



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

Name of provider:	The Child and Family Agency
Tusla Region:	South East
Type of inspection:	Unannounced
Date of inspection:	11 November 2025
Centre ID:	OSV_0004186
Fieldwork ID	Mon_0048820

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.

The residential centre provides a residential care placement for young people who are in the care of The Child and Family Agency (Tusla) aged 13 – 17 years upon admission. The residential centre provides care to young people who require therapeutic interventions to address vulnerabilities and behaviours of concern. The aim of the placement is to provide a safe nurturing environment where children and young people live, are cared for, supported and valued. This is achieved through the staff team encouraging positive attachments and building relationships to provide a therapeutic environment that promotes wellbeing, safety, rights, education and community involvement.

The residential centre works in conjunction with other professionals and has access to a psychologist.

In some circumstances, based on the individual needs of a young person, placement beyond 18 years may be considered.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	4
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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 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
11 November 2025	09:30 hrs to 19:00 hrs	Hazel Hanrahan	Lead Inspector
11 November 2025	10:30 hrs to 19:00 hrs	Catherine Linehan	Support Inspector
13 November 2025	11:00 hrs to 12:00 hrs	Hazel Hanrahan	Lead Inspector
14 November 2025	11:00 hrs to 16:00 hrs	Hazel Hanrahan	Lead Inspector

What children told us and what inspectors observed

The centre is a large two storey house located on the grounds of a health service executive (HSE) campus. The centre had a small but adequate outdoor space which was equipped with a basketball court and a small green area. The centre is served by a main motorway to a neighbouring city and towns that offer access to schools, community groups and a range of activities such as sports, library and arts. The centre has access to three vehicles to support children to and from activities, school and contact with friends and family.

Hearing the voice of children is very important in understanding how the service worked to meet their needs and improve outcomes in their lives. Inspectors spoke with four children and two social workers and listened to their experiences of the service.

The premises was divided over two floors with the upstairs designated as the main living area for children. It was spacious and decorated in a warm colour on the walls, with lots of available natural light. This area comprised of a sitting room that had warm colour on the walls and paintings hung throughout. In addition, there was a large kitchen and dining room with a large wooden table and chairs. There was a games room that had video games, books, a television and games that catered to meet children's needs through different activities. The games room also had the walls decorated in a variety of posters, of different music and films that allowed children to express themselves. On the ground floor of the premises was a dedicated room as a workout area, with age appropriate equipment for children to use. This room provided time away for children when they were feeling overwhelmed in their life, encouraged fitness and fun, which in turn impacted positively on building positive mental health. Furthermore, the premises had an additional living room and kitchen area on the ground floor for children to use with their families when they visited. This promoted and encouraged building and maintaining of positive family relationships for children while they were living away from home.

There were four children living in the centre at the time of the inspection. The inspector could hear laughter between the children and staff and from observations, their interactions appeared to be relaxed and at ease with one another. Children were at ease talking to the managers about the activities they enjoyed that included fishing and the gym.

The children who spoke to inspectors gave both positive and negative feedback about the centre and staff.

They told the inspectors the staff;

- were "good" and "positive"
- would "try their best to deal with complaints in the right way"
- would do their best for you, "yes 100%"
- "listen"
- were "nice"
- "lack(ed) getting to know the kids"
- "don't ask about our lives"
- and managers are "actually amazing"
- were "very respectful, always respect privacy".

The inspector spoke with two social workers who described the staff as;

- "always stay consistent"
- "manage very well"
- "they are very good, they are well able"
- "they respond appropriately"
- "communication is top notch" and
- they do all that they can for the child.

Capacity and capability

The inspection found that there was a positive culture promoted by management and staff within the residential centre for the wellbeing of the children. There was clear lines of accountability and staff were aware of their roles and responsibilities. Management and staff promoted the safety and well-being of children as part of their safeguarding practices. However, governance required strengthening in relation to the recruitment practices in safeguarding the interests of children. The risk identified was escalated to the regional manager to provide assurances that action would be taken to come back into compliance with one of the national standards and legislation.

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

- Six standards were compliant and
- Two standards were not compliant.

There were policies and procedures in place in the residential centre for the notification, management and review of incidents, in line with regulations and national policy and these were being implemented effectively. All safeguarding incidents were identified and reported in a timely manner and these were reviewed at team meetings.

Management and staff were knowledgeable about ensuring safe practice and appropriate responses to concerns about the safety or welfare of children in the centre that included child criminal exploitation concerns. Management and staff were clear on their safeguarding roles and responsibilities in providing a safe service for children in residential care in line with Children First Act 2015.

Staff had undertaken mandatory training and training in Children First based on the '*Children First: National Guidance for the Protection and Welfare of Children and Children First Act 2017*' (Children First Guidance). Further information and training on the occurrence of harm related to child criminal exploitation was needed as this was an area that had not yet been made available to the staff and management team.

Management and staff were aware of the procedures in place to safeguard children from harm. There were two child protection and welfare referrals made in 2025 and safety plans were put in place as a part of the safeguarding process.

The centre manager was familiar and knowledgeable about the operation of the centre and the care planning needs of the children. There was a full staff team in place and where leave was taken by staff, management ensured they had sufficient agency staff to cover the gaps in the rota. There was also an effective on-call system in place.

The centre's register was reviewed and found to be of good quality and up-to-date in line with regulations.

The centre manager was working in line with Tusla's Quality Improvement Framework to embed quality improvement in practice in the centre. These self-assessments were of good quality and reviewed a range of areas of practice. Management carried out a number of audits within the service to ensure that their quality improvement plan was being implemented to ensure a safe service.

There was a risk register in place where management had identified and were managing risk within the context of their work. The level of understanding of the seven risks on the risk register was good and there was a comprehensive assessment of all risks undertaken.

Supervision was not taking place on a regular basis in line with Tusla national supervision policy. The impact was that staff were not consistently provided with the opportunity for reflective practice and guidance on the challenges faced and actions devised to address these.

There was an absence of up-to-date policies and procedures across significant areas of practice directly related to children in residential care. HIQA escalated this issue in February 2025 to Tusla's National Director for Children's Residential Services and received assurances that these policies and procedures were under review. At the time of this inspection, actions to address this non-compliance, had not yet been completed.

Safe recruitment and selection policies and procedures were not consistently followed to ensure clear processes and safe practices were in place to ensure suitable people were recruited to work within the centre. These risks were escalated to the regional manager for assurances to be provided.

Standard 3.3

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

A positive culture was promoted by management and staff within the residential centre for the wellbeing of the children. This was achieved through developing positive relationships of trust and understanding with children that created a space where children felt welcomed, valued, and respected. As a result, this encouraged children to have open conversations with staff about safeguarding which in turn led to children feeling comfortable and safe to raise concerns about their care planning. From documents reviewed, inspectors found that staff worked with children to submit complaints to Tusla through their 'Tell Us' policy. This is Tusla's feedback and complaints policy, where children can make a complaint regarding the design, delivery and quality of services provided to them.

There were policies and procedures in place in the residential centre for the notification, management and review of incidents, in line with regulations and national policy. The primary purpose of incident management was to review what happened and determine why it happened to prevent it from happening again. Management and staff implemented the National Incident Management System (NIMS) as part of the incident management process. There was one NIMS reported in 2025 that related to vehicle damage which could have led to unintended or unanticipated injury or harm. Management and staff took immediate actions following the incident and responded appropriately to staff directly affected by the incident.

Significant event notification review group (SENRG) meetings took place on a monthly basis. This SENRG group consisted of the regional manager, deputy regional managers, psychologist and a rotation of social care managers, deputy social care managers and social care leaders so that incidents could be reviewed, along with the identification of any pattern and behaviour trends. It also provided a further oversight mechanism of safeguarding practices through reflection and shared learning. From document review and speaking with management and staff, inspectors confirmed that minutes from the SENRG meetings were shared with the staff through team meetings and emails, for learning purposes.

A review of significant event notifications (SEN) was undertaken by management and it was found that all safeguarding incidents were identified and reported in a timely manner. There were 29 SEN's recorded in 2025 and some of these identified safeguarding concerns that ranged from children missing from care, self-harm and child protection and welfare concerns. Management and staff worked with a range of professionals to ensure the safety of the children. This included An Garda Síochána, Out of Hours Services and social work departments. In addition, the families of children were included and provided information that supported safeguarding practices. The quality of the recording of the significant event notifications was good and these were all notified to the relevant people and professionals in the child's life. In addition, management recorded a reflection piece at the end of each significant event notification that highlighted areas of good practice, areas for further improvement and reflected on the child's care planning needs. Furthermore, staff worked with children to include them in the safeguarding process so that their voice could be heard. Staff utilised the behaviour management model to support a conversation with the child about what had happened, what triggered their response or behaviour, discuss safety and to discuss ways they can respond in the future. It was a process that helped children make sense of what happened following an incident.

Management undertook reviews of all SEN's with staff at team meetings, where learning was communicated to all staff in the centre and to the child's allocated social worker.

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 showed a clear understanding of the key pieces of legislation, national policies and standards in place in order for the centre to operate to protect and promote the needs of children. Management and staff promoted the safety and well-being of children as part of their safeguarding practices.

The Child and Family Agency (Tusla) Child Safeguarding Statement was displayed throughout the centre for both staff, children, professionals and family members to read and become familiar with. The Child Safeguarding Statement was developed in line with requirements under the '*Children First Act 2015*, '*Children First: National Guidance for the Protection and Welfare of Children*' and '*Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice*'. Furthermore, the Child Safeguarding Statement was due to be reviewed by the 11 February 2026 or as soon as practicable. From speaking with management and staff, they were knowledgeable about ensuring safe practice and appropriate responses to concerns about the safety or welfare of children in the centre that included child criminal exploitation concerns.

Management and staff were clear on their safeguarding roles and responsibilities in providing a safe service for children in residential care. The centre manager and the deputy centre manager were assigned as the Designated Liaison Person (DLP) and the deputy DLP with responsibility for ensuring that reporting procedures were followed correctly and in a timely manner. In addition, management acted as a resource to any staff who had a safeguarding concern. Staff told inspectors of their understanding of the DLP role and support in reporting child safeguarding concerns. Management were working in line with Children First Act 2015 in maintaining a list of mandated persons within the service. Under the Children First Act 2015 mandated persons have a statutory obligation to report safeguarding concerns. Upon speaking with staff, they were knowledgeable about their role as mandated persons in working in a position to help protect and safeguard children from harm and the steps to take to report a safeguarding concern.

There was a range of child safeguarding procedures in place however, these were overdue for review but which continued to inform areas of practice within the centre. The duration of time overdue for review varied significantly, with some

being years overdue. This indicated that there was no clear mechanism in place for a systemic review of these national policies. This had been a general finding of children's residential centre inspections completed by HIQA to date in 2025. In light of this finding, HIQA escalated this issue in February of 2025 to Tusla's National Director for Children's Residential Services and received assurances that these policies and procedures were under review. Despite two extensions to the timeframe for these national policies to be reviewed and updated, at the time of this inspection, this had not yet been completed.

There was a procedure in place for the '*Provision of information and training of staff in relation to the identification of the occurrence of harm, 2024*' that provided guidance to management on their role to ensure that staff had access to training in relation to the identification of harm and to ensure staff undertook mandatory training. Managers maintained a record of training completed by staff. Upon review, staff had undertaken mandatory training in Children First. In addition, staff had undertaken training in child sexual exploitation, cyber and social media, ligature training and complaint handling. However, further information and training on the occurrence of harm related to child criminal exploitation was needed as this was an area that had not yet been made available to the staff and management team. The centre manager told the inspector that they would liaise with Tusla Workforce Learning and Development department to include this as part of their training programme.

Management and staff were aware of the procedures in place to safeguard children from harm and to reduce any risks to children of being harmed. There were two child protection and welfare referrals made in 2025 in relation to children in the centre. The two child protection and welfare concerns were reviewed by the inspector and found that safety plans were put in place as a part of the safeguarding process, to minimise risk factors and increase protective factors. They were both reported in a timely manner and both referrals were closed at the time of the inspection.

Overall, there were clear governance arrangements and structures in place that set out the lines of authority and accountability for the centre. Due to the absence of up-to-date national policies, procedures, protocols and guidance directly related to children in residential care, this standard is judged as 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

The service was experiencing a change in the management structure at the time of the inspection. The deputy centre manager was in the process of transferring to another position in a different service in January 2026. A transition plan was in place whereby the deputy centre manager role had already been recruited to and the candidate was due to commence in January 2026. Part of the transition plan included the new deputy centre manager working one day a week from the residential centre where management talked through the responsibilities of the role and also shared knowledge to ensure a smooth transition for both the departing deputy centre manager and the incoming new deputy centre manager. In addition, management had also factored in the impact on children in the transition programme to ensure that children were not impacted negatively and were given time to process the changes.

The centre manager was familiar and knowledgeable about the operation of the centre and the care planning needs of the children. Through document review and observations during the inspection, the centre manager was visible and accessible to staff and children. A deputy regional manager had responsibility for the operational management of the overall service. The staff team was made up of social care leaders, social care workers and agency staff.

The service had a full staff team. Managers undertook regular workforce planning to mitigate against any disruption to children's continuity of care by enlisting the support agency staff to cover the gaps in the rota to ensure the needs of the children who resided in the centre could be met in a safe manner. Inspectors reviewed a sample of the staff rota's and found there were sufficient numbers of staff on shift to provide a safe service to children.

There was an effective on-call system in place, where the centre manager or the deputy centre manager were rostered on call during evenings and weekends. In addition, social care leaders would also provide additional support. The 'on-call' arrangements were discussed at handover meetings to ensure all staff were aware of same.

The centre's register was reviewed by inspectors and was found to be of good quality and up-to-date in line with regulations. The centre's register contained all

the relevant information in respect of each child who resided in the centre. This included their care status, date of birth, gender, social workers name and reason for being in care. For any child who had moved on from the centre to alternative accommodation, there was an entry on the register that had been completed by management.

The centre manager was working in line with Tusla's Quality Improvement Framework '*A Tusla Approach to Improving the Quality and Safety of Services*' to embed quality improvement in practice in the centre. The centre manager had self evaluated the service provided in order to provide assurance that the service provided to children was safe and being delivered to a high standard. This self-assessment was completed annually. The inspector reviewed the self-assessment guidance tools completed that provided prompts to support the assessment that described the evidence in place that supported the assessment made. These self-assessments were of good quality and reviewed a range of areas of practice. This included that all national policies are implemented, that staff are supported to attend training, that there are systems in place that risks are responded to, that audits are in place, along with a risk register. Each area of practice reviewed had an action required for their quality improvement plan, a person responsible and a date for this to be achieved.

Management carried out a number of audits within the service to ensure that the quality improvement plan was being implemented to ensure a safe service. These audits included children's case files, supervision records, key-working sessions, restrictive practice log, risk register, SEN's and risk assessments. The audits also comprised a review of governance in the centre that looked at mandatory training, risk management and the risk register. These audits were detailed and of good quality and where gaps were identified, actions were outlined and assigned to a person for completion. Since the previous inspection, a tracker was developed to monitor and measure progress made on actions outlined in the centre's Tusla compliance plan following the previous inspection. The inspector found that all actions outlined in the compliance plan had been completed.

There was a risk register in place where management had identified and were managing risk within the context of their work. These included child sexual exploitation, children missing from care, peer dynamic in the centre, violence and aggression in the service and lack of staffing. The level of understanding of the seven risks was good and there was a comprehensive assessment of all risks undertaken. Consideration was given to the context of the risk and the likely impact on outcomes for children, the potential for impact on service provision, and staff well-being.

Risk assessments were undertaken to identify and assess sources of potential harm and a plan was developed for the management of these identified risks. These assessments were placed on the centre's risk assessment review log and the restrictive practice register. The inspector reviewed a sample of these risk assessments and registers and found that they were reviewed on a regular basis between management and staff to ensure the right safeguarding practices were in place for the shortest period of time. Forums such as staff supervision and SENRG meetings provided methods for the centre manager to monitor performance of the service. Findings from audits and SENRG meetings were communicated to staff through team meetings.

A training needs analysis (TNA) had been undertaken by the centre manager, to identify any gaps in staff knowledge and skills. The TNA identified five areas for further learning and development for the team. These included report writing, mental health first aid, cyber and social media training. The inspector reviewed the training register and found that either all of these areas identified in the TNA had been completed or were in the process of being completed. There was a culture of learning promoted within the service by management.

The inspector reviewed six supervision records which showed that supervision was not taking place on a regular basis in line with Tusla national supervision policy. The impact was that staff were not consistently provided with the opportunity for reflective practice and guidance on the challenges faced and actions devised to address these. The centre manager had identified this in a supervision audit and was undertaking a restructure of the supervision responsibilities within the team to ensure that there were sufficient supervisors. In addition, the quality of supervision records varied in detail and discussion. Supervision discussed each child who resided in the centre and how their care was being progressed.

Further strengthening of the recruitment practices in safeguarding the interests of children was required. The inspection found that their safe recruitment and selection policies and procedures were not consistently followed to ensure clear processes and safe practices were in place, to ensure suitable people were recruited to work within the centre. Seven staff files were reviewed as part of the inspection process and concerns and risks were identified related to;

- for one staff member, there was no international security clearance check in place,
- where there were gaps in two staff member's employment history, there was no evidence of checks being undertaken or the required External Candidate Compliance and Verification Declaration Form being completed,

- in addition, for one staff member, independent references from previous employers, educational institutions or any other organisations with which the candidate had been associated had not been sourced.

These risks were escalated to the regional manager for assurances to be provided, that their safe recruitment and selection policies and procedures would effectively be implemented to ensure clear processes and safe practices were in place in order for suitable people to be recruited to work with children in the residential centre.

Judgment: Not Compliant

Quality and safety

The staff team and managers had a good understanding and knowledge of children's rights. Children received information about their rights in a booklet and staff completed key work sessions with children to help them understand their rights. Each child's privacy was promoted by staff and managers in the service. Each child had their own bedroom which comprised of a private bathroom. Staff and managers promoted strengthening of family relationships through family and sibling contact.

A child's right to education was promoted by the staff and managers in the centre. The staff and managers in the centre took all appropriate measures to encourage children to participate in education.

When restrictive practices were used, there was evidence that the staff and managers worked meaningfully with the children to take account of their wishes and feelings and to implement a child-centred approach. Children were included in the process and informed of the reason why restrictions were put in place and staff worked with children, through keywork sessions, to develop their knowledge on how to keep themselves safe.

Children's meetings were held weekly that provided children with the opportunity to have a say in the day-to-day running of the service.

There was a complaints log in place and staff worked with children to listen to their views and took steps, through individual work with the child and through collaboration with the social worker, to ensure that the children did not make decisions that would place themselves at risk of harm.

Staff and management implemented good practice in establishing safety plans with and for children where risks had been identified.

Staff and managers were proactive in ensuring that children were provided with information on an advocacy service for children who are in care.

Upon a new admission to the centre, a collective risk assessment was completed by management with the social worker, prior to any child coming to reside in the centre to ensure that the placement could meet the needs of the child and the other children living there. The collective risk assessment was detailed and took into account all available information including where feasible, information from a child's previous placement.

Staff and managers worked in partnership with children and this was underpinned by the model of care that focused on supporting and developing children's social, emotional, independence and functional skills.

Children were provided with the opportunity to attend their child-in-care reviews and were supported by staff to complete the child-in-care review booklet if they wished not to attend the meeting.

Staff were trained in an approved method of managing behaviour and this was reflected in the behaviour support plans reviewed by inspectors, that captured the child's needs, identified all the risks and safety concerns and how external environments could pose a new set of risks in the child's life.

There was a consistent and coordinated response to the needs of children in the centre between services and professionals that ensured that services worked in an integrated way to improve the experience and outcomes for children.

Managers and staff completed risk assessments for children where safety concerns were present. These were detailed and took into account all available information about the child, possible impact of the risk and the support required from staff, family members and or professionals.

The management of incidents of children missing from care was reviewed by inspectors and found that staff and managers practiced good joint working with external professionals.

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 staff team and managers had a good understanding and knowledge of children's rights. When children were first admitted to the centre they were provided with a booklet that explained to them what their rights were. This booklet was reviewed by the inspector and had all the information around children's rights in it. Staff told the inspector that they would continue this work with children in key-work sessions to ensure that they fully understood what their rights were. This included the right to have a say in matters that affect them, right to an aftercare worker to support them in their journey in leaving care, the right to access education and the right to see their friends and family. For every child living in the centre, the child was assigned a keyworker who would build a relationship with the child and complete key pieces of activities with them either formally or informally. For one child, staff worked with them to help safeguard them from people in their life who may put them at risk of harm.

From a review of documents, inspectors found that children's identities were documented in their care plans and their understanding of why they were in residential care and their family connections. The inspector spoke with four children and found that they were all aware of their family connections. When in the best interests of the child and in line with their care plan, staff and managers promoted strengthening of family relationships through family and sibling contact. This was facilitated by the staff who brought the children to and from family contact visits. Family members also visited the centre to spend time with the child. Where children voiced that they did not wish to see a family member, staff and managers worked with the child and the child's social worker to explore this and ensured that the child was safe.

Staff and managers promoted each child's privacy in the service. Each child had their own bedroom where they were afforded the opportunity to choose how they wanted to decorate it and express their own personal style. Each bedroom had an ensuite that afforded further privacy for each child. The inspector was provided with an opportunity to see a child's bedroom with their consent. The bedroom had good space and contained sufficient storage through wardrobes and lockers. The child had spoken with the centre manager about painting their bedroom a

different colour. This action was being followed up by the centre manager where the paint was being purchased and a learning opportunity was being created for the child in developing their independent living skills. The impact was the child had control over their own space and showed their personality through the use of different art means.

A child's right to education was promoted by the staff and managers in the centre. The staff and managers in the centre took all appropriate measures to encourage children to participate in education. Of the four children who resided in the centre, three children were in education. One child spoke with the inspectors and talked about their excitement of completing work experience in a crèche as part of their education programme. This helped to enhance the child's learning to secure better outcomes in life and to promote their well-being. The inspector found for one child who had experienced difficulties in attending mainstream school, staff and managers worked with the child, social worker and educational providers to source other options. In addition, the inspector observed staff supporting a child to complete their homework on their laptop. The child asked staff questions and guidance was provided to help the child with the learning process. The inspector found that staff involvement with a child's homework helped create a meaningful learning environment, with staff spending invaluable time with the child. The child could be heard thanking staff for their help when their homework was finished. The impact was that it encouraged the development of trust and communication between staff and the child and also helped create an appreciation for education.

Staff and managers told the inspectors that children's right to access information about them was promoted. Inspectors found through document review that children were asked by staff if they wished to review information held by the service about them. Some children took the opportunity to access information about them with the support of staff and read through some documents held on their file.

There was a restrictive practice register in place in the centre and this was detailed and of good quality, and included a record of the reason for the practice, the duration and the date it came to an end. There were five restrictive practices recorded in 2025 that related to restricting phone access, room search and free time. Upon review of the five restrictive practices in place, there was evidence that the staff and managers worked meaningfully with the children to take account of their wishes and feelings and to implement a child-centred approach. Children were included in the process and informed of the reason why restrictions were put in place and staff worked with children, through keywork sessions, to develop their knowledge on how to keep themselves safe.

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's meetings were held weekly which provided children with the opportunity to have a say in the day-to-day running of the service. Children were given the choice to attend these meetings and where children decided not to attend, staff sought their views beforehand. The inspector found that the quality of the children's meetings was good. There was good recording of the topics discussed and concerns that children wished to raise. This included how each child could show respect for one another's belongings while living in the centre, food shopping, away trips and purchasing of gym equipment. The inspector found that children's meetings had occurred on a regular basis and this resulted in a dedicated space where children could be heard and where issues could be explored and resolved. Children's meetings were discussed at team meetings and decisions made on questions asked by the children. This was feedback back to the children before the next children's meeting.

Inspectors found that children were informed of how to voice concerns where they felt that their rights were not respected. The inspector reviewed the complaints log and found that two complaints were made by children in 2025. The two complaints related to decision making to place them in the residential centre and the use of restrictive practice. The inspector found that staff listened to the children's views and took steps, through individual work with the child and through collaboration with the social worker, to ensure that the children did not make decisions that would place themselves at risk of harm.

Staff and management implemented good practice in establishing safety plans with and for children where risks had been identified. Staff and management ensured, where possible, that safety plans were co-created with children that considered the specific purpose of the plan and the safety staff were trying to achieve. For example; where there were risks of child criminal exploitation, children missing in care and self-injury, staff worked with the children in creating a safety plan that set out the steps that would minimise the risk, in order to create safety for them.

Staff and managers were proactive in ensuring that children were provided with information on an advocacy service for children who are in care. Management had organised for an advocacy service to visit children in the centre so that they would

have an opportunity to speak with them, have a voice, to understand what their rights were and the supports in place for them in matters that affect their life. Children could also request an advocate as part of the advocacy service provided and the inspectors found that some children had availed of this.

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

Upon review of documents, one child had been admitted to the centre in 2025. Upon a new admission to the centre, a collective risk assessment was completed by management with the social worker, prior to any child coming to reside in the centre to ensure that the placement could meet the needs of the child and the other children living there. The collective risk assessment was detailed and took into account all available information including where feasible, information from a child's previous placement. This assessment documented information about the children, their vulnerabilities, significant events in their life and their behaviours. This provided staff with information about risk factors that had been identified either within the community or in a care setting. Additionally, the assessment took into consideration the impact and possible risk the new child being admitted to the centre would have on the needs of those already living there and or, the risks to the child being admitted into the centre.

Staff and managers worked in partnership with children and this was underpinned by the model of care that focused on supporting and developing children's social, emotional, independence and functional skills. Management had identified that further work was needed to further develop children's independent living skills, and this section of the model of care was to be focused on. Staff undertook work with children around the development of healthy relationships, to empower them to fulfil their potential and to learn coping mechanisms in life. Each child's placement plan was informed by the model of care and they were allocated a keyworker who completed direct work with them. Inspectors reviewed two children's case files and found that both children had up-to-date placement plans

that reflected their care plans. The placement plans were of good quality and detailed the expectations and routines of the child, as well as how their needs would be met. Children were included in the development of their placement plans through the use of the centre's model of care.

Children were provided with the opportunity to attend their child-in-care reviews and were supported by staff to complete the child-in-care review booklet if they wished not to attend the meeting. Staff explained to children the meaning of child-in-care reviews and the importance for them to attend. For one child there was a slight delay in their care plan being shared with the staff team. However, management had escalated this through the escalation processes and received the child's care plan.

Staff were trained in an approved method of managing behaviour and this was reflected in the two behaviour support plans reviewed by inspectors. The two behaviour support plans captured the child's needs, identified all the risks and safety concerns and how external environments could pose a new set of risks in the child's life. Children's behaviour support plans were discussed at weekly team meetings to understand underlying causes of behaviour and situations that may lead to behaviour that challenges. With an up-to-date behaviour support plan staff were able to understand the child's behaviour and to develop supports that would help the child after an event. For example; staff used the life skills interview approach with children after an incident had occurred, in line with their behaviour support plan, to talk about what had happened, what triggered their response and discuss ways the child can respond in the future. This work with the children continued into key work sessions that looked at supporting the child to understand risks, how to keep themselves safe and how to make more positive choices in life. This included work in areas of substance misuse, child criminal exploitation, developing positive relationships and mental health needs.

Judgment: Compliant

Standard 2.5

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

There was a consistent and coordinated response to the needs of children in the centre between services and professionals that ensured that services worked in an integrated way to improve the experience and outcomes for children.

The admission process for children transitioning into the centre was well planned. Where admissions to the centre were due to the emergency need of a placement for a child after all other options had been explored and exhausted by the social worker, staff worked with the social worker to make the transition as smooth as possible. This included organising visits for the children to the centre with a family member to view the accommodation and meet with the new staff and other children. This helped to support children to gradually feel safe and in control of the changes in their life to lessen the likelihood of becoming overwhelmed.

There was a programme of activities in place when a child was admitted to the centre. One child's file was reviewed to determine the quality of the programme. The programme consisted of a number of activities for the child to complete with the support of staff. Some of these activities included a tour of the centre, fire drill, information on complaints, the statement of purpose and function, how to access information held by the centre about them and explanation of what restrictive practice was, along with the centres model of care. This programme afforded children the opportunity to become familiar with their surroundings, ask any questions and have these answered in relation to getting to know and understand their new environment.

There was good communication and information sharing between different agencies involved in the care planning needs of each child to ensure that staff were equipped with all available information to work in the best interests of the child. This included education, mental health services and psychologist. Upon reviewing two children's files, it was found that reports and assessments were shared with staff and managers to ensure that staff were equipped with all available information to work in the best interests of the child.

From document review, where children needed care and support from more than one service at a time, staff and managers worked to ensure that their care and support was coordinated so that all services involved in the child's life were meeting their needs together. This occurred through professional meetings. For children who were experiencing mental health needs, staff worked together with a

number of services that included the mental health services, psychologist and the social work department and arranged professional meetings to ensure that the needs of the child were being met. Where additional services were needed for children and there were delays in getting an appointment, assessments were privately sourced.

Judgment: Compliant

Standard 3.1

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

There was a log of child protection concerns maintained in the centre by staff and managers that included the status and outcomes of referrals. Inspectors found that child protection concerns were reported by staff in a timely manner and in line with Children First. There was two child protection concerns logged in the register in 2025. There was good practice where concerns for child criminal exploitation was identified and immediate action taken to put safeguards in place for the child, with all professionals being informed in a timely manner.

There was a policy and procedure in place related to protected disclosures. Upon speaking with staff, staff were knowledgeable of who to report a protected disclosure to and had received this information in their induction training.

The inspector reviewed the training register and found that all staff and managers had up-to-date training in Children First. In addition, staff and managers undertook training in a number of safeguarding areas to support the team to effectively identify and respond to a child in need so that intervention measures can be put in place. This included child sexual exploitation, mental health first aid and ligature cutter training.

Managers and staff completed risk assessments for children where safety concerns were present. The risk assessments were detailed and took into account all available information about the child, possible impact of the risk and the support required from staff, family members and or professionals. Inspectors found that the manager and staff had a good understanding of each child, and recognised possible triggers for unsafe behaviour. This included the completion of a risk assessment related to self-injury, social media usage, unaccompanied activities and family contact. The risk assessments supported staff to develop their knowledge of the interventions needed to keep children safe.

The staff's management of children missing from care was reviewed and the inspectors found that staff and managers practiced good joint working with external professionals. There were three incidents of children missing in care reported in 2025. When children experienced a number of missing in care incidents in 2025, inspectors found effective joint working between professionals, residential care centre staff, the Out of Hours service, social workers and An Garda Síochána, to keep them safe. Staff and managers had knowledge of the vulnerabilities of children missing from care and staff carried out follow up key work sessions to explore with children the reasons behind the missing in care episodes. Management had recording practices in place and protocols were clear. The inspector found that missing from care incidents were reported to the relevant organisation in a timely manner, in line with the national protocol, *'Children Missing From Care, A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services'*. The staff also followed protocols for the social worker and family to be notified.

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.	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.	Not 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 2.5: 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-0048820
Provider's response to Inspection Report No:	MON-0048820
Centre Type:	Children's Residential Centre
Service Area:	South East
Date of inspection:	11 November 2025
Date of response:	15 December 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>Outline how you are going to come into compliance with 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 care and welfare of each child.</p> <p>A number of Tusla Policies and Procedures were due for update this year. The following Policies and Procedures have been reviewed and the update on this is outlined below.</p> <p>1. National Policies and Procedures for General Residential Centres</p> <ul style="list-style-type: none"> • Suite 1- Child Centred Care and Support - Approved 25th of September 2025 • Suite 2- Effective Care and Support Services- Approved 25th of September 2025 • Suite 3- Safe Care and Support - Approved 25th of September 2025 • Suite 4- Personal Development, Health and Wellbeing - Approved 25th of September 2025 	

- Suite 5- Management, Governance and Quality Assurance- was heard at the National Policy Oversight Committee Meeting on the 23rd of October 2025 and to be re-issued in early 2026.
- Suite 6- Responsive Workforce Policies and Procedures- was heard at the National Policy Oversight Committee Meeting on the 23rd of October 2025 and to be re-issued in early 2026.

Some minor amendments need to be included in these documents and additional policies on use of restrictive practice. The suites will be issued to all CRS services in December 2025.

2. Joint protocol with An Garda Siochana

The MCIC Joint Protocol was reviewed, and a final draft was prepared for sign off for Q3 2025. Some challenges arose in terms of sharing the Joint Protocol with 3rd parties and this matter is currently under consideration with AGS.

3. Tusla Child Sexual Exploitation Procedure

There is a review of the Tusla Child Sexual Exploitation Procedure currently underway in collaboration with other stakeholders including An Garda Siochana. Policies and Procedures regarding Child Trafficking and other forms of exploitation are being considered by this group as part of this review. The social care staff in the centre will continue to adhere to and implement the Tusla CSE Procedure in the interim and report concerns related to child sexual exploitation.

4. Tusla Complaints Policy- TELUS

Currently under review with consultation due in of Q1 2026.

5. Tusla Recruitment and Selection Policy

Reviewed and approved by the National Policy Oversight Committee in September 2025.

6. Tusla Protected Disclosures Policy

Reviewed and approved by the Tusla Board in April 2025.

Tusla has a system and process in place for the review of policies and procedures. The National Policy Oversight Committee (NPOC) review proposals for initiation of any new policies and procedures, review and approve submitted documentation and set review timelines for same.

Following the review of the National Policies and Procedures for General Residential Centres additional policies and procedures required have been identified and proposals put forward to NPOC to progress these with support from the National Policy Manager for Alternative Care

Proposed timescale:	Person responsible:
31st March 2026	Social Care Manager/Regional Manager

Standard : 5.2	Judgment: Not Compliant
<p>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.</p> <p>Tusla Recruit have confirmed that all future agency compliance packs will include International Police clearance.</p> <p>Tusla HR will ensure that any agency employee with employment gaps in their CV's will now complete an External Candidate Compliance and Verification Declaration.</p> <p>Tusla HR will schedule a meeting with HIQA prior to the 8th of December 2025 when Tusla HR receives a copy of the employees External Candidate Compliance and Verification Declaration.</p> <p>Tusla HR confirmed that a gap in a staff member employment history was three years which is accounted for in the External Candidate Compliance and Verification Declaration Form retrospectively completed and shown to HIQA in their meeting with Tusla HR on the 19th of November 2025.</p> <p>Tusla Recruit and Tusla HR have confirmed that they will seek independent references if similar cases of this nature arise again.</p>	
Proposed timescale: 30th November 2025	Person responsible: Social Care Manager/Regional Manager

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
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 care and welfare of each child.	Not Compliant	Orange	31 st March 2026
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.	Not Compliant	Red	30 th November 2025

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