemed appropriate and safe for the young person.

Physical interventions are rarely used in children's residential centres. However, there had been two incidents, to date in 2025, where a non-routine physical intervention had been used with young people in the centre. On these occasions, the young people were heightened in their presentation, caused or threatened property damage or had assaulted staff. Staff tried all other methods to de-escalate the situation before using the physical interventions. The inspector reviewed the records of these incidents and found that following these incidents staff used a verbal strategy (called a life space interview) which allows staff to actively intervene to help the young person move from the impulsive action to self-regulation. In addition, the centre manager reviewed the record of the intervention to identify learning and issued guidance to staff on preventing of the need for such actions in the future.

There were good supports available to or being sourced for young people to help them heal from traumatic experiences in their past and staff facilitated and encouraged them to attend and fully engage in these services. These services included sensory attachment intervention therapy, equine therapy and other specialist services. Staff worked in partnership with the young people, their families and other professionals including the young people's social workers, to promote their safety and wellbeing.

A policy and procedure on protected disclosures was in place, and staff were clear on this. The policy and procedure had recently been reviewed at a staff team meeting.

**Judgment: Compliant**

## Appendix 1 - Full list of standards considered under each dimension

| Standard Title   | Judgment      |
|--|---------------|
| <b>Capacity and capability</b>   |               |
| <b>Standard 3.3:</b> Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.  | Compliant     |
| <b>Standard 5.1:</b> 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.                  | Not compliant |
| <b>Standard 5.2:</b> 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. | Not compliant |
| <b>Quality and safety</b>  |               |
| <b>Standard 1.1:</b> 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     |
| <b>Standard 1.3:</b> Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.   | Compliant     |
| <b>Standard 2.2:</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.   | Compliant     |
| <b>Standard 2.5:</b> Each child experiences integrated care which is coordinated effectively within and between services.  | Compliant     |
| <b>Standard 3.1:</b> 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.**

|   |                               |
|---|-------------------------------|
| <b>Compliance Plan ID:</b>                          | MON-0046658                   |
| <b>Provider's response to Inspection Report No:</b> | MON-0046658                   |
| <b>Centre Type:</b>                                 | Children's Residential Centre |
| <b>Service Area:</b>                                | Dublin Mid Leinster           |
| <b>Date of inspection:</b>                          | 27 March 2025                 |
| <b>Date of response:</b>                            | 08/05/2025                    |

## 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:

| Capacity and Capability: Leadership, Governance and Management   |                         |
|--|-------------------------|
| Standard : 5.1   | Judgment: Not Compliant |
| <p><b>Outline how you are going to come into compliance with Standard 5.1:</b></p> <p><i>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 care and welfare of each child.</i></p> <p>The social care staff in the centre continue to adhere to and implement the National Policies and Procedures for Children's Residential Services Mainstream Services 2021. To date these policies and procedures have been found to be effective in practice.</p> <p>The Tusla Director of Quality and Regulation has given an extension for the review of these policies and procedures to the end of Quarter 3 2025. These policies and procedures are currently under review and this review will be concluded by end of Quarter 3 2025.</p> <p>The review of the Tusla Child Sexual Exploitation Procedure is currently underway in collaboration with other stakeholders including An Garda Siochana. The social care staff in the centre will continue to adhere to and implement the CSE Procedure in the interim and report concerns related to child sexual exploitation.</p> <p>The review of the Joint Working Protocol for An Garda Siochana and Tusla is in progress in collaboration with An Garda Siochana. The social care staff in the centre</p> |                         |

will continue to adhere to and implement the Joint Working Protocol for An Garda Siochana and Tusla in the interim.

The Tusla Tell Us complaints policy will be reviewed in 2025. The social care staff in the centre will continue to adhere to and implement the Tusla Tell Us Policy in supporting children and young people with making a complaint.

Tusla's Recruitment and Selection policy and procedures is under review which is due to conclude in Quarter 2 2025.

To facilitate coordination and consistent organisation Tusla has a National Policy Oversight Committee (NPOC) that governs, commissions, approves and authorises all Policies, Procedures, Protocols and Guidance documents formulated in the organisation. Tusla has processes in place to support the development and review of policies and procedures. The timely development and review of policies and procedures can be affected by factors such as availability of resources and other interdependencies. Future development of Tusla policies, procedures and guidance with regard to risks to children of criminal exploitation, labour exploitation, sexually coerced extortion and child trafficking will be progressed in line with government direction.

**Proposed timescale:**  
**Q2 2025**

**Person responsible: National Director CRS**

**Standard : 5.2**

**Judgment: Not Compliant**

**Outline how you are going to come into compliance with 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.*

- As part of the application process candidates are requested to provide three professional referees, including their current employer who, in relation to social work/care posts, must have a professional relationship to the candidate. In addition, candidates are advised that Tusla Child and Family Agency retains the right to contact all previous employers as part of the pre-employment screening process.
- The candidate is advised that "Tusla reserves the right to remove candidates from specific recruitment panels and retract job offers if satisfactory clearances (e.g. past/current employment references, security clearances) cannot be obtained or are unsatisfactory."

- Tusla Child and Family Agency reserves the right to seek both written and verbal references from current and previous employers, educational institutions or any other organisations with which the candidate has been associated. Tusla Child and Family Agency also reserves the right to determine the merit, appropriateness and relevance of such references and referees.
- Tusla makes every reasonable effort to obtain a full and comprehensive suite of professional references as part of our standard recruitment process. However, we recognise that in some instances, previous employers may have a company policy that prevents them from issuing formal references.
- In such cases, we will accept Statements of Employment as an alternative form of verification. This approach ensures we can continue to validate employment history. To formalise, our Recruitment Policy is currently under review and will be updated to reflect this. The revised policy will be in place by Q2 2025.
- In line with Children's First Guidelines candidates who are screened for positions that have direct contact with children and families will have their suitability for the role screened. At least one referee should have firsthand knowledge of the applicant's previous work or contact with children. Referees will be asked if the candidate's is considered suitable by them to work with children on the reference they provide.
- In the event when a reference is not considered satisfactory, an evaluation is carried out by the Recruitment Officer and Recruitment Operations Manager who oversees the follow up with the referee and other relevant persons to establish facts and to document findings and available information. In some instances, the Hiring Manager is contacted to discuss any issues about the candidate and the possible consequences for the particular post. A letter also issues to the candidate advising them of the situation that has arisen in relation to the difficulty in securing a complete suite of references to reflect their employment history. They are requested to provide any additional relevant information to be considered by Tusla prior to a final decision being made as to whether or not their appointment can proceed. If a decision is made not to proceed with an appointment the candidate is informed by letter that the job offer is being withdrawn as the Agency has been unable to obtain satisfactory references. They are advised that they are now being removed from the panel and therefore will receive no further job offers from this panel.

Tusla have been reassured that recruitment agencies procured by the agency have been compliant with the requirements under the service level agreement. However, given the concerns recently identified by HIQA regarding the agency files of staff working in the centre additional measures are now being put in place.



These measures are:

- Children's Residential Services HR staff have developed a central register of all agency staff working in Children's Residential Services.
- Children's Residential Services HR staff have commenced an audit of compliance files for all agency staff working in Children Residential Services centres to be reassured that Compliance files are of an appropriate standard in line with legislative requirements, requirements of service level agreements with providers of agency staff and best practice standards.
- The methodology for this audit includes:
  - All compliance files will be requested from all agency staff providers.
  - The Children's Residential Services HR staff will validate that all relevant documentation is included on each compliance file against an Audit Checklist.
- The Audit Checklist will verify and validate that each Compliance File contains the following in compliance with the Service Level Agreement:
  - Garda Vetting Disclosure has been received and a risk assessment of positive disclosures where applicable.
  - Overseas Police Clearance Certificate (outside of the ROI and NI) is on each file. Checks will be completed to ensure that this includes all countries where the agency worker has lived for 6 months or more since the age of 16 years.
  - References checks to ensure there are 3 references on the compliance file that have been validated by the recruitment agency and verified by phone. The expectation will be that this should be noted on the reference with the date and the initials of the caller. Character references or personal references will only be acceptable in exceptional circumstances i.e. this is the first time employment after college studies.
  - The employment history of the agency worker including their Application Form or Curriculum Vitae with additional clarification provided in writing regarding any breaks in employment history.
  - Completion of Childrens First Training will be checked and validated on each file. Completion of Modules 2 and 3 will be recorded following notification from the Social Care Manager for the centre.
  - An Audit Checklist will be placed on each Compliance File following the Audit, with validation checks recorded, notes of any actions to be taken and completed and signed and dated by the Children's Residential Services HR staff.
- Contact details for agency staff including phone number and email address will be held on the Agency Staff Register and held by Children's Residential Services HR staff. The agency staff addresses will be held by the recruitment agency and requested by Tusla as and if required.

- The Social Care Manager will undertake an audit to ensure all agency staff working in the centre have completed all three modules of Children First training. All outstanding training will be completed as a priority and recorded on the centre Training Register.
- All new agency staff will undertake Children First Modules 2 and 3 immediately upon commencing their employment in the centre. This will be recorded and maintained on the centres Training Register by the Social Care Manager. The Social Care Manager will advise the Childrens Residential Services HR team member that the Children First Training Modules have been completed by the Agency Staff.
- The Deputy Regional Manager will link in with the agency provider and request a third reference for the agency worker. Once appropriate validation has occurred the Deputy Regional Manager will review same to ensure compliance.

**Proposed timescale: Q2 2025**

**Person responsible: HR and 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 |
|------------|---|----------------------|-------------|--------------------------|
| <b>5.1</b> | 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 care and welfare of each child.         | <b>Not Compliant</b> | Orange      | Q3 2025                  |
| <b>5.2</b> | 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. | <b>Not Compliant</b> | Orange      | Q2 2025                  |

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