



# Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South West
Type of inspection:	Unannounced
Date of inspection:	4 and 5 February 2026
Centre ID:	OSV-0005720
Fieldwork ID	MON-0049435

## 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, both male and female. The centres provides residential care to young people who require therapeutic interventions to address vulnerabilities and behaviours of concern. Staff encourage positive attachments and build relationships to provide a therapeutic environment for young people in order that they can learn new skills to live successfully in the community. The centre works in conjunction with other professionals and has access to a psychologist.

The centre also provides care for children aged 12 years and under only in exceptional circumstances and in accordance with the National Policy in relation to the placement of children aged 12 years.

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

<b>Number of children on the date of inspection</b>	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:**

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
04 February 2026	10:00hrs to 18:00hrs	Hazel Hanrahan	Inspector
05 February 2026	09:30hrs to 17:45hrs	Hazel Hanrahan	Inspector
06 February 2026	14:00hrs to 15:00hrs	Hazel Hanrahan	Inspector

## What children told us and what inspectors observed

This was an unannounced inspection of a new children's residential centre carried out to assess the centre's compliance with a number of National Standards for Children's Residential Centres, 2018. The centre had moved to a new premises since the previous inspection. The centre is a large two storey house located in the countryside. The house had access to a large garden and the surrounding environment offered pleasant and scenic views of mountains. 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. Due to the sensitive events that were happening in each of the children's lives at the time of the inspection, the children told the inspector that they did not wish to speak with them directly. However, the inspector was invited by the children to join them at dinner on two occasions. This provided the children with a relaxed environment and opportunity to interact with the inspector and for the inspector to observe their interactions with their new environment and with staff.

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 neutral colour on the walls throughout and there was a lot of natural light. Management were in the process of purchasing paintings, cushions, rugs and other accessories to add further warmth and a welcoming feel to the premises. The premises comprised of a large sitting room with a big sofa and television, a large games room with books, board games, a PlayStation and a television. In addition, there is a spacious conservatory area that was used as a space for art with children, along with a big kitchen-dining area that had a large wooden table, with different coloured chairs. The premises is located on six acres of land that provided ample space for the children to use. Management were in the process of purchasing child friendly outdoor equipment to create a play area, along with speaking with children on how to further develop the space that catered to their needs. The children told the inspector that they were happy with the new premises and that they had more space in their bedrooms and had an en-suite and that the centre was brighter.

The inspector participated in joining staff and three children for dinner on two occasions. From these observational opportunities, the inspector found that staff and children engaged in positive and light hearted interactions with each other,

laughing and joking, with children sharing stories about their day. The children talked about their school day, about the different types of foods they liked and also what staff member was the best cook in the centre. One child talked about their part-time job and how excited they were to start working in that area. The child's face lit up when they spoke about the different types of jobs that they would be doing. This created an environment that provided children with a safe space to express themselves and improve their social skills. It also offered staff an opportunity to understand the children's needs and concerns that would inform the care and support that could be provided to them.

The inspector observed staff returning with children from a trip to a local shop that catered for their cultural needs. The children were excited to show the inspector the different types of food they purchased and asked the inspector to taste some of their cultural delicacies. The children talked openly with staff about how the food reminded them of family memories and how it was important to them to be able to source this food. Staff understood and respected the children's cultural backgrounds and this further helped to strengthen their relationship.

The inspector spoke with one social worker, a social care manager and a guardian ad litem who made the following comments about the staff;

- "really good communication"
- "staff are welcoming and friendly"
- "great relationship"
- "collaborative effort with staff to support child's transition to the centre"
- "good to bring kids to and from access"
- "good to promote getting kids back into activities"
- "fantastic team"
- "have done huge work with kids around online safety"
- "staff are very good advocating for children's voice to be heard"
- "staff are good at taking on feedback from professionals"
- "good at promoting children's rights".

## Capacity and capability

The centre was previously inspected by HIQA on the 17 and 18 February 2025 against eight of the National Standards for Children's Residential Centres (2018). That inspection found four standards compliant, three standards substantially compliant and one standard not compliant.

This was an unannounced inspection following then move of the children's residential centre to a new premises and was carried out to assess the centre's compliance with a number of National Standards for Children's Residential Centres, 2018. In this inspection, HIQA inspected the service against eight of the National Standards for Children's Residential Centres (2018). Three of these standards were assessed under capacity and capability and five were assessed under quality and safety. Of the eight standards, the inspection found that:

- Two standards were substantially compliant and
- Six standards were compliant.

A change in the management structure had occurred since the previous inspection where a new centre manager had taken up position in December 2025 along with a new deputy centre manager. Since the previous inspection, the centre were at the initial stages of adopting and implementing Tusla's case management system, TCM, as their single system of integrated case management system.

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

The centre manager had commenced a self-evaluation of the centre in order to provide assurance that the service provided to children was safe and being delivered to a high standard.

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 were detailed and of good quality and where gaps were identified, actions were outlined and assigned to a person for completion.

There was a risk register in place where management had identified and were managing risk within the context of their work. However, consideration was not given as to whether child sexual exploitation should be placed on the risk register given that some children within the centre were vulnerable to and had experienced online exploitation.

Risk assessments were undertaken to identify and assess sources of potential harm and a plan was developed for the management of these identified risks.

The quality of the children's meetings was good. There was good recording of the topics discussed and concerns that children wished to raise.

There was a training register in place that kept track of staff who had received different types of training that included mandatory training.

A review of significant event notifications (SEN) was undertaken by the inspector and it was found that all safeguarding incidents were identified and reported in a timely manner.

There was a statement of purpose and function in place that described the service Tusla aimed to provide to children or young people and the age range they catered for. Management had recruited staff to the vacant positions in line with the actions set out in Tusla's compliance plan. There was now a full staff team in place that comprised of social care leaders and social care workers.

Management had addressed, through Tusla's compliance plan, gaps to promote and embed an effective and resilient culture to drive and enforce accountability at all levels. Since the previous inspection, management had invested in acquiring mediation services to facilitate discussion between management and the staff team to help manage conflict. There was now a more positive work environment where there was now good communication, trust and respect between management and the staff team. Staff were now clear regarding their roles, responsibilities, and expectations, which contributed to a culture in the centre of responsibility and accountability for promoting positive outcomes for children.

Supervision was not taking place on a regular basis in line with Tusla's national supervision policy. In addition, the quality of supervision records varied in detail and discussion.

## 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.

The service had experienced a number of changes since the last inspection that included management, relocation of the centre to a new premises and the introduction of Tusla's electronic case management system as part of Tusla's joined up delivery of services. Management and staff had shown great resilience and leadership in navigating the number of changes that had taken place whilst ensuring the continuity of care for children.

Overall, there was strong leadership, governance and management arrangements in place that created a child-centred, safe and effective service. Management and staff were guided by provisions in legislation, national standards and national policy documents. There was good governance systems in place that monitored the service to ensure that delivery of care was safe and effective. Some improvement was required in relation to the frequency and recording of supervision.

A change in the management structure had occurred since the previous inspection where a new centre manager had taken up position in December 2025 along with a new deputy centre manager. The new centre manager had previously held a position of deputy centre manager in the centre and 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 the children. The new centre manager was supported by a new deputy centre manager who had taken up position in December 2025 and had previously held a position of social care leader in the centre. Management had factored in the possible impact on children from the changes in the management structure and ensured that they were provided with information and time to understand and process the changes so as not to be impacted negatively.

Since the previous inspection, the centre were at the initial stages of adopting and implementing Tusla's case management system, TCM, as their single electronic system of integrated case management system across all Tusla services in line with '*Tusla Data Management and Digital Transformation Strategy 2024 – 2026*'. TCM provides a single view of each child, young person, family, care provider and others who are engaged with Tusla. Management and staff had received training on the new case management system and were still becoming familiar. The inspector observed staff using Tusla's case management system regularly

throughout the inspection and staff said that the new system was easy to navigate, more efficient and supported good record management better than paper records. Management had nominated two dedicated staff to be trained as 'super users' on the team who would train and provide guidance to staff, both new staff and those currently on the system.

The centre's register was reviewed 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.

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 commenced a self-evaluation of the centre 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 tool and found that they were of good quality and reviewed a range of areas of practice. This included statutory information, consultation and participation, programme of care, positive behaviour support, accommodation, staffing, training, supervision, health care and education. Each area of practice reviewed had either no action required or if an action was required a person responsible was assigned and a date for this action 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, restrictive practice log, Significant Event Notifications (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.

A review of SEN's was undertaken by the inspector and it was found that all safeguarding incidents were identified and reported in a timely manner. The inspector found that the quality of the recording was good and these were all notified to the relevant people and professionals in the child's life. Some of these included children missing in care, concerns for child sexual exploitation and injury to a child from an accident. 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. Management discussed all SEN's with staff at team meetings, where learning was communicated to all staff in the centre.

There was a risk register in place where management had identified and were managing risk within the context of their work. These included peer dynamic in the centre, violence and aggression in the service and lack of staffing. The level of understanding of the risks was good and there was a comprehensive assessment of all risks undertaken. The assessments had taken into account the context of the risk and the likely impact on outcomes for children, the potential for impact on service provision, and staff well-being. However, consideration was not given as to whether child sexual exploitation should be placed on the risk register given that some children within the centre were vulnerable to and had potentially experienced online exploitation

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.

The quality of the children's meetings was good. There was good recording of the topics discussed and concerns that children wished to raise. These included a change in location of the premises, children requesting swimming lessons, discussions about a child's free time and a conversation about a new admission of a child to the centre. The inspector found that feedback on previous actions were discussed at the next children's meeting, providing a space where children could be heard and where issues could be explored and resolved.

Significant event notification review group (SENREG) meetings took place on a monthly basis. This SENREG 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 SENREG meetings were shared with the staff through team meetings and emails, for learning purposes.

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. There was a training register in place that kept track of staff who had received different types of training that included mandatory training. This included *'Children First: National Guidance for the Protection and Welfare of Children (2017)'* (Children First), child sexual exploitation, Tusla case management system, TCM, ligature training, model of care and fire safety. The register also tracked when staff were required to refresh their knowledge on particular training areas. The centre manager was in the process of reviewing the training needs analysis (TNA) for 2026 to identify any gaps in staff knowledge and skills. Management were looking to promote a culture of learning within the service through collaboration with staff.

Management maintained a complaints register for the service with one complaint made by a child in 2025 and no complaints at the time of the inspection in February 2026. The inspector reviewed the complaint and found the complaint was resolved in a timely manner by management. The handling of the complaint was child-centred, where the child was provided with an opportunity to participate in the process and for their voice to be heard. Feedback on the decision made and the outcome of their complaint was provided to the child by staff. The child was provided with information about the appeals process and how to do this.

The inspector reviewed seven supervision records which showed that supervision was not taking place on a regular basis in line with Tusla's national supervision policy. In addition, the quality of supervision records varied in detail and discussion. The impact was that staff and new staff who had joined the service were not consistently provided with the opportunity for reflective practice, guidance on practice and other topics that may be of interest to improve staff development. The centre manager had identified that due to the relocation of the centre to a new premises that this had impacted on supervision occurring on a regular basis. The centre manager told the inspector that they were in the process of restructuring supervision responsibilities within the team, to reflect the change in the management structure that would ensure there was sufficient supervisors for all staff.

Leadership was demonstrated at all levels in the centre and there was a culture of learning in the service. Accountability for the delivery of the centre was clearly defined and there were clear lines of accountability at individual, team and service level. The transition to the new management team structure was managed well so

that children would not be affected negatively. There was a risk management framework in place where management and staff effectively managed risk. However, supervision was not taking place on a regular basis in line with Tusla's national supervision policy. In addition, the quality of supervision records varied in detail and discussion. For these reasons, this standard was judged to be substantially compliant.

**Judgment:** Substantially Compliant

### **Standard 5.3**

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

There was a statement of purpose and function in place that described the service Tusla aimed to provide to children or young people and the age range they catered for. The centre catered for children and young people aged 13 years to 17 years who required medium to long term residential care. At the time of the inspection, a child under the age of 12 years was in placement in the centre. This was in line with the centres statement of purpose and function in that it provided a service for children aged 12 years and under only in exceptional circumstances and in accordance with the national policy.

The statement of purpose and function was reviewed annually by management and staff and was updated in December 2025 to reflect the change in governance and management structure in the centre. The statement of purpose and function described the model of care that children and young people who secured a placement would receive. Staff and management adopted a well-being outcomes framework, informed by attachment and trauma theory alongside the promotion and development of hope and well-being. The care of children and young people was planned with the involvement of children and young people through the development of individual intervention plans tailored to their needs.

Through document review, speaking with staff and observations, the inspector found that staff were committed to implementing the model of care by promoting positive attachments, ensuring safety and encouraging positive experiences and fun with and for the children and young people. Management and staff were familiar with the contents of the statement of purpose and function and were confident that it reflected the model of care provided to children.

The inspector found that a child friendly version of the statement was available to children and young people who resided at the centre. This child friendly version

was provided to children and young people as part of an information booklet upon admission.

**Judgment:** Compliant

### **Standard 6.1**

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

### **Regulation 6:**

#### **Staffing**

Since the previous inspection the management and staffing team along with the children had relocated to a new premises that offered more space and was warm and welcoming. In addition, a change in the management structure had occurred where a new centre manager had taken up position in December 2025 along with a new deputy centre manager.

Overall, management ensured that there was enough staff working in the centre on a day-to-day basis to care for the children living in the centre. There was a positive workforce culture promoted in the centre with management investing in mediation services to facilitate discussion between management and the staff team to help manage conflict in line with Tusla's compliance plan. Staff were aware of the procedures in place for on-call arrangements at evenings and weekends.

The centres statement of purpose and function documented the management and staffing complement numbers and grades. The centre operated a 24 hour, seven day a week roster that included live nights. Management had recruited staff to the vacant positions in line with the actions set out in Tusla's compliance plan from the previous inspection that took place in February 2025. There was now a full staff team in place that comprised of social care leaders, and social care workers. An additional social care leader was also due to commence at the end of February 2026. The centre's staff rota was reviewed by the inspector and sufficient staff were in place, with agency staff rostered on where required to bridge gaps to maintain operational continuity. This included covering staff out on sick leave or annual leave. If the centre manager was out on leave, the deputy centre manager acted as the alternative centre manager for this period of time. The centre manager reported to the deputy regional manager, who had overall responsibility for the delivery of the service. The deputy regional manager reported to the regional manager of the national children's residential service.

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. Staff were aware of the on-call system and were confident in utilising this support where needed.

Management had addressed, through actions included in Tusla's compliance plan, gaps to promote and embed an effective and resilient culture to drive and enforce accountability at all levels. Since the previous inspection, management had invested in acquiring mediation services to facilitate discussion between management and the staff team to help manage conflict. In addition, coaching had also been sourced to build collaboration and develop good communication to ensure that information flowed effectively at all levels in order for trust and transparency to be embedded. Through these actions, management had shown they had proactively taken steps to minimise any adverse effect the centre's culture may have on achieving positive outcomes for children, in times when the service environment was changing. From speaking with staff and through observations, the inspector found that the organisational culture had changed since the previous inspection, from a tense atmosphere, to a more positive work environment where there was now good communication, trust and respect between management and the staff team. Staff were now clear regarding their roles, responsibilities, and expectations, which contributed to a culture in the centre of responsibility and accountability for promoting positive outcomes for children.

From document review and interviews with management and staff, the inspector found that the staff team showed resilience in the face of many changes experienced since the previous inspection. They adapted to changing environments, structures and stressors in the workplace that resulted from this and continued to instil a culture within the service that was welcoming and calm. During this time staff and managers continued to nurture collaborative working relationships with social workers, guardian ad litem<sup>1</sup> and other professionals to strengthen the support networks who worked with and for the young people.

All staff and managers had up-to-date training in Children First (2017). 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 could be put in place. Further information and training on the occurrence of harm related to online exploitation was needed, in order to

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<sup>1</sup> A Guardian *ad litem* is a qualified and experienced professional who meets with the child and get their views and provides a report to the Judge on those views. They also provide recommendations to the Judge on what is in the best interest of the child. [www.gov.ie](http://www.gov.ie)

support the staff and management team on the complexities of this area. 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.

The inspector observed a team meeting and found that a positive environment had been created whereby there was open dialogue and the staff team were empowered to take ownership of their tasks and to collaborate towards common goals with management. This was achieved through the development of a decision log that captured key decisions and actions to be taken with a staff member assigned to ensure its completion. This included maintenance work, care planning needs of children and activities for children. The decision log served as a reference for future meetings and helped ensure that all decisions and actions that were agreed had been completed. In addition, it further strengthened accountability and transparency within the team that allowed for clear understanding on their roles and responsibilities in decision-making processes. A sample of team meeting minutes were reviewed by the inspector who found that these occurred on a regular basis and were of good quality. A number of topics were discussed that provided a holistic view of each child's care planning needs and significant events that had occurred in their lives. In addition, upcoming audits and audit findings were discussed.

There were appropriate numbers of staff employed in the residential centre who had the necessary experience and competencies to meet the needs of the children. Management undertook good workforce planning that ensured that gaps in the staff rota were covered by agency staff to ensure the appropriate numbers of staff to deliver the day-to-day running of the service. Management promoted a positive environment for staff to engage in open communication and to collaborate together with the management team. For these reasons, this standard was judged to be compliant.

**Judgment:** 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.

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.

Management and staff had a good understanding of the importance of identity development for the children in the centre and spoke with children to have a better awareness of different aspects of identity for them.

Children's right to access information about them was promoted and this was discussed with children when they were being admitted to the centre.

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 however, it did not document if consideration was given to the impact and possible risk the new child being admitted to the centre would have on the needs of the child under the age of 12 years who was already living there.

The admission process for children transitioning into the centre was well planned. There was a programme of activities in place for when a child was admitted to 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. Each child's placement plan was informed by the model of care and they were allocated a keyworker who completed direct work with them.

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.

Since the previous inspection, the centre relocated to a new premises that made it more homely and welcoming for staff and children. The layout and design of the

residential centre provided a safe environment for the number of children who resided there.

The centre had an up-to-date safety statement in place and all staff had completed training in fire safety. A fire safety register was kept in the centre and maintained by staff and management as a complete record of all fire safety matters relating to the centre.

The inspector found that all children had a personal emergency evacuation plan (PEEP) in place which identified each child's individualised needs.

Staff, practice, knowledge and understanding in the management of risk that included indicators of online exploitation continued to show improvement where staff responded to and took steps to reduce these potential risks. Further strengthening of the impact of cumulative harm in the context of online exploitation needed to be further explored. There was good practice in that concerns about online exploitation was being appropriately reported to the relevant professionals. Further strengthening of the sharing of information with schools was required to ensure that collaborative safeguarding is a key aspect of contextual safeguarding.

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

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.

## **Standard 1.2**

**Each child's dignity and privacy is respected and promoted.**

Management and staff 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, 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. Some

keywork sessions included staff working with children on how to keep themselves safe online and how to stay safe when meeting friends in the community.

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 en-suite 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 built in wardrobes and storage containers. Laundry was neatly folded ready to be placed into a drawer. Cartoon posters were displayed on the wall and there were a number of teddy bears, Lego and toys scattered throughout the room. The impact was that the child had control over their own space and showed their personality through the use of different art means.

From observations and speaking with management and staff, they had a good understanding of the importance of identity development for the children in the centre and spoke with children to have a better awareness of different aspects of identity for them. Staff ensured that children had access to supermarkets that catered to food belonging to their cultural background. Children showed the inspector the different types of food they had purchased that belonged to their culture and had offered the inspector to taste these. The children spoke of the importance of being able to have this food in the centre and shared stories about their identity. Furthermore, when in the best interests of the child and in line with their care plan, management and staff supported children to travel to their family home country to meet their extended family in order for them to develop an opportunity to understand and make meaning out of events. This practice supported the children's sense of self and was crucial for their mental well-being and self-esteem.

A child's right to education was promoted by the staff and managers in the centre. All four children were in education and when children had met challenges in school, staff took all appropriate measures to encourage them to participate and find solutions with their support and guidance. Management and staff worked collaboratively with the educational professionals to ensure that the needs of each child were being met.

Staff and managers told the inspectors that children's right to access information about them was promoted and this was discussed with children when they were being admitted to the centre.

The inspector 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 one complaint was made by a child in 2025. The inspector found that staff listened to the views of the child and provided a safe space to talk. Staff told the inspector that children's meetings were held weekly and that provided children with the opportunity to have a say in decisions that affect their lives in the day-to-day running of the service. The inspector found that the quality of the children's meetings was good, with good recording of discussion that had taken place and actions that stemmed from them. Information was provided to children at the next meeting on updates from the actions that arose from the previous meeting. Staff told the inspector that at times children did not want to attend these meetings and instead staff ensured that their voices were heard by proactively speaking with them individually. The impact was that staff fostered open communication with children to ensure that their voices were heard and respected and also provided an opportunity for children to learn the importance of their involvement in their care.

**Judgment:** Compliant

### **Standard 2.1**

Each child's identified needs informs their placement in the residential centre.

One new child had been admitted to the centre since the previous inspection that was conducted in February 2025. The inspector reviewed the admission process for one child to determine the quality of practice.

Overall, management and staff worked collaboratively with a child's social worker to ensure that the placement at the residential centre best suited their needs. Transition plans were put in place for children for them to have a chance to get to know the staff and other children living in the centre. There was a good quality programme in place, once a child was admitted to the centre that provided information to them about different aspects of residential care.

Upon a new admission to the centre, the social care manager initiates a comprehensive collective risk assessment in conjunction with the social worker to ensure themselves that the placement can meet the needs of all children within the centre. 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 child's 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. Good practice was seen in that management and staff recognised and advocated for the importance of helping siblings stay together when placed in residential care. However, the collective risk assessment did not document whether consideration was given to the impact and possible risk the new child being admitted to the centre would have on the needs of the child under the age of 12 years who was already living there. Upon speaking with management, they stated that the previous centre manager had completed the collective risk assessment and that staff and managers had taken into account what the new admission to the centre would look like for the child under 12 years and had spoken to them about it.

The admission process for children transitioning into the centre was well planned. The managers and staff worked together with the child's social worker and other professionals involved in the child's life to make the change in the child's life as smooth as possible. This included organising visits with the child to the centre to view the accommodation, have dinner with the children already residing there and to also meet the new staff. This helped to support the child adjust gradually to their new environment and to be in control of the changes in their life to lessen the likelihood of becoming overwhelmed, thus creating a sense of safety and security for the child.

There was a programme of activities in place for when a child was admitted to the centre. One of the child's files 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. The child was also made aware of their rights from the beginning of the admission process, where they were provided with a welcome pack. This programme afforded the child the opportunity to ask any questions and have any queries or concerns answered in relation to getting to know and understand their new environment.

Management and staff worked in line with the national standards when assessing any new admission to the centre to make sure that they could meet their needs. In addition, consideration was also given to the needs and rights of children already residing in the centre to determine whether there would be any risk or impact as part of making this decision. For these reasons, this standard was judged to be compliant.

**Judgment:** Compliant

**Standard 2.2**

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

**Regulation 23:**

Care Plan

**Regulation 24:**

Supervision and visiting of children

**Regulation 25:**

Review of cases

**Regulation 26:**

Special review

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 awareness on how to keep themselves safe online and how to develop healthy relationships. 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. For one child, staff and management worked with professionals in the child's life to ensure that they had relevant guidance and tools to support the child to reach their developmental milestones. This was an ongoing piece of work where staff provided a nurturing atmosphere, boosted the child's social interactions with their age group, supported good nutrition, enough sleep and regular activities.

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 three children there was a slight delay in their care plans being shared with the staff team. However, management had escalated this through the escalation processes and were waiting to receive the care plans.

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 online safety, how to manage their behaviours in a stressful situation and developing positive relationships.

Management and staff promoted effective joint working with children's allocated social worker and all other people involved in the children's care to implement their care plan. The children's placement plans detailed their needs and outlined the supports required to ensure the best outcomes for them and they were included as part of this process. For these reasons, this standard was judged to be compliant.

**Judgment:** Compliant

**Standard 2.3**

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

**Regulation 7:**

Accommodation

**Regulation 12:**

Fire precautions

**Regulation 13:**

Safety precautions

**Regulation 14:**

Insurance

Since the previous inspection, the centre had relocated to a new premises that made it more homely and welcoming for staff and children. The layout of the centre consisted of four bedrooms upstairs, all of which had an en-suite bathroom. There was also a staff office. Downstairs included a sitting room, a games room, a conservatory, a kitchen-dining room and a staff office. There was also a bathroom on the ground floor. The centre was well heated and the walls throughout the premises were painted white with soft furnishings in colours of brown, mauve, mustard and green. This contrast offered a peaceful and inviting space. The colours in the kitchen-dining room were warm, with a large wooden table surrounded by different coloured chairs. Management were still in the process of purchasing various accessories to add vibrant colours to the interior to create a dynamic and lively atmosphere.

The inspector found that the layout and design of the residential centre provided a safe environment for the number of children who resided there. There were three emergency evacuation points within the centre for children to leave the premises in the event of a fire or an emergency incident. There were no blockages in the hallway that would prevent access to any of the rooms or exits in the building and there were fire resisting doors in the centre.

The centre had an up-to-date safety statement in place and all staff had completed training in fire safety. A fire safety register was kept in the centre and maintained by staff and management as a complete record of all fire safety matters relating to the centre. The inspector reviewed the fire safety register and found that daily checks had been undertaken by staff, and that an external provider was sourced to ensure that the centre were in line with regulations<sup>2</sup>. All

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<sup>2</sup> Fire safety in community dwelling houses – code of practice for fire safety for new and existing community dwelling houses – Department of Housing, Planning and Local Government, September 2017).

the firefighting equipment was serviced, and a record maintained of the service dates.

There was a maintenance book in place that recorded areas of the centre that required works to be carried out. The inspector reviewed this book and found that works identified by staff to be carried out in the centre had been referred to the appropriate professional and were either completed or in the process of being completed.

The inspector found that all children had a personal emergency evacuation plan (PEEP) in place which identified each child's individualised needs. The inspector found that fire drills had taken place with children when the centre was relocated to a new premises. This practice ensured that all children who resided in the centre continued to be familiar with the procedure in the event of a fire.

There were three vehicles assigned to the centre that were used by staff and managers to transport children to and from education, activities, friend and family contact. The inspector found that managers kept a tracker in place of staff driving licences. The inspector reviewed this tracker and found that information was not up-to-date as to whether all staff had relevant driving licences. This was brought to the attention of the centre manager who provided assurances that they were still in the transition process of documents being received from the previous manager, where this information was initially held. There was appropriate insurance in place for all vehicles in line with legislation and all vehicles had been inspected by the National Car Testing Programme (NCT) to ensure that the vehicles were road safety. There was also fire safety kits and road safety kits in all three vehicles. The inspector found that all three vehicles had first aid kits.

The new premises for the residential centre provided children with a homely and child-centred environment that provided plenty of space for children to rest, play, for recreation and skills development that included access to adequate storage, and communal space for both indoor and outdoor recreational facilities. For these reasons, this standard was judged to be compliant.

**Judgment:** Compliant

### **Standard 3.1**

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

Since the previous inspection, further improvements had been made in staff and managers approach to safeguarding children from online safety and children who presented with vulnerabilities to exploitation.

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.

There was a log of child protection concerns maintained in the centre by staff and management that included the status and outcomes of referrals. The inspector found that child protection concerns were reported by staff in a timely manner and in line with Children First. There were four child protection concerns logged in the register in 2025 and one logged up to February 2026. All child protection concerns remained opened at the time of the inspection.

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 free time, social media usage and unaccompanied activities. The risk assessments supported staff to develop their knowledge of the interventions needed to keep children safe.

From document review and speaking with staff, practice, knowledge and understanding in the management of risk that included indicators of online exploitation continued to show improvement where staff responded to and took steps to reduce these potential risks. Staff were aware that exploitation can occur through the use of technology without the child's understanding or the child recognising what was taking place. Staff worked in line with Tusla's '*Child Sexual Exploitation Procedure*' (CSE) that outlined a number of key indicators for the identification of possible child sexual exploitation, to assist in assessing what

vulnerabilities a child may have of exploitation and the pathways to be followed. A sample of the CSE checklist and reporting form was reviewed by the inspector and found to be of good quality, however, the section of the form to be completed by the principal social worker to determine the level of intervention required due to the assessed level of risk or vulnerability was left blank on all of the forms. This required further follow-up by management of the centre to ensure that the right therapeutic interventions are put in place for a child experiencing changing levels of risk for CSE. Further strengthening of the impact of cumulative harm in the context of online exploitation needed to be further explored by management and staff and the impact on the child's safety, well-being, stability and development due to the frequent nature of the harm.

There was good practice found in that any concerns regarding online exploitation were being appropriately reported to An Garda Síochána. Further strengthening of the sharing of information with schools was required to ensure that there was collaborative safeguarding, that is a key aspect of contextual safeguarding. Contextual safeguarding is an approach to understanding and responding to significant harm that children experience beyond their families. It recognises that social and public contexts that children spend their time in such as schools and online platforms can influence their experiences of abuse and protection. Staff and management implemented good practice in establishing safety plans with and for children where risks of online exploitation had been identified. For example; where there were risks of online exploitation 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.

The staff's management of children missing from care was reviewed and the inspector found that staff and managers practiced good joint working with external professionals. There was one incident of a child missing in care reported so far in 2026. The inspector found there was effective joint working between professionals that included the residential care centre staff, social workers and An Garda Síochána, to keep the child safe. Staff and managers had knowledge of the vulnerabilities of when children go missing from care and staff carried out follow-up key work sessions to explore with the child the reasons behind the missing in care episode. 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, in line with their care plan, to be notified.

Management and staff worked in line with the relevant policies as outlined in Children First and relevant legislation and worked in partnership with children and other professionals in the child's life to promote the safety of children. However, further strengthening of information sharing with schools was required to ensure that there was collaborative safeguarding, in addition to assessing the impact of cumulative harm in the context of online exploitation. For these reasons, this standard was judged to be substantially compliant.

**Judgment:** Substantially Compliant

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<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.	Substantially Compliant
<b>Standard 5.3:</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
<b>Standard 6.1:</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
<b>Quality and safety</b>	
<b>Standard 1.2:</b> Each child's dignity and privacy is respected and promoted.	Compliant
<b>Standard 2.1:</b> Each child's identified needs informs their placement in the residential centre.	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 2.3:</b> The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Compliant
<b>Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially 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-0049435
<b>Provider's response to Inspection Report No:</b>	MON-0049435
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	South West
<b>Date of inspection:</b>	4 and 5 February 2026
<b>Date of response:</b>	16 <sup>th</sup> April 2026

## 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:

<b>Capacity and Capability: Leadership, Governance and Management</b>	
<b>Standard : 5.2</b>	<b>Judgment: Substantially compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.2:</b></p> <p>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>Management have implemented a new supervision schedule which is to be completed by Management and Social Care Leaders.</p> <p>Supervisors are to furnish their supervisees with specific dates that they plan supervision to take place, management will be included in these emails.</p> <p>Management will conduct two supervision audits annually and the DRM will also conduct two supervision audits annually. The quality of supervision will be measured during this process.</p> <p>Management and existing Supervisors to have a meeting to discuss the quality of Supervision. Management will clearly outline expectations in relation to this, furnishing supervisors with specific examples on how improvements can be made.</p> <p>The new Social Care Leader will be placed on Supervision training as soon as training becomes available, in the meantime they will complete the two online supervision training modules (Supervision Module 1 &amp; 2 completed by 30.04.26)</p>	
<p><b>Proposed timescale:</b></p> <p><b>30.04.26</b></p>	<p><b>Person responsible:</b></p> <p><b>Social Care Manager</b></p> <p><b>Deputy Social Care Manager</b></p>

<b>Quality and Safety: Child-centred Care and Support</b>	
<b>Standard 3.1:</b>	<b>Judgment: Substantially compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 3.1:</b></p> <p>Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <p>The centre now has a link person in every school. Staff have regular contact with the schools.</p> <p>Information sharing is now paramount especially around online exploitation. Forms of communication are done through phone calls, meetings, emails and/or professional meetings.</p> <p>In supporting young people with appropriate use of their phone and promoting online safety, the centre has an Internet Safety APP that's available for all young people in the centre. Any information found on the Internet Safety App pertaining to any of their schools that is deemed relevant will be shared with the school in a timely manner.</p>	
<p><b>Proposed timescale:</b></p> <p><b>13.02.26</b></p>	<p><b>Person responsible:</b></p> <p><b>Social Care Manager</b></p> <p><b>Deputy Social Care Manager</b></p>

## 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).

<b>Standard</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
<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.	Substantially Compliant	Yellow	30.04.2026
<b>3.1</b>	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant	Yellow	13.02.2026

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