Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of provider:	The Child and Family Agency
Tusla Region:	South
Type of inspection:	Unannounced
Date of inspection:	5 and 6 August 2025
Centre ID:	OSV-0006438
Fieldwork ID	MON-0047830

Safeguarding

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

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

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

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

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

About the centre

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

Our aim is to provide a residential setting wherein children/young people live, are cared for, supported and valued. We provide placements for up to four young people. These young people are aged 13-17 upon admission to the centre and referrals are open to all genders.

The objective of the centre is to provide a high standard of care and support in accordance with evidence based best practice, in a manner that ensures each child's safety and wellbeing and enables them to access the supports and interventions necessary to address the circumstances of their admission to the unit. This is achieved through a supportive, nurturing and holistic living environment that promotes wellbeing, safety, rights, education and community involvement.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	4

How we inspect

To prepare for this inspection the 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 summarise our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

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

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

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

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

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

This inspection was carried out during the following times:			
Date	**Times of inspection**	**Inspector**	**Role**
5 August 2025	09:30 hrs to 18:15	Catherine Linehan Susan Geary	Lead Inspector Support Inspector
6 August 2025	08:30 hrs to 17:30 hrs	Catherine Linehan Susan Geary	Lead Inspector Support Inspector

What children told us and what inspectors observed

Inspectors carried out an unannounced inspection which focused on the safeguarding of young people living in the centre. The centre has capacity for four young people and was at capacity at the time of the inspection. The most recent admission was at the early stages of settling in.

Inspectors sought to speak with all four young people and two chose to do so. Inspectors also obtained the views of one young person by means of a questionnaire. Listening to the voices of young people plays an important part in understanding the experiences of young people living in the centre. Young people spoke about positive relationships with staff, being supported and feeling their rights were respected. Further to this, inspectors also spoke with three social workers, two guardian ad litems[1] (GAL) and one social work team leader to capture their views on the care the young people within the centre were being provided with. Inspectors observed interactions between staff and young people which were relaxed, indicating a level of comfort and ease with each other that was good to observe.

The centre is set on a large campus-style location, on the outskirts of a city, and is surrounded by many vacant buildings as well as some Tusla services. There is a popular recreational facility adjacent to the centre which attracts much activity from the general public. The centre is not overlooked and is therefore private, however, the wider campus area is accessible to the general public. The building itself is a single-storey building which was previously used for an alternative care setting and retains many features associated with that facility, such as doors with viewing panes and locks on kitchen units (though no longer in use). One child described the unit as "creepy". It consists of a long corridor with rooms off to the left with two annex type spaces off the main corridor housing offices and a single occupancy apartment. There is ample space for privacy as well as areas of communal use where children can engage in watching television, play video games or just relax on couches. There is also a gym which has a stationary bicycle, and some weights as well as a table tennis table which, according to staff, is very popular with the young people. There is availability of a punching bag also but this was not hanging and so was not in use currently.

Young people told inspectors that they disliked the building as it lacked homely features, however, they spoke positively about other aspects of the centre, such as the staff, being listened to and having their own private space. Inspectors saw one of the bedrooms, which was occupied by an older teenager who is transitioning from care

[1] Refers to a person who supports children to have their voice heard in certain types of legal proceedings, and makes an independent assessment of the child's interests.

in the coming months. They occupy an annex which contains their own living room, kitchen and bathroom as well as a generously sized bedroom. This provided them with a high level of privacy and independence while still having the support of staff nearby and is a great asset to the service offered by the provider. The other three young people had their own bedrooms and private bathrooms.

Inspectors agreed with the young people's points of view with regard to the building, however, there were plans for the centre to move from these premises to another recently renovated building on the same grounds, with a more long term plan to move to a house in the countryside. This project was at 'sale agreed' stage at the time of the inspection and so plans were afoot for its refurbishment. The current building is stark and lacks colour, homeliness and the elements of comfort a home normally provides. While efforts were made to create a homely environment, including the provision of comfortable seating and colourful posters, the building retained features that reflected its institutional origins. These elements limited the extent to which the overall environment could be fully adapted to feel like a home. The location also lacks safe access to public transport and so the young people had to be transported by staff, which limited their independence.

There is ample outdoor space which had an outdoor seating area, a barbeque, a goal post and a trampoline, as well as plentiful parking. The grounds are fenced in by a high chain link fence, harping back to the time when the centre was a secure facility. Staff commented however that the children found this a comfort as it ensured no one could access the house uninvited.

Young people spoken to had regular contact with their social workers and GALs. They visited them at the centre and young people knew how to contact them when they needed them and staff were responsive to requests for contact with their social workers and GALs.

From what inspectors heard from young people and professionals and from records reviewed it was clear that young people were looked after well by a staff team who aimed to support them in their day-to-day living and who responded to their needs.

Young people spoke well of staff, and made the following comments;

- "Staff are great…kind"
- "They are helpful"
- "Staff are nice".

Young people told inspectors that they knew how to make a complaint and were often offered this opportunity when they were unhappy about something. They had forums to voice their likes and dislikes about the centre, such as in weekly house meetings and they had the opportunity to say what they wanted to eat, how they wanted to spend their time and were assisted in completing tasks such as laundry, cooking and getting to appointments when needed.

Feedback from professionals who spoke with inspectors was positive with regard to the staff and how they treated the young people. Social workers spoke about their young person liking staff in the centre on the whole. Professionals told inspectors that they felt the young people were adequately safeguarded and that child protection issues were reported appropriately and in a timely manner by the staff in the centre.

Some professionals felt that while staff were at times slow to respond to emails or share information around appointments in a timely manner, that when it came to advocating for the young people and issues of safeguarding, that staff were fully committed. It was also noted that while there could be a delay between discussion of plans and their implementation, once commenced, staff demonstrated strong commitment to following plans through. Professionals acknowledged that there was a good atmosphere in the centre and that the young people like the staff.

Staff spoke of a positive culture within the centre, where they enjoyed working, felt supported and where they felt they had good relationships with the young people. They felt connected to the management team and felt they were accessible and could discuss any presenting issues with ease.

Inspectors observed that the atmosphere in the centre was relaxed and the staff fostered a calm environment within the centre; however, inspectors found that day-to-day planning for young people was not always evident, which impacted on the level of structure provided. It was also noted that one young person spent significant periods of time away from the centre. Staff reported that they continued to make efforts to engage the young person and to provide support when they were present in the centre, but that an onward placement was being considered for this young person. In the context of the current demand for residential placements, inspectors questioned the effective use of Tusla resources, where the young person was not actively involved in the day-to-day life of the centre. Professionals who spoke with inspectors spoke positively about staff and their engagement in meetings regarding children. One area for improvement noted by social work staff was management's attendance at meetings or communication around their unavailability to attend could be improved.

At the time of inspection, inspectors did not have the opportunity to engage directly with parents to hear their views on the service.

Capacity and capability

The centre was last inspected in January, 2023. Eight standards were assessed and the service was found to be compliant with seven standards and not compliant with one.

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

- four standards were compliant
- three standards were substantially compliant
- one standard was not compliant.

There were systems in place in the centre which aimed to ensure a good quality service was provided to young people. The management team were highly experienced and aimed to run a good centre where young people's safety was prioritised and their individual needs were met. The centre had well-defined structures of responsibility and accountability in place, and staff demonstrated awareness of these. Managers organised the workforce to ensure consistent cover was available to meet young people's needs with two agency staff in place covering a maternity leave and long term sick leave vacancies. When the use of agency staff was required, efforts were made to ensure consistency. This reduced the introduction of unfamiliar staff to the centre and reflected management's awareness that the centre is the young people's home environment.

The centre's statement of purpose clearly outlined the model of care offered to young people and staff spoke knowledgeably about the young people in their care. The inspection found that some elements of governance at national level needed improvement. The suite of national policies and procedures guiding staff practice in children's residential centres were out of date. Policies and procedures relevant to safeguarding had not been reviewed and updated as required.

There were effective systems in place for the management of risk. The risk management framework enabled staff to identify, assess and respond to safeguarding risks in a timely and appropriate manner. There was good management oversight and regular review of incidents in team meetings to ensure both the safety of young people and the quality of the service. These systems supported the implementation of consistent and effective safeguarding practices.

Tusla's personnel files, as well as agency files, were reviewed by inspectors and were of good quality, containing all necessary information to indicate safe recruitment practices.

Standard 3.3

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

There were systems in place in the centre for the identification, management and review of safeguarding incidents. Incidents were effectively identified and reported to the children's allocated social worker and other relevant parties in a timely manner. Inspectors saw evidence on the child protection log of dates referrals were submitted to the social work department, the context of the referral and when the centre manager, social worker and GAL were informed of the incident. Inspectors reviewed a sample of incidents and they were responded to quickly and appropriately. Child protection was a standing agenda item at weekly team meetings, ensuring that incidents were routinely reviewed. This supported safeguarding practices within the centre and promoted staff awareness and shared responsibility for the protection of children. Inspectors saw evidence that incidents were discussed in teams meetings which informed risk assessments and demonstrated a reflective approach to support offered to children.

A sample of significant events reviewed by inspectors found incidents were reviewed promptly and managed in a timely and appropriate manner. They were subsequently discussed at team meetings for learning purposes. Inspectors also noted that Significant Event Notifications (SENs) were not only completed for safeguarding concerns but also for positive events, reinforcing and acknowledging positive learning experiences for young people. Staff were proactive in identifying and reporting safeguarding concerns and learning was also brought from the Significant Event Notification Review Group (SENRG) meetings where some significant events were reviewed at regional level, providing oversight from regional management. SENRG meetings informed future practices with feedback given on the completion of SENs being discussed at team meetings as a standing agenda item; feeding back to staff on the ground from a higher managerial level. Significant event notifications were noted by inspectors to be of a high standard, well written and with appropriate evidence of oversight through commentary added by the centre manager.

At the time of the inspection there was no significant incidents of young people going missing from care or no specific concerns about child exploitation raised. However, inspectors noted that the risk of child exploitation was actively considered, as seen with reference to online concerns, referencing potential child exploitation. This demonstrated awareness of potential risks and a proactive approach to safeguarding.

The management and staff had cultivated a culture of openness and transparency, where reflective practice was actively encouraged. Management promoted an inquisitive approach, supporting staff to explore concerns raised by young people or issues observed, and to consider whether these warranted reporting on a child protection notification form. Staff described the culture amongst the team as supportive and described how they felt safe to query how best to proceed, fostering a team culture where learning from one another was both promoted and valued. Management maintained a strong presence within the centre, ensuring accessibility to staff and young people, which was observed by inspectors and was identified by young people and staff alike.

There were good systems in place to manage any incidents of young people going missing from care. All the young people had absence management plans in place developed from their care plans, and they were regularly reviewed. These were of a good standard with clear plans in place in the event that a young person did not return to the centre on time, and inspectors saw evidence that life space interviews were conducted with young people following any incident. At the time of inspection, missing from care incidents were not a significant feature in the centre. This reflected the stability of placements and the positive engagement of young people with the service at this time. The deputy manager described fostering an environment where children did not feel the need to run away, and where, if they did, they were welcomed back with care and reassurance.

All staff working in the centre had completed all three elements of *Children First: National Guidance for the Protection and Welfare of Children* (2017) training, including agency staff. The deputy centre manager had oversight of this training log which was maintained by a social care leader who informed staff when their certificates had expired.

Judgment: Compliant

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

Regulation 5:
Care practices and operational policies

The provider had systems in place to ensure compliance with Children First (2017) and the *Child Care (Placement of Children in Residential Care) Regulations*, 1995. Staff implemented relevant legislation and national policies and procedures to safeguard and promote the welfare of young people. The deputy centre manager demonstrated

a clear understanding that practice in the centre must be underpinned by legislation and standards. Inspectors found that staff were knowledgeable about legislation, policies and procedures relating to the protection and welfare of young people, and that this was evident in their daily practice. The inspector's review of young people's case records and interviews with staff supported this finding.

The centre operated under a suite of national policies which were overdue for review but which continued to inform significant areas of practice within the centre. The duration of time overdue for review varied significantly, with some years overdue, indicating no clear mechanism for a systemic review of such national policies. This has been a general finding of children's residential centre inspections completed by HIQA to date in 2025, as significant improvements were required to ensure that all such national policies and guidance documents remain relevant, up-to-date and inclusive of developments in practice and risks relating to the safe care of children. In light of this finding, HIQA has received a national response, outlining that these policies and procedures were currently under review and would be completed by end of quarter three 2025.

Staff spoken to demonstrated a good understanding of the current policies and procedures and best practice in relation to the protection of children. They were aware of their responsibilities as mandated persons and their role in ensuring young people were safeguarded from potential harm. They were familiar with reporting procedures and knew that the designated liaison person for Children First was the centre manager, and in their absence, the deputy centre manager. At the time of inspection the child protection log noted 16 child protection referrals submitted to the social work department, of which inspectors reviewed a sample. These demonstrated a clear understanding of the types of incidents requiring referral to the social work department. Relevant parties were informed in a timely manner, ensuring that safeguarding concerns were managed in line with policy and procedures. The child protection log included sections to record planning meetings and outcomes; however, these were not completed which limited the centre's ability to demonstrate full oversight of actions taken and outcomes achieved following referrals.

Staff worked closely with social workers and GALs to manage situations which did not meet the threshold for social work intervention. In addition they sought advice and guidance from specialist services to support them in responding to presenting behaviours that required expertise beyond the team's capacity, for example, engaging the area psychologist and local treatment service for advice and guidance. This demonstrated a commitment to providing safe and individualised support to young people. Inspectors reviewed the risk register and noted the staff's awareness of the dynamics between the young people in the centre and the possible negative impact of

behaviours, such as bullying and aggressive behaviours. These risks were identified and monitored to support the safety and wellbeing of all the young people. There were risk assessments in place for all the young people and weekly staff meetings to review approaches taken with children to ensure each child's needs were met. The risk register also noted plans for joint professionals meetings to be convened when necessary to discuss individual young people, though inspectors did not view any professionals meeting minutes at the time of inspection.

Inspectors noted the role of staff and managers in stabilising young people who, on admission, were actively engaging in risk taking behaviour which was causing them distress and anxiety. Staff completed individual work with the young people exploring their own safety and the risks their behaviour may pose to others in the centre. Staff approached this work in a supportive manner, asking young people what they could do to help, while also putting in place protective measures. For example, one young person did not have free time initially due to the risk of continued behaviour that would put their safety at risk. This restriction was explained clearly to them. Over time the young person had become more settled and comfortable in the centre and was progressing towards independence. This progress demonstrates the staff's commitment to safeguarding children and leading them towards making good choices for their own safety. Young people in the centre were observed to be making good progress on the whole, reflecting the staff team's capacity to support them in moving from periods of instability and distress to developing greater emotional regulation and readiness to move on. However, onward placements were an issue for two young people and reflected a wider systemic issue rather than a deficit within the centre.

There was an absence of up-to-date policies, procedures, protocols and guidance related to safeguarding children in residential care. It is for this reason that this standard was judged to be not compliant.

Judgment: Not compliant

Standard 5.2
The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.
Regulation 6:
Staffing

The provider had effective leadership, governance and management arrangements in place. There were systems in place to manage risk. Staff were aware of the lines of accountability and delegations of duties between manager and deputy manager were

clearly recorded. Young people were cared for by a staff team who demonstrated a good understanding of their safeguarding needs, and who showed a clear commitment and genuine interest in their wellbeing. This was reflected in safe practices and in the overall quality of care provided within the centre.

The manager and deputy manager of the centre had extensive experience and staff reported that management were accessible, knowledgeable and child focused. The centre manager reported to a deputy regional manager and when the centre manager was on leave the deputy social care manager was in charge. Senior management meetings took place attended by the regional manager, chairperson, deputy regional manager, centre manager and deputy centre manager as well as regional support. These meetings, which took place regularly in 2024, had key standing agenda items which were all covered very well. Minutes from one meeting in 2025 were available to review. Decisions from previous meetings were reviewed and either left open or closed demonstrating good tracking of decisions and actions. Generally, management minutes were well minuted and actions tracked.

Children First training was up to date for all staff at the time of inspection and a well maintained training log was overseen by the deputy manager. Mandatory trainings were well attended overall. While the take up of optional training across the staff team was poor, inspectors noted that the deputy manager had a high level of take up and had completed a wide range of training, ensuring that learning could then be disseminated across the team. Inspectors reviewed a sample of staff files, including agency files, which demonstrated compliance with Garda vetting, appropriate references, qualifications and experience relevant to the post. This demonstrated an improvement in the management of staff files since previous safeguarding inspections earlier in 2025.

There were good auditing systems in place to identify where any improvements might be necessary. Items audited monthly included restrictive practices, direct work, significant events notifications, internal audits and complaints. These were completed for each young person. As an example, a sample of restrictive practice audits reviewed included the number of restrictive practices for that month, whether a risk assessment was attached, whether there was a significant event attached and whether individual work was completed. Any audit actions requiring follow up were identified and staff were identified to complete those actions. Social Care Leaders and managers had oversight and at team meetings staff were asked if they had any tasks they still had to follow up on.

The deputy manager maintained a risk register which was reviewed at the time of inspection. All risks were noted as reviewed by the manager. An example of a risk on

the register noted the negative dynamics between the young people in the centre at that time. Examples of the types of behaviour and the potential impact were noted. Risk assessments were in place for each young person as well as routine management plans, behaviour management plans and individual crisis management plans. A regional psychologist was also availed of to support staff in maintaining appropriate care, providing a wraparound response to the risk.

Daily communication systems were in place to ensure the effective sharing of information about young people. Handovers took place between staff at each shift change, during which details of each young person's day and any relevant updates from their case records were shared. Inspectors found that handovers reviewed were of a good standard, however, not many were available to review as the format had only recently changed. Staff told inspectors that the handover system had been improved, as it had previously not been effective in passing on all necessary information. This had posed difficulties, for example, inconsistent approaches being taken with young people. When this issue was raised, it was addressed and followed through on by management, and staff reported that a new communication book had been commenced and this was very effective. As this revised communications book had only recently been introduced there were limited records available for review; however, those that were examined were of a good and thorough standard and staff spoken to on this issue all agreed that it was working better. The process of recognising deficits in the handover system and acting upon them to bring about improvements reflected a proactive and positive approach to practice.

Team meetings were of a high standard with a standing agenda to work from ensuring no important item was overlooked on a busy agenda with a large team. Each young person was discussed at length and any outstanding tasks were delegated to staff for completion or follow up.

Inspectors noted that some improvements were needed in relation to the updating of information received back from the social work department in relation to child protection and welfare concerns; this follow-up was not evident on the files reviewed or on the child protection log. There was also no evidence on files of professionals meetings or strategy meetings taking place. Inspectors did not see these minutes on file for a fuller picture of actions taken following child protection and welfare referrals.

Staff who spoke with inspectors were clear in their roles, responsibilities and the lines of accountability. Duties were appropriately delegated to social care leaders, such as supervision of social care workers and taking responsibility for the rosters and sharing learning around policies and procedures. Direct work with young people was also delegated by social care leaders, to social care staff.

Gaps were identified in the induction process for agency staff which posed a potential safeguarding risk as staff may not have been fully equipped with essential information from the outset, such as receiving a full walk through of the building, identifying emergency exits and the positioning of fire extinguishers. Fire drills had also not been completed. Improvements were also needed in relation to the updating of information received back from the social work department regarding child protection and welfare concerns submitted. It is for these reasons that this standard was judged to be substantially compliant

Judgment: Substantially compliant

Quality and safety

Young people experienced a safe and supportive environment where their welfare was prioritised. The centre had effective safeguarding systems in place and staff were clear about their responsibilities in identifying and responding to risks. Incidents were well managed and reviewed to ensure learning and improvements in practice. Staff demonstrated a strong commitment to promoting the wellbeing of young people and provided consistent care that supported their safety, stability and positive development. Inspectors found that the quality and safety of care provided in the centre was of a good standard and respected the rights of young people in line with the United Nations (UN) Convention on the rights of the Child.

Young people were encouraged to exercise choice and to develop the skills and awareness needed to protect themselves. Inspectors found that while some young people had made good progress in this area, others were at an earlier stage of their learning and continued to make choices that placed them at potential risk. However, staff continued to work consistently with these young people to support them in developing safer decision-making skills and in making better choices in how they spend their time.

Young people experienced care that was effectively coordinated within and between services. Those preparing to transition from care were supported to develop independent living skills and life skills to assist them after the age of 18. Inspectors found that while one young person was actively engaged in this work, another spent much time outside of the centre and, as a result, was not fully engaging in the preparation and supports available to them.

Young people were safeguarded and their care and welfare was protected in the centre, which was a clear priority for the management and staff team. Children First

(2017) was implemented in practice and all staff were trained in this regard. Staff were proactive in protecting the young people in their care, and there was a culture of openness in the centre where concerns could be raised by both staff and young people.

There was a number of plans in place for young people which guided staff in the delivery of safe and good quality care such as care plans, placement plans and aftercare plans. The aim of all plans was to ensure the care provided to young people met their safeguarding needs. However, the absence of a clear and effective transition plan for one child limited their engagement in their preparations for transitioning out of the centre.

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

Young people in the centre experienced care which respected and promoted their rights and also supported them to develop an understanding of their responsibilities in respecting the rights of others. The United Nations (UN) Convention on the Rights of the Child was displayed in a child friendly format. Staff reinforced children's rights through direct work and daily communication. Young people were encouraged to participate in decisions about their care and the daily running of the centre through house meetings, through open communication with staff and through the availability of managers on the floor. Staff demonstrated a proactive approach by continuously checking in with the young person about how they were feeling and whether their needs were being met.

On admission, each young person was provided with a welcome booklet. The booklet was informative and included details on safety and wellbeing, the names of managers, house rules (such as no smoking and consequences of breaking house rules), as well as information on trips, accessing personal records, and making a complaint. Having such information helped the young people to feel more prepared and reassured at the time of transition, promoting their sense of belonging and supporting them to understand their rights and responsibilities in the centre.

A restrictive practice log demonstrated that action was taken when concerns arose that required limiting young people's liberties, such as the removal of devices or limiting time outside of the centre. Each restrictive practice recorded was supported by

a clear rationale outlining why it was necessary. The log was well maintained; however, it was not always reviewed within the time frame suggested, and it was not always evident from the log whether a restrictive practice remained ongoing. Restrictive practices were a standing agenda item at team meetings where they were discussed in relation to each individual young person, and decisions were made regarding whether they should continue, therefore, despite the log not being updated, the practices were very much on the staff agenda. The log included both supporting and opposing factors for each restriction, and young people's views were also documented. These practices were further integrated into the Welltree placement support plans, highlighting potential risks should restrictions not be implemented, for example, the risk of accessing inappropriate material on social media formed part of individual work where internet safety was a concern for a young person.

Young people's right to privacy was respected, with young people having access to their own bedrooms where they could spend time alone and where their belongings were safe. Inspectors read in daily logs how staff knocked on young people's bedroom doors before entering. Young people's personal information was managed carefully and stored safely to protect their personal information. There was locked storage space for young people to store items not needed regularly. While privacy was respected it was also balanced with staff's duty to protect young people, as seen in an incident where staff entered a young person's room without their consent to clean it when glass was broken, which posed a risk to their safety. A follow up complaint from the young person on this incident was seen by inspectors demonstrating the service's respect of the young person's right to express their dissatisfaction at this breach of their privacy rights. However, inspectors did not see a life space interview completed after the submission of this complaint.

Inspectors observed that staff were respectful and responsive to each individual young person's identity needs. Staff were supportive and accepting, and ensured young people felt safe, comfortable and respected in their choices. Staff were respectful when speaking about the young people and demonstrated a commitment to ensuring their needs were met in a safe way that promoted their wellbeing.

The promotion of young people's rights was embedded in practice in the centre. Inspectors observed that young people were comfortable in expressing themselves, and that safeguarding measures were tailored to the individual needs of each young person. For example, inspectors noted behaviour response plans were in place for each young person and were tailored to address their individual needs. These plans outlined strategies for responding to concerning behaviours and identified potential triggers. This supported staff to provide consistent care, helping young people to manage their emotions. Staff demonstrated a consistent awareness of each young

person's dignity, including when responding to objections raised about house rules, daily plans, or behaviours that had the potential to be unsafe for themselves or for others.

Judgment: Compliant

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

Young people were encouraged to exercise choice in a supportive and reassuring manner. They were offered choice around their day-to-day living such as how they would spend their time, when and what they would eat, whether they would engage with staff and other young people in the centre. Advocacy services and information was made available to each young person and they were provided with opportunities to have their opinions heard through forums such as house meetings, child-in-care reviews and through individual work. Staff advocated for the young people in the centre with their social workers and staff were quick to respond to requests young people made, for example, to see a doctor, make a hair appointment or to see their social worker.

Young people in the centre attended meetings to discuss matters that were important to them as a group such as routines, meals, and Wi-Fi access, plans for the week ahead and requests for improvements to the centre, such as equipment for the gym. This provided them with a valuable forum to have their voices heard. Young people were offered the opportunity to attend, but these meetings were not compulsory. Inspectors found that, on occasion, individual issues were raised in this forum, which was not always appropriate. Individual requests and personal matters should be addressed directly with staff to ensure they are managed in a timely and confidential manner. Further improvement in this area would strengthen the effectiveness of house meetings, such as the use of a consistent agenda.

Staff were observed to be engaging with young people, taking opportunities to talk to them about their day, how they were feeling, and what their thoughts and worries were. Young people being able to engage in this manner with staff was a protective factor that supported effective safeguarding. Inspectors observed young people engaging in conversation with staff which highlighted concerns regarding the young person's interactions with peers. Staff used this opportunity in a supportive manner to guide the young person on the importance of respect and appropriate ways of treating others. Inspectors also observed young people making choices about what they would eat, despite the fact that these were not always healthy choices, as can be typical for this age profile of young person. It was also observed that young people were offered

meals at meal times which they refused and then chose to eat at different times to the other young people, however, staff provided company and support to young people during mealtimes outside of regular times. Staff were observed to facilitate a supportive environment in a relaxed manner. While staff provided a calm and supportive presence they managed to do so without pressuring young people to engage. The manner in which staff spoke about all the young people was caring and empathetic, was considerate of their current circumstances and they had a good sense of what their needs were and how best they could accommodate them.

Young people were facilitated and encouraged to spend time with family and friends. They were enabled to engage in activities outside of the centre, striking a balance between choices young people make on how they spend their time and potential risks involved. Absence management plans were seen on file for a young person having contact with friends outside of the centre and, on the chance that they did not return, a plan was evidenced by inspectors as to how to address such an incident. Risk assessments for activities outside of the centre were thorough and work completed with young people to address any issues. Young people had the opportunity to participate in daily life in a developmentally appropriate way and inspectors saw valid expressions of their choices and comfort levels. For example, a young person who had recently transitioned to the centre was not comfortable eating in front of others. Staff were sensitive to this and provided support and companionship when they chose to eat separately, ensuring their needs were respected while also promoting inclusion at their own pace.

Young people were listened to when expressing their wishes around whether or not to attend their child-in-care review. They were encouraged to participate in child-in-care reviews in order that they could contribute to decisions being made with regard to their care. Also, inspectors saw examples of where their wishes were heard and responded to, for example a request by a young person regarding not having meetings with professionals where they would be observed by others, for example, in school, making them stand out as different. This showed respect for their wishes to blend in and not be identified as different from their peers.

Inspectors saw evidence of young people being encouraged to contact their social worker if there was an issue they needed addressed and they were facilitated to make complaints when they were unhappy about something. Inspectors saw evidence that these complaints were followed up. It was also noted on the complaints register that a child was offered the opportunity to make a complaint which they declined. It was positive to see that the issue was noted, despite it not having been a formal complaint, since young people often do not want to go down the formal complaint route. This demonstrated that the voice of the young person was heard and noted

irrespective of whether it was verbal or set out formally in writing. The voice of the young people could be seen in the restrictive practice log also, with their views on the practice being noted. Inspectors saw evidence of staff asking young people how they could help them when issues that were distressing for them arose, for example, a young person feeling family pressure relating to their ethnic background was offered support by staff who spoke to them about support groups they could engage with.

Young people were afforded privacy and their choice to spend time alone was respected by staff. However, inspectors noted that one young person spent a significant amount of time alone using social media. Given the young person's age, inspectors were concerned about the potential impact of prolonged and unsupervised online activity. Further measures were required to promote safe online engagement and balanced participation in other activities. Staff were very much aware of the issue and it was an ongoing challenge for staff when a young person refuses to engage.

Information about rights, including how to access personal records and how to raise concerns, was provided in a child friendly format and explained by staff on admission. Records demonstrated that these discussions were revisited regularly, ensuring understanding. This information was provided through the centre's children's information booklet; a child-friendly document given to each young person on admission. Inspectors did not see evidence of any young person taking up this opportunity at this time but the information was provided. The welcome booklet provided to young people on admission outlined how the centre was run and provided an explanation of what the centre does, the model of care provided as well as information on services such as a national advocacy service for children in care and about HIQA. The provider also had a child-friendly version of the national standards on display.

Each young person was allocated two keyworkers with whom they would have the opportunity to build a trusting relationship. While careful consideration was given to the matching of a keyworker with a young person, it was described as a fluid process and can change if the young person develops a relationship with another staff member. All staff completed work with young people as opportunities arose and so all young people had opportunities to engage with all staff. While young people had key workers, inspectors noted that young people sometimes chose to approach other staff members with whom they had a stronger rapport. This reflected the natural relationships that had developed and demonstrated that the young people felt comfortable seeking staff support.

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
Inspectors reviewed young people's files which outlined care tailored to each individual young person's needs with up-to-date care plans and placement plans in place. Young people's care plans noted the suitability of the placement to meet the young person's needs. Placement plans were reviewed and evidenced very good consideration of all risks and intervention strategies. Professionals spoke of thorough planning with the centre prior to transitioning young people and placement support plans seen by inspectors were reviewed regularly. Inspectors noted that there was a critical gap in the information available on file for a new admission. When the young person went missing staff did not have a photograph to provide to An Garda Síochána. Instead they had to contact the allocated social worker to obtain one. Inspectors were concerned that had this incident occurred out-of-hours or over a weekend when the social worker was not available, this would have constituted a significant safeguarding oversight. There was evidence of good practice in the delegation of tasks to staff to ensure follow up on issues arising, clearly evidenced in team meeting minutes and individual pieces of work conducted with young people. Each young person was discussed and direct work assigned to a named staff member to complete, for example, encouraging young person to take responsibility for their own safety and engaging them in discussions about behaviours or actions that could place them at risk. Inspectors noted positive work around sexual health with information obtained from reputable sources to provide correct information on the age of consent. Staff also consulted with Tusla's Assessment, Consultation and Therapeutic service (ACTS) as well as the area psychologist to seek advice and guidance in managing specific aspects of young people's behaviour. Inspectors also noted how staff engaged family when safeguarding concerns were arising which related to negative contact with another family member. It was positive

to see how family were involved to improve safeguarding for a young person in the centre and to improve their engagement with staff.

During team meetings direct work was discussed for every young person and work assigned to a named staff member to complete. The model of care used by the centre was applied to identify what module work was required under. Consistent efforts were recorded on file to engage one young person under the 'active and healthy' domain for example. This work focused on supporting the young person, who was inactive, to develop healthier routines and engage in greater physical activity. This demonstrated staff's awareness of the young person's needs and their commitment to supporting positive changes in the young person's lifestyle.

Inspectors noted a lack of meaningful activities and staff were aware through daily handovers that there was poor social engagement and a concern around particular behaviours that meant children did not engage in more meaningful tasks. While the staff were able to outline behaviours of concern, their ability to manage these concerns and the impact on young people was sometimes limited. For one young person, their plan was not strong enough to address internet usage which led to them keeping anti-social hours and overuse of the internet, which was not monitored. The placement plan required improvement as it has not been effective in managing all the risks associated with unmonitored use of the internet.

Staff were not adequately trained in internet safety and, while they did engage in individual pieces of work with young people promoting the safe use of the internet, inspectors noted that young people demonstrated a greater knowledge of online use than the staff responsible for guiding them. This created a gap in safeguarding and limited the staff's ability to effectively support safe and balanced internet engagement. While staff encouraged engagement, inspectors observed a lack of structured, purposeful activities for some young people, resulting in limited opportunities for personal development.

For one young person there was evidence of drift in their care, and a lack of progress in their onward plan. Inspectors questioned the benefit of the placement to this young person, as they were not engaging in any meaningful way with staff. The lack of structured strategies to support this young person limited the staff's ability to promote their development and ensure positive outcomes. This young person's lack of knowledge of what their future looked like was a source of stress for them and hindered their ability to make informed decisions about their care as they were not aware of plans and had no aftercare worker to assist in formulating that plan. Each young person should have a clear plan for their future care. The young person expressed frustration regarding this lack of clarity. Records indicated that the young

person spent most of their time outside of the centre and inspectors found no clear evidence of a plan to prepare them for transition to aftercare. Any work completed with this young person was completed on car journeys and was opportunistic in nature, limiting the ability to make plans or any real progress.

Inspectors noted that care plans were up to date on file and that young people's care plans confirmed the suitability of the placement. Files included clear placement plans, absence management plans and individual crisis support plans which included good detail. Young people's needs were assessed prior to their admission to the centre and plans were in place to meet young people's safeguarding needs. Professionals were satisfied that the young people for whom they had responsibility received care and protection appropriate to their needs.

Some young people's onward plans required further clarity to ensure a clear direction for their future care. Inspectors found that the lack of clarity created a risk of drift in care planning and could impact the continuity of support for young people as they moved on from the centre. Staff required further training on managing all relevant risks, such as safe internet usage. All young people admitted to the centre should have a recent photograph on file in the event that they go missing from the centre. It is for these reasons that this standard was judged to be substantially compliant.

Judgment: Substantially compliant

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

Inspectors found that care within the centre was generally well coordinated. Team meetings were structured and thorough, with each young person being discussed under the headings of restrictive practices, child protection, complaints as well as significant events. This demonstrated a consistent and systematic approach to information sharing and collective problem-solving.

The staff demonstrated particularly strong communication with the social work department and with GALs in relation to safeguarding and child protection matters, with timely and proactive engagement. However, inspectors found that communication with social workers on routine matters, such as notification of appointments or responses to visit requests was not always immediate. While these gaps did not significantly impact the quality of care, improvements were required to ensure full and consistent information sharing. Communication with the social work department was

not clearly evident on young people's files on routine matters, however, social workers spoken to commended staff for their prompt action on requests from young people that required their social worker's input.

Young people were supported to maintain positive relationships with their families, as set out in their care plans. This was evidenced on young people's files and daily logs where family contact was noted as well as social time outside the centre.

Staff worked with young people to help prepare them for the transition out of the centre and to develop independent living skills. They were encouraged to develop self-care skills and encouraged to engage in day-to-day tasks which promoted their independence. The centre consists of an annex off the main building which facilitated the promotion of independence in line with one young person's after care plan, while ensuring staff support remained readily available. This demonstrated good practice in fostering self-reliance within a safe and supportive environment. This worked well for this young person who used the staff productively to assist them in accessing appointments or assistance in cooking skills. While the current plan was working well in preparation for transitioning to independent living, the lack of an onward plan for this young person was a huge gap in their care plan and a cause of anxiety and stress for them. Professionals voiced concern that, in the absence of a clear onward plan, the young person risked being discharged into homelessness upon turning 18 years. While the absence of an identified onward placement was largely outside of the staff's control, inspectors found that greater advocacy was required. Inspectors found a lack of evidence to demonstrate that staff were proactive in seeking clarity in relation to the onward plans and advocating on their behalf.

Another young person voiced frustration at the lack of planning around their aftercare. They had no allocated aftercare worker at the time of inspection and voiced annoyance at what they felt was a lack of information being provided about where they were going to live and with whom. They spent the majority of time outside of the centre with extended family and so no direct work pieces were taking place other than opportunity lead conversations when transporting to family contact. While staff had advocated for an aftercare worker and the social worker confirmed that the application had been made, at the time of inspection no aftercare worker was in place for this young person who was approaching 17 years of age. This lack of a clear plan was causing frustration and upset to this young person who told inspectors "nobody tells me" when asked about their future plan. Inspectors did not see evidence that the delay in progressing the onward plan and the effective use of the centre's resources were escalated appropriately in order to ensure the best outcome for this young person.

When preparing for a new admission inspectors noted that the staff coordinated effectively with the social work department. The social work department commended the planning process with the centre; while setting a move in date was slow, once a date was agreed things moved on efficiently. Inspectors found evidence of a good transition plan on file, including visits to the centre, meeting staff and picking items for their room, however, the young person transitioned to the centre very quickly as was evidenced in their file, only meeting two staff members and visiting the centre once prior to fully moving in.

Exit interviews were conducted with young people when they moved on from the centre. Inspectors viewed one such interview which demonstrated that the young person was given the opportunity to share their views on their experience of care and to highlight what had worked well and what could be improved. This demonstrated that management were interested in considering feedback to inform learning and drive service improvement.

Inspectors identified a need for stronger advocacy for children approaching 18 years of age to ensure that clear plans were in place. This would enable staff to work purposefully towards effective use of the placement and ensure that children's best interests were fully represented. It is for this reason that this standard was judged to be substantially compliant.

Judgment: Substantially compliant

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

Inspectors found that safeguarding arrangements in the centre were effective. The management and staff safeguarded the young people in the centre and demonstrated a clear understanding of their responsibilities in protecting them. Young people told inspectors that they felt safe living in the centre and inspectors observed positive relationships between young people and staff, including young people readily engaging with management. There was evidence of management oversight ensuring safeguarding was a priority. This was noted from the first interaction the public had with the centre; the use of a sign in book to ensure appropriate visitations promoting the safety and privacy of all in the centre.

Visitors were asked to sign in and show identification to staff and sign out of the centre. The staff encouraged an atmosphere of openness around reporting or raising

any issues of concern. The staff were clear on their roles and responsibilities as mandated persons under Children First (2017).

Inspectors noted a young person recently admitted to the centre disclosed personal information to staff, demonstrating a trust in how they would manage this information in the very early stages of their admission. The management ensured that the staff operated in line with relevant legislation and policies and procedures as outlined in Children First (2017). All staff had completed their Children First training, including agency staff.

All child protection concerns were listed in the centre's register and some required an update, including feedback or communication with the social work department to indicate the status of the referral. While staff in the centre recognised and notified issues of safeguarding concerns to the social work department and made all stakeholders aware of the concern in a timely manner, the management of the child protection referrals, post submission, was unclear, with inspectors being unable to see a record of the outcome. Child protection referrals were discussed weekly at team meetings and were very much on the agenda, however, the outcomes were unclear at the time of the inspection.

Inspectors saw evidence of therapeutic supports being necessary and made available to young people who had experienced abuse. Inspectors also noted that staff reached out to other professionals to seek support on how to manage particular presenting behaviours, demonstrating their commitment to providing an individualised response to their safeguarding needs.

Social workers spoken to stated that there was good collaboration with staff who were prompt to respond to requests from children requiring the input of their social worker. Young people confirmed that staff were responsive to their needs and they felt they had good access to their social worker. Social workers stated that staff kept them informed of any incidents of concern.

Staff were noted to be responsive when negative dynamics in family relationships were observed to influence the child's presentation and engagement within the centre. This issue was explored with the young person to understand both their perspective and to explain the perspective of staff who were being captured on video calls. Teasing issues out with young people through simple conversation as well as involving other family members demonstrated a collaborative approach to dealing with this negative dynamic.

Evidence of professionals meetings was not seen on young people's files, however, through reviewing records of Need to Knows (Tusla's system for informing senior managers about significant risks to the safety and welfare of children), there was evidence there that professionals meetings were taking place. Young people were supported with any issues through individual work which demonstrated that work was on-going to support the young people in developing skills which would ensure they could keep themselves safe. This included discussions about healthy relationships and internet safety. While conversations were had with young people they were not always fruitful with young people within the centre continuing to make poor choices around internet safety.

Young people were supported to make complaints if they were unhappy with the centre or any element of their care and staff completed Life Space Interviews around the complaint. The complaints register was well maintained, listing complaints as closed when addressed. Complaints were discussed at team meetings where staff were kept updated on the source of the complaint and the follow up.

The centre had a safeguarding statement in line with Children First Act (2015). They supported responsible risk taking appropriate to their age, for example, attending a social event outside of the centre. This was risk assessed and a plan made with the young person which facilitated them to engage in a social event with friends and also ensured, as much as possible, their safety.

Staff received training which could be applied in respect of individual safeguarding needs of children, for example gender matters. Management were aware of areas where staff might need upskilling and seek out particular learning to meet those needs. As outlined earlier under standard 2.2, inspectors noticed, through direct work sessions reviewed, a need for specific internet training which, when discussed with management, inspectors were assured that they had received sanctioning to outsource this learning need.

The management and staff recognised the wider risks to all young people as well as the more specific and individualised needs of young people. Each young person was helped to develop the skills and understanding to maintain their own safety and make good choices through individual pieces of work, both planned and opportunistic and all staff knew the young people well enough to be able to run with those opportunities when they arose. For example, inspectors noted work engaged in with a young person around their use of their time outside the centre and how to be safe in the city. Individual work was discussed at team meetings and was delegated to particular staff members.

Not all staff were aware of the protected disclosures policy, however, it was referenced in team meeting minutes reviewed by inspectors as a policy that had been raised with those present at the meeting. Young people spoken to all indicated that while they had some issues with the centre around the building and its lack of homeliness, they all felt safe and well cared for.
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.	Substantially 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.	Substantially Compliant
Standard 2.5: Each child experiences integrated care which is coordinated effectively within and between services.	Substantially 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-0047830
Provider's response to Inspection Report No:	MON-0047830
Centre Type:	Children's Residential Centre
Service Area:	Tusla South
Date of inspection:	5 August 2025
Date of response:	29.09.2025

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**
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 welfare of each child. The social care staff in the center continue to adhere to and implement the National Policies and Procedures for Children's Residential Services Mainstream Services 2021. To date these policies and procedures have been found to be effective in practice. The Tusla Director of Quality and Regulation has given an extension for the review of these policies and procedures to the end of Quarter 4 2025. These policies and procedures are currently under review and this review will be concluded by the end of Quarter 4 2025. The review of the Tusla Child Sexual Exploitation Procedure is currently underway in collaboration with other stakeholders including An Garda Siochana. The social care staff in the center will continue to adhere to and implement the CSE Procedure in the interim and report concerns related to child sexual exploitation. The review of the Joint Working Protocol for An Garda Siochana and Tusla is in progress in collaboration with An Garda Siochana. The social care staff in the center will continue to adhere to and implement the Joint Working Protocol for An Garda Siochana and Tusla in the interim.	

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

Tusla's Recruitment and Selection policy and procedures is under review which is due to conclude in Quarter 4 2025.

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

The Social Care Manager will ensure the child protection log is completed and all sections are fully recorded including planning meetings and outcomes. The Social Care Manager will complete a monthly audit to ensure the child protection log is up to date and will seek updates on any open concerns. The escalation process will be followed in the event of any delayed responses relating to the concerns.

Proposed timescale:	**Person responsible:**
1. 30th November 2025 **2. 30th October 2025**	**NPOC** **Social Care Manager**

Standard : 5.2	**Judgment: Substantially compliant**

Outline how you are going to come into compliance with Standard 5.2:
The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

- For all professionals meetings, a staff member will be assigned to take notes. These notes will be circulated to the team via email, discussed at team meetings and placed on each child's file to reflect the discussions and decisions whilst awaiting official minutes from the social work department.

- All correspondence from social work departments relating to CPWRF's (Child Protection and welfare report form) will be placed in the CPN (Child Protection Notification) folder by the Social Care Manager who holds responsibility for same.
- All agency staff will receive induction by the most senior member of staff on duty at the commencement of their shift. This induction will be documented, signed by the senior staff member and the agency staff member. The induction documentation will be placed on file in the centre.
- There is an appointed Fire Warden in place in the centre. Fire drills in the centre will take place as per policy.

Proposed timescale: **30 October 2025**	**Person responsible** **Social Care Manager**

Quality and Safety: Effective Care and Support	
Standard : 2.2	**Judgment: Substantially compliant**

Outline how you are going to come into compliance with Standard 2.2
Each child receives care and support based on their individual needs in order to maximise their personal development.

- Management will ensure that a photograph of all young people is included in the admission documentation prior to their admission to the centre.
- Staff to ensure weekly planners are used incorporating group and individual activities with all the young people.
- 8 staff members have completed an online course on internet safety organised by Workforce learning and development on the 17th of September 2025.
- A meeting was convened with the network team for one young person to highlight the lack of clarity around their onward placement. It was acknowledged and documented that the young person requires some certainty regarding their future placement options. It was also highlighted with the social worker and the GAL (Guardian Ad Litem) that the young person has no aftercare worker or aftercare plan. Management arranged for EPIC (Empowering People In Care) to visit the house to speak to the young people regarding their placement planning concerns however all young people refused to engage with EPIC on the day. Staff will continue to advocate for the young people and advise them of their right to complain, and the process involved.

• Ongoing and regular direct work continues to take place with the young people through the Welltree Model of care which helps identify any areas that young people require further support and development. • Any areas identified are regularly reviewed and monitored through weekly team meetings, supervision sessions, the National Audit Tool and Professionals Meetings.	
Proposed timescale: **Ongoing** **30th October 2025**	**Person responsible:** **Social Care Manager**

Standard : 2.5	**Judgment: Substantially compliant**
Outline how you are going to come into compliance with Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services. • All correspondence with the Social Work Department will be documented, communicated with the team and placed on the young person's file. • Staff encourage and support the young people for leaving care by ensuring they engage in life skills programme to promote and develop their independent living skills. • Management arranged for EPIC to visit the house to speak to the young people regarding their placement planning concerns however all young people refused to engage with EPIC on the day. Staff will continue to advocate and promote advocacy services for the young people and advise them of their right to complain, and the process involved. • One young person has been identified as having deficits in their aftercare planning. In line with practice, an aftercare worker should be allocated when the young person turns seventeen. Should this not take place, the escalation process will be enacted. • Another young person is currently engaging in an educational course which will facilitate an application for student accommodation post eighteen. The young person is also in the process of completing their housing application with the local County Council and are being supported to do so by aftercare and staff in the centre.	
Proposed timescale: **Q4 2025**	**Person responsible:** **Social Care 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	30th of November
5.2	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of	Substantially compliant	Yellow	30 October 2025

	accountability to deliver child-centred, safe and effective care and support.			
2.2	Each child receives care and support based on their individual needs in order to maximise their personal development.	Substantially compliant	Yellow	30 October 2025
2.5	Each child experiences integrated care which is coordinated effectively within and between services.	Substantially compliant	Yellow	Q4 2025

Published by the Health Information and Quality Authority (HIQA).

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