



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

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	28 January 2026
Centre ID:	OSV-188080
Fieldwork ID	MON-0049430

Safeguarding

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

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

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

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

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

About the centre

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

The centre's aim is to provide short-medium term residential care for children/young people between the ages of 5 and 17 years, who cannot at this point in their lives live in a family type setting, and who require the additional supports and interventions that a residential environment can provide. The centre's goal is to build a sense of belonging for the children and young people, by providing them with a stable placement that fosters positive attachments and provides opportunities for them to participate and contribute to the daily living. The centre provides a service for children aged 12yrs in accordance with the national policy.

The objective is to provide a high standard of child-centred care, and a range of interventions to support the young person. They aim to enable them to address their life experiences and risk-taking behaviours, developing alternative skills and coping strategies in order to live safely in their community. This is achieved through a supportive, nurturing and holistic living environment that promotes wellbeing, safety, rights, education and community involvement via the provision of an integrated treatment programme.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service

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

2. Quality and safety of the service

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
28 January 2026	10:00 hrs to 18:15 hrs	Sheila Hynes	Inspector
29 January 2026	8:45 hrs to 17:15 hrs	Sheila Hynes	Inspector

What children told us and what inspectors observed

This was an unannounced inspection focused on the safeguarding of young people living in the centre.

The centre is located in an urban community and it is close to shops, public amenities and with good access to public transport. It is a large six bedroom house with an area for parking and a large rear garden. The garden had space for recreation and physical activity equipment. In the house, there was a welcoming, homely feel and it was evident that creating a relaxing atmosphere was important to the staff team. The house was nicely decorated with areas for relaxing throughout. There was ample space for children to spend time alone with family and friends when they visited the centre. The communal spaces consisted of a living room, a sensory room, a large open plan kitchen and living space.

There were two young people living there at the time of the inspection. The inspector observed warm and caring interactions between staff and young people. Staff were attentive to the young people's needs and responded thoughtfully. It was evident that the young people had built good relationships with the staff and kind and respectful conversations could be heard during the inspection. The inspector spoke with one young person about their experience of living in the centre and the other young person declined to meet with the inspector. In addition, the inspector also spoke with two social workers, one Guardian Ad litem,¹ three social care worker, two social care leaders and the deputy social care manager.

The young person spoke positively about living in the centre. They said that they liked the location as it is not far from the community they grew up in. They expressed that they were happy that this is their long term place to live. As this inspection was focused on safeguarding of young people, it was essential to get their views on how staff keep them safe, the relationships that they have built and how they are supported to understand and develop the skills of self-protection and self-care. The young person said;

- "key workers are deadly"
- "no problem going to them if I had a problem"
- "they are good at listening and they look out for me"
- "I feel safe in the house."

¹ An individual appointed by the court to represent the best interests of a minor child in legal proceedings

There were safety plans in place for the young people and these were informed by risk assessments. The young person was aware of the safety plans and there were aspects of it they did not like such as room searches. They said;

- "I understand why they do it, but I still don't like it."

The young people's care plans and placement support plans are central to achieving the goals of their placement and ensuring all people involved in the young person's care are working collaboratively in the best interest of the young person. The young person who spoke with the inspector said that they don't like going to their review and that they don't really listen to what is been said. They said that their key workers remind them of their plans and they have seen their plans.

Feedback from external professionals who spoke with the inspector was very positive about the staff team. They all expressed satisfaction with the standard of care in the centre and the competence of the staff to build trusting relationships with the young people. They were complimentary on the standard of individual work done with the young people regarding keeping safe and self-care. They said;

- "good staff team"
- "kind staff"
- "warm, approachable team"
- "lovely warm welcome"
- "they are doing a good job, doing their best for (child)"
- "communication is very good, I am kept informed"
- "significant event notifications received in appropriate timeframe."

The external professionals were working closely with the staff and developing, monitoring, reviewing and updating safety plans. They said that there were frequent meeting to discuss safeguarding of the young people and concerns were escalated appropriately. They referred to examples of safeguarding incidents that were managed well and also, they recognised that there are safeguarding risks that were challenging to reduce. One social worker said that when a safeguarding need is identified that the staff do all in their power to manage it, however, there were limitations in what they can do. For both young people, there were concerns regarding the service's ability to provide safe care due to ongoing safeguarding risks.

There were a few areas for improvement noted by the external professionals, including; one professional suggested that reports regarding young people needed more balanced to include positive behaviour and child-centred language. Another professional proposed improvements in the collective risk assessment process to

include a multi-disciplinary approach, to aid information gathering and better inform the appropriateness of young people's placements.

The next two sections of this report provide the findings of this inspection on the governance of the centre and how this impacted on the quality and safety of care provided to the young people with regards to their safeguarding needs.

Capacity and capability

The centre was last inspected in November 2024. In that inspection, HIQA found that of the 12 national standards for children's residential centres assessed: nine standards were compliant, three were substantially compliant. In July 2025, the service changed its' purpose and function, from providing residential care for separated children seeking international protection to mainstream children's residential care. This inspection took place six months following the change in purpose and function. In this inspection, HIQA found that risks to children had significantly escalated in the centre and responses to these risks did not ensure children's safety. Of the seven standards assessed:

- Two standard were compliant
- One standard was substantially compliant
- Four standards were not compliant.

This inspection found the leadership, governance and management arrangements required improvement. These included the management of risk, risk oversight systems and the recognition, monitoring and review of a restrictive practice. The risk management systems, oversight and processes in place were not effective as risks escalated and actions to address this did not adequately safeguard the young people from ongoing harm. The staff team demonstrated a clear understanding of safeguarding, and implemented safety plans and risk management plans for the young people. They showed commitment to ensuring young people received a safe and effective service, however, it was evident that a number of presenting risks were beyond the capacity of a children's residential centre to manage and the staff team, were unable to safeguard the young people from ongoing harm.

Safeguarding risks and incidents were identified, notified and reviewed in a timely manner. There were oversight systems in place to safeguard young people, as per *Children First: National Guidance for the Protection and Welfare of Children* (2017). However, responses to risks were not effective and did not adequately safeguard the young people from harm. HIQA requested assurance from the

provider regarding safe and effective care of the young people. Initial responses were not considered adequate to ensure the safety of all children resident in the centre and further assurances were requested from Tusla's National Director for alternative care services. Responses to the request for further assurances were returned and action taken to address immediate risks within this centre were accepted. However, governance risks with regard to Tusla's organisational capacity to effectively respond to protect children, who are at ongoing risk of significant harm, remains a concern for which further assurances will be sought by HIQA.

This inspection found that some aspects of governance at national level needed improvement to ensure that National policies, procedures, protocols and guidance across significant areas of practice were updated as required. A number of these documents directly related to safeguarding children in residential care were outdated and timeframes for review varied significantly, indicating no clear mechanisms for a systematic review of such national policies. An updated suite of National policies and procedures were provide to HIQA in late February 2026 following the inspection of this service.

Standard 3.3

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

The centre operated within the provider's policies and procedures with regard to the notification, management and review of incidents. There were systems in place for internal and external review of incidents. There were systems in place for risk escalation, however, these systems did not result in actions taken which adequately safeguarded young people from harm. The risk register did not include safeguarding risks. Due to significant escalation of risk, HIQA requested assurance from the provider regarding safe and stable care of the young people. Initial responses were not considered adequate to ensure the safety of all children resident in the centre and further assurances were requested from Tusla's National Director for alternative care services. At the time of writing this report, these assurances are awaited.

Safeguarding risks were appropriately identified including; risks relating to criminal exploitation, child protection concerns, drug misuse, family contact and a medical error. Risks were assessed using the providers risk management policy and procedures. Situation risk management plan (SRMP) were put in place to managed situations such as peer dynamics and family contact, as required. These were

reviewed and discussed at team meetings. The staff who spoke with the inspector were knowledgeable of safeguarding risk and the plans in place to reduce risk.

The service had a risk register that was overseen by centre management and maintained by two staff. However, the risk register provided to the inspector had identified staffing levels as the only risk to the service. The escalation in safeguarding concerns for young people resident were not identified on the centre's risk register.

The inspector found that there was an appropriate systems regarding the escalation of risk, which included; utilising 'Need to Know'² reports to communicate risks to managers external to the centre, organising strategy meetings and professionals meetings, as risks escalated. In addition, the centre had a number of risk management systems in place, they completed risk assessments, situation risk management plans, safety plans and provided additional staff training to support the management of risks. In addition young people's individual crisis management plans (ICMP), were updated as required. The staff who spoke with the inspector were aware of the risks and the expectations on implementation of safety and risk management plans and actions which had been agreed to support the young people. The risk management documents were reviewed and updated appropriately. Mechanisms in place for managing risks in the centre included involvement by the deputy regional manager, external line manager for the centre. This inspection found however, that responses to escalated risks were not effective as they did not sufficiently reduce risks to all young people resident in the service.

Due to significant risks, identified as being outside of the capacity of the centre to safely manage, HIQA requested assurance from the provider regarding safe and stable care of the young people. The initial response from the provider did not adequately assure HIQA. Risks were escalated to the National Director for alternative care for further assurances. Responses to the request for further assurances were returned and action taken to address immediate risks within this centre were accepted. However, governance risks with regard to Tusla's organisational capacity to effectively respond to protect children, who are at ongoing risk of significant harm, remains a concern for which further assurances will be sought by HIQA.

² When a risk cannot be managed within the centre or requires additional controls that are outside the scope of the centre to implement, the risk should be escalated to the person responsible at the next appropriate level of management by the risk owner.

There were systems in place for internal and external review of incidents as well as a clear system for communicating any feedback and or recommendations from these reviews to the staff team. An internal serious incident review group (SERG) met in November 2025 and the inspector reviewed a sample of the incidents discussed during this meeting. Recommendations were made and actions agreed. An external area SERG was co-ordinated and chaired by centre's social care manager. The centre did not have any incidents to be reviewed at the last SERG, however, discussion took place regarding management of peer dynamics and recommendations were made to inform practice. This included; to seek advice and support from specialist services and periods of respite away from the centre with the young people to strengthen relationship building with staff.

The identification, notification and review of incidents was effective. The centre management oversaw the significant event notification (SEN) register. At the time of the inspection and since the service changed its purpose and function seven months prior to inspection, there had been 278 SENs. These included; missing care in care reports, reports of young people requiring emergency medical attention, room searches and reported incidents of substance misuse by young people. The inspector reviewed a sample of SENs and found incidents were reported, recorded and reviewed by the centre manager, in a timely manner and the SEN register was up to date. Reporting and communication to parents, social workers and Guardian ad Litem was timely and promoted a partnership approach ensuring all relevant people were kept up to date on significant events in young people's lives. Additionally, where a child protection and welfare concern arose this was reported appropriately and recorded as part of the SEN.

The inspector reviewed a sample of SEN and found that records of incidents were of good quality. The centre management quality assured records before approving them. The team discussed areas for improvement during team meetings, for example, the need to ensure learning for young people was always recorded and completed. The inspector found from a review of a sample of significant event notifications that this improvement was followed through by the staff team as recording of learnings for young people improved.

The centre was in the process of moving from paper files to Tusla Case Management (TCM) system. The inspector reviewed the young people's daily records on the TCM system and these records were detailed, good quality, showed good engagement with the young people and good records of opportunity led conversations with young people on topics including; dangers of drug misuse, engaging in positive activities with staff and support with family contact.

There was an open culture promoted in the centre where the staff and the young people were encouraged to raise concerns, report incidents and identify areas for improvement. The staff that spoke with the inspector were confident in raising concerns, supporting young people to raise concerns and advocating for a resolution. There were no complaints recorded since the centre changed its purpose and function in July 2025. The young people were informed of how to make a complaint through the national policy for managing and responding to complaints, 'Tell Us' and it was communicated to them that staff would support them through the process if they so wished. The staff told the inspector that young people have raise issues and these are resolved through conversation with staff members in the centre. The young person who spoke to the inspector said that they were offered the complaint process, however, so far complaints had been resolved locally through discussion with members of the staff team and managers and or, an explanation for their concern given.

Overall, safeguarding risks and incidents were identified, notified and reviewed in a timely manner. However, the centre were managing a high level of risks and despite accurate reporting of risks, the impact of these risks on young people's wellbeing and safety was not effectively responded to. Interventions and decisions agreed following escalations in presenting risks did not adequately safeguard the young people from harm and responses to escalations of risks to the cetnres, external management structures did not elicit and adequate, timely response. For these reasons, this standard is judged as not compliant.

Judgment: Not 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 centre performed its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child. The staff demonstrated good knowledge of all aspects of safeguarding the young people living in the centre and understood their roles as mandated persons under Children First (2017). However, there was significant delays in reviewing and updating Tusla national policies for children's residential centres, including safeguarding policies and procedures which had not been reviewed and updated since 2021. An updated suite of National policies and procedures were provide to HIQA in late February 2026 following the inspection of this service.

The staff who spoke with the inspector demonstrated a good understanding of policies, procedures, legislation, regulations and standards for the care and welfare of young people in the centre. They were knowledgeable on all the key aspects of safeguarding young people in the centre and the specific vulnerabilities for children in care. They understood their roles and responsibilities as mandated persons under Children First (2017), and that of the role of the centre manager and deputy centre manager as the designated liaison persons (DLP) for Children First (2017). They spoke to the inspector about the reporting procedure for child protection and welfare concerns and how concerns that do not meet the threshold for a social worker's intervention are managed. They gave an example of managing family contact and peer conflict. Despite the absence of updated policies, procedures and guidance, the staff have received additional training in aspects of safeguarding. These included; child sexual exploitation, child trafficking and drug awareness training. The staff who was spoke with the inspector found these training sessions were beneficial and relevant to their practice and informed risk management and safety planning for the young people.

The external professionals who spoke with the inspector reported there was good interagency communication and a clear understanding of safeguarding concerns. They shared their concerns regarding the impact of escalating safeguarding risks for the young people. While acknowledging that the centre staff have implemented safety plans and risk management plans that are within their scope of practice; high level of safeguarding risks remained a concern. As outlined earlier in the report, these concerns were appropriately escalated through the relevant risks escalation and communication processes, however, this did not result in increased safety for young people living in the centre.

There was significant delays review and updating of National policies and procedures indicating no clear mechanisms for a systematic review of such national policies. However, in the absence of up to date guiding documents, appropriate steps were taken by the centre and regional management team to ensure that staff received training and guidance relevant to updates risks presenting for children in residential care. A suite of updated National Policies and procedures were provided to HIQA in late February, following the inspection of this centre, therefore this standard is judged as compliant.

Judgment: 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.

Improvements were required in some aspects of the leadership, governance and management arrangements in place in the centre. There were clear lines of accountability for the delivery of care. The centre management and staff team were suitably qualified, experienced and skilled. However, leadership, governance and management arrangements, with regard to sharing information and ensuring appropriate communication amongst the management team, which would support effective governance, in the absence of the centre manager required strengthening. There were improvements required in the management of risks to effectively reduce safeguarding risks for the young people, the risk register did not include safeguarding risks, the actions from the audit of young people's files was not followed through. The recognition, monitoring and review of restrictive practices required improvement. In addition, the centre management's oversight system of monitoring compliance with staff safeguarding training was inefficient and systems commonly used across Tusla children's residential services nationally, were not in place.

At the time of the inspection, the centre had a full management team, five social care leaders, five social care workers, four regular agency workers and one vacant social care worker post. There was one new staff member being inducted at the time of the inspection. The staff team told inspectors that the introduction of newly qualified staff had brought up-to-date knowledge and enthusiasm to the team. Staffing levels not being adequate to safely accommodate the centres full occupancy rate of four young people, was on the centre's risk register and at the time of inspection the number of young people resident in the centre was two rather than four. It was reported to the inspector that there was a planned review of the occupancy numbers in the centre by the regional manager in the first quarter in 2026 with the view to increasing the occupancy within the centre.

The centre had established good systems of communication between and amongst the staff team. There was a communication log for the staff which was utilised for communicating daily tasks and updated by team members. For example; young people's appointments, maintenance requests and menu requests from the young people. Team meetings took place every two weeks and were well attended. The inspector reviewed a sample of minutes of these meetings and found that a standardised meeting template was used. Safeguarding of young people was discussed, along with safety plans and risk management plans. Restrictive practices were discussed in the context of managing risk. The decision-making

was clearly recorded with an action plan at the end of each meeting minutes and a record of the date this action was to be completed and person responsible. For the staff who could not attend the meeting, there was an expectation that they would read the minutes and sign a sheet attached once read. From the sample of minutes reviewed by the inspector, this system was working well.

The inspector was told by the centre management that there was good communication with regional management by email, phone and through the risk escalation process. There were established regional meetings attended by children's residential centre social care managers from the Dublin North East region and chaired by the regional manager. There had been one regional management meeting in the previous six months in which there was a discussion on changes in policies, procedures, legislation, training, emerging trends and risk management.

At the time of the inspection, the centre manager was on a short period of leave and inspectors found that improvements were required with regard to the awareness of governance and oversight structures, by persons delegated to cover during periods of absence by the social care manager. In the absence of the social care manager, the inspectors was not provided with details of audits undertaken in the centre and one child's care plan could not be located. These documents were provided to the inspector for review following the inspection.

The centres risks register did not accurately identify and reflect all relevant risks in the centre at the time of the inspection. There was a risk management framework and supporting structures in place for the identification, assessment and management of risk to young people. A review of risks was carried out regularly in team meetings, strategy meetings, and professional meetings as appropriate to the risk and risks were escalated appropriately. However, the risk register provided to the inspector at the time of the inspection and did not reflect the safeguarding risks within the centre.

There were improvement required in centre with regard to the recognition, monitoring and review of a restrictive practice. At the time of inspection there were four restrictive practices recorded on the restrictive practice register. Restrictive practices used were based on risk assessments and the rationale for their use were recorded. The centre aimed to review restrictive practices on a monthly basis, however, the records did not show that this was completed routinely within this timeframe. Additionally, the inspector found that night-time observations of the young people that were agreed as part of a risk assessment, with a clear rationale were not recorded or recognised as a restrictive practice.

The inspector reviewed a sample of recruitment files for Tusla and agency social care staff. The inspector found that staff recruitment was in line with the relevant legislation and requirements such as references and An Garda Síochána (police) vetting were in place.

The centre management had an oversight system of monitoring compliance with staff safeguarding training. There is a regional training register that is monitored by deputy regional manager. Each staff member had a file in a shared folder where they uploaded their certificates. The inspector reviewed a sample of the staff training folders and found that staff's mandatory safeguarding training was up to date. Additional training was attended by staff and this included; child sexual exploitation and drug awareness workshop.

The centre had a service improvement plan. There were four actions on the plan that were due for completion by the 31st March 2026. These were; develop skills and learning to support family reunification, upskilling staff regarding signs and precaution to taken in managing drug misuse among young people, develop skills in life story work and develop a system of professional development plans.

The inspector examined an audit, was carried out in October 2025, of the young people's files and found that actions detailed, to address gaps in paperwork, remained outstanding. . At the time of the inspection, identified documentation such as a care plan and child in care review meeting minutes were absent from one of two young people's care file. Following the inspection, the centre manager informed the inspector that they had received young person's care plan shortly after the young person's child-in-care review in September 2025, however, it was not saved in the correct file.

There was a comprehensive audit tool and audit schedule in place however, these were not effective at ensuring issues identified were appropriately addressed. The service had audit tools that were provided to the inspector by the centre manager, after the date of inspection. The audit tool was introduced in October 2025 and set out a system of quarterly audits to be completed by centre management. All aspects of the operations of the centre would be covered by the audit annually. Any actions following an audit is inputted into an action log which was then monitored to ensure actions were completed.

Overall, aspects of the leadership, governance and management arrangements required improvement, with regard to sharing information and ensuring appropriate communication amongst the management team, which would support effective governance. There were improvements required in the management of risks to effectively reduce safeguarding risks for the young people, timely

implementation of actions to address findings of an audit of young people's files and the recognition, monitoring and review of restrictive practices. For these reasons, this standard is judged as not compliant.

Judgment: Not compliant

Quality and safety

The young people's rights were considered in the context of the safeguarding practices within the centre which aimed to promote their welfare and protect them from harm. The staff who spoke with the inspector were aware of and promoted children's rights, however, they were concerned about risk and protecting the young people from harm. They spoke about having a homely environment, promoting open conversations and ensuring that the young people are listened to. The young people were consulted about and were supported to make decisions and express their preferences. They were supported to understand risk and the staff promoted self-protection and self-advocacy skills.

On admission young people received an information booklet about the centre, information about their rights and respecting each other's diversity and beliefs. However, there were updates and amendments required to this information booklet.

The recognition and review of restrictive practices required improvement to ensure that it was the least restrictive measure for the shortest duration possible. All restrictive practices were not subject to timely review.

The service provided care and support to the young people based on their assessed needs which was based on the information that was available to the service. The collective risk assessment process was ineffective at identifying the level of safeguarding risks for the young people and this impacted on decisions relating to the suitability of placement in the centre. When risks emerged following young people's admission, action to ensure review of children's care and placement plans were not timely.

The service operated in line with the requirements of Children First (2017), the provider's safeguarding policies and procedure and the joint protocol with An Garda Síochána. However, there were delays in the joint protocol meetings and absent management plans did not reflect agreed curfew times. Safety plans that

were in place were inadequate and did not satisfactorily safeguard the young people.

Standard 1.1

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

Regulation 10:

Religion

Regulation 4:

Welfare of child

The staff in the centre were aware of and promoted and protected the young people's rights to be protected from harm as prescribed in the United Nations Convention on the Rights of the Child (1989). Young people's rights were considered in the context of the safeguarding practices within the centre which aimed to promote their welfare and protect them from harm. However, the recognition and review of restrictive practices required improvement and information provided to the young people living in the centre needed to be updated.

The staff who spoke with the inspector were aware of and promoted children's rights. They spoke about having a homely environment, promoting open conversations and ensuring that the young people are listened to. The inspector reviewed good quality individual work that reflected open communication. The young people's meetings were held every two weeks; the evening before the staff team meeting. Pizza was ordered for these meetings and this incentivised young people to participate in the young people's meeting. Any issues raised by the young people were discussed at the team meetings and outcomes communicated to them. The inspector found, from a sample of records reviewed, that this practice was consistent.

The centre ensured young people could access their records. The young people's confidential information and care records were held securely in the staff office in a filing cabinet and on TCM. The records on TCM could be printed for the young people to view. From the sample of daily records reviewed by the inspector on TCM, it was evident that the young person's voice was recorded.

All young people had contact with relevant external professionals and could speak with them privately or spend time with them outside of the centre. During the inspection, Empowering People In Care (EPIC), an independent advocacy

service for children in care, came to visit the young people in the centre and one of the young people's social worker also visited. All external professional who spoke with the inspector said that they were welcomed to the centre any time and had space to speak with the young people privately.

On admission young people received an information booklet about the centre, information about their rights and respecting each other's diversity and beliefs. The importance of feeling safe and the staff's responsibilities to keep young people safe was highlighted in the booklet. A section of the booklet provided space for the young people to write down any questions they may have about living in the centre. However, the information booklet did require updating and some inclusions, for example; consistent use of the centre's name, the young people's meeting taking place every two weeks and information on the restrictive practice policy.

Young people's right to dignity and privacy was respected, however, improvements were required with regard to the identification and review of restrictive practices. There were restrictive practices in place that impacted on the young people's privacy; these were risk assessed appropriately. Room searches were carried out and while the young people did not like that that they happened, they understood the reason they took place. As stated earlier in the report, restrictive practice of night time observations was risk assessed appropriately but it was not recorded as a restrictive practice and was not reviewed regularly to ensure that it the least restrictive option for the shortest duration necessary.

Overall, safeguarding practices respected young people's rights and they were treated with dignity and respect. However, the recognition and review of restrictive practices that impact on the young people's rights required improvement. Additionally, there were improvements required with regard to the information provided to the young people on living in the centre. It is for this reason that this standard is judged to be substantially compliant.

Judgment: Substantially 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.

The young people living in the centre exercised choice, had access to an advocacy service and were enabled to participate in making informed decisions about their care and were supported to exercise choice that took into account their safeguarding needs. Young people were provided with opportunities to participate in and contribute to decisions made about their day-to-day care and activities.

Young people had access to an advocacy service for children in care and had been visited by representatives from Empowering Young People In Care (EPIC). The staff supported young people to participate in making decisions about their care. When a young person chooses not to attend their child in care review meetings, they meet with their social workers and their key workers prior to the meeting to express their views. When they young people attend their child in care review, their views are recorded in their care plan.

When a young person makes a decision that is not in their best interest, staff talk to the young person to get their point of view and try to find a solution. The inspector reviewed individual and key working sessions with the young people on making good choices, keeping safe and how staff will support them. Each young person had an individual crisis management plan and when necessary, they have a behaviour response plan that is a detailed plan to support a young person around one particular behaviour. These plans were discussed with the young people, their views are recorded and plans adjusted if it was in their best interest.

Each young person was assigned two key workers to coordinate their care and safety needs. The decision regarding the assignment of key workers to individual young people was made by the centre management and based on their experience and information provided to the centre about the young person. The young people had key workers with a high level of experience and from the records reviewed, the young people engaged well with them. The key workers that spoke with the inspector were committed to the safe care of the young people, advocating on their behalf and creating opportunities for the young people to develop self-care and self-protection skills.

The young people were supported to develop their self-protection skills and knowledge to keep themselves safe. However, it was evident that the young people engaged in high risk behaviour that impacted on their safety, health and wellbeing. The safety plans were based on an assessment of risk, however, for the most part, young people placed themselves at risk while in the community

therefore it was a significant challenge to the staff team in the centre to manage and or reduce these risk. Staff provided the young people with information on keeping themselves safe, supported them to understand risk and involved them in safety planning. Additionally, staff received training and the young people were supported to attend specialist services for support.

The staff understood their role in supporting the young people to access the complaint process. As referred to earlier in the report, the young people had not made any complaints or used the complaint process.

The young people were consulted about and were supported to make decisions and express their preferences. They were supported to understand risk and the staff promoted self-protection and self-advocacy skills. It is for this reason that this standard is judged to be compliant.

Judgment: Compliant

Standard 2.2

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

Regulation 23:

Care Plan

Regulation 24:

Supervision and visiting of children

Regulation 25:

Review of cases

Regulation 26:

Special review

The service provided care and support to the young people based on their needs in order to maximise their wellbeing and personal development. However, the care plan of one of the young people required review as their circumstances had change and updated care plan was required to provide stable and safe care. The collective risk assessment process was ineffective at identifying the level of safeguarding risks and the service's ability to meet the young people's wellbeing and personal development.

At the time of the inspection, an update copy of a young person's care plan was not made available for review by the inspector. This was reviewed following the inspection, concerns for the young person's safe care were escalated to the

provider as referenced above. Tusla's response to requests for assurances have not been accepted and further escalation of risks relating to the lack of available alternative care placements for children who require them, is ongoing at the time of this report.

Two young people were admitted to the centre since it changed its statement of purpose and function in July 2025. Prior to admission to a centre, the young people's social worker and the centre manager carried out a collective risk assessment. A collective risk assessment detailed the young people's safeguarding needs and plans were put in place as to how to best support the young people through the development of a placement plan, placement support plan, individual crisis management plan and absent management plan. The second admission needs to be considered against the needs of the other young person already resident in the centre. The collective risk assessment of the second admission identified that the centre would be able to meet the young person's needs with minimal impact on the young person resident in the centre. However, this mechanism was ineffective as the extent of the safeguarding concerns were not identified prior to admission of one young person and therefore were not appropriately planned for. The safeguarding risks that emerged after an admission to the centre were not effectively managed and were ongoing at the time of inspection.

The young people had up-to-date placement support plans that set out arrangements to meet their safeguarding needs. There were routine interventions that detailed how to support the young people's individual needs. These plans were reviewed and updated as required. Each young person's plans had been updated several times. The young people were given information on protecting and promoting their own social development for example, information on the dangers of e-cigarettes, drug misuse and healthy relationships. Healthy eating was promoted in the centre and the young people were involved in menu planning. The staff were promoting healthy snacks and focus on eating regular meals.

Overall, the service provided care and support to the young people based on their assessed needs. However, the care plan of one of the young people required review as their circumstances had change and updated care plan was required to provide stable and safe care. The collective risk assessment process was ineffective at identifying the level of safeguarding risks and when risks emerged post admission, the organisational response to address risks was not timely or effective, with significant risks ongoing and escalating, at the time of inspection. It is for this reason that this standard is judged to be not compliant.

Judgment: Not compliant

Standard 3.1

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

The provider has policies and procedures in place to protect children from all forms of abuse and neglect. The centre operated in line with the requirements of *Children First* (2017) and '*Children Missing From Care, A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services*' (2009). However, a strategy meeting required under the joint protocol was delayed, safety plans did not adequately safeguard the young people and absent management plans needed to be updated.

Child protection and welfare concerns were managed as required in line with the requirements of *Children First* (2017). All staff were trained in *Children First* and the staff who spoke with the inspector were clear on their role as mandated persons and how to make a report through Tusla's reporting portal. Parents and relevant professionals were informed of all incidents and concerns.

The management of children missing from care was largely in line with the national protocol between An Garda Síochána and Tusla (2009)³. However, when risks relating to children missing in care emerged, there was a delay in the first missing child in care protocol meeting taking place. At this meeting, safeguarding concerns were identified and safety plans were discussed. All young people living in the centre had an absent management plan that was followed by the centre staff. These plans were updated to respond to the risk the young people presented with. The young people were aware of their curfew and the need to return to the centre by a particular time. However, the absence management plan for one young person had not been updated to reflect a change in their curfew time. The young people were encouraged to return to the centre at a safe time and to contact the centre if they required staff to collect them from a safe place. The young people's social workers, parents (as appropriate) and Guardian ad Litem (where appointed) were informed if a young person was missing from care.

There was a register of child protection and welfare concerns maintained by centre management. The register included the date of concern, Tusla portal reference and the status of the referral. From a review of the register, the

³ '*Children Missing From Care, A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services*' (2009).

reporting of concerns was completed in a timely manner. At the time of the inspection, there were 12 entries into the register and four open child protection reports. One of the concerns was ongoing and there was a safety plan in place. The other concerns were reported in December 2025 and January 2026 and remained open as they were under investigation by the social work department.

Staff were competent in implementing the provider's safeguarding policies and procedures. The provider had a number of safeguarding policies and procedures in place, and as noted earlier in the report, many of these required updating. The staff received training in safeguarding children and in prevention, detection and response to abuse. The staff who spoke with the inspector were aware of the particular vulnerabilities of the young people living in the centre and responded and reported safeguarding concerns appropriately. There was a proactive approach to preventing harm and this was evident in the young people's daily records. Additionally, the staff stated that relationship building and open communication was central to safeguarding the young people.

There was a partnership approach with the young people, their families, social workers and Guardian ad litem to promote the safety and wellbeing of the young people. There was good communication, regular meetings and key working and individual work sessions with the young people. The young people were aware of their safety plans and safeguarding measures were put in place with regards to some relationships within their network. Any concerns regarding adherence to agreed safety plans were reported to the relevant professionals and family members.

The staff who spoke with the inspector were knowledgeable in the provider's policy and procedure on protected disclosures and how to make a disclosure. They were aware of the protections provided for under the *Protected Disclosure Act, 2014*.

The service operated in line with the requirements of Children First (2017), the provider's safeguarding policies and procedure and the joint protocol with An Garda Síochána. However, there were delays in the joint protocol meetings and absent management plans need to be updated to reflect agreed curfew times. Safety plans that were in place were inadequate and did not satisfactorily safeguard the young people. It is for this reason that this standard is judged to be not compliant.

Judgment: Not 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.	Not compliant
Standard 5.1: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Compliant
Standard 5.2: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Not compliant
Quality and safety	
Standard 1.1: Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Substantially 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.	Not compliant
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not 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-0049430
Provider's response to Inspection Report No:	MON-0049430
Centre Type:	Children's Residential Centre
Service Area:	Dublin North East
Date of inspection:	28 January 2026
Date of response:	10 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:

Capacity and Capability: Leadership, Governance and Management	
Standard : 3.3	Judgment: Not compliant
<p>Outline how you are going to come into compliance with Standard 3.3:</p> <p>Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.</p> <ul style="list-style-type: none"> • The centre manager will undertake a review of the centre Risk Register, in conjunction with the Deputy Regional Manager and QRSI representative for the region, to ensure all risks impacting the service provision are inputted. • Escalation processes will continue to be followed by the Social Care Manager and Social Worker where actions put in place to address specific safeguarding concerns identified are deemed not to be keeping the child/young person safe from harm. Any concerns will be brought to the attention of line management for follow up. Where required, the DRM will request a meeting with the PSW for the case to ensure clarity of response and timely management of concerns. Should it be deemed necessary, the DRM can then bring concerns to the attention of the Regional Manager for CRS for follow up with the assigned Area Manager. All parties involved in the care of the child will be kept updated and asked for input into safety plans. 	
<p>Proposed timescale:</p> <p>30th May 2026</p>	<p>Person responsible:</p> <p>Social Care Manager Deputy Regional Manager</p>

Standard : 5.2	Judgment: Not compliant
<p>Outline how you are going to come into compliance with Standard 5.2:</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> <ul style="list-style-type: none"> • The centre manager will undertake a review of the centre Risk Register, in conjunction with the Deputy Regional Manager and QRSI representative for the region, to ensure all risks impacting the service provision are inputted. • Meeting to be held between Social Care Manager and Deputy Social Care Manager regarding communication and knowledge share to support better governance systems. A review will take place of the current system of communication with amendments made if assessed as necessary. • The importance of robust communication between Social Care Managers and their delegates will be discussed with the assigned deputy regional managers prior to their absence from the centre to ensure appropriate governance systems are in place. • The centre manager will undertake a review of Restrictive Practice Register to ensure it contains all restrictive practices and these are reviewed regularly, ensuring they are implemented for the shortest time possible. • The centre manager will ensure a record of all staff training is held both locally and on the regional training data base, held by the Regional Manager. • The centre manager will continue to utilise the centre audit tool to ensure young peoples files contain all required documentation. Any omissions will be followed up on with the relevant professionals and a request will be made to furnish any outstanding documentation with a timeframe for completion attached. 	
<p>Proposed timescale: 30th June 2026</p>	<p>Person responsible: Social Care Manager</p>

Quality and Safety: Child-centred Care and Support	
Standard : 1.1	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 1.1:</p> <p>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.</p> <ul style="list-style-type: none"> • The centre manager will undertake a review of Restrictive Practice Register to ensure it contains all restrictive practices and these are reviewed regularly, ensuring they are implemented for the shortest time possible. • The centre manager will undertake a review of the young person’s booklet, to ensure it contains accurate and up to date information regarding the centre. 	
<p>Proposed timescale: 30th June 2026</p>	<p>Person responsible: Social Care Manager</p>

Standard : 2.2	Judgment: Not compliant
<p>Outline how you are going to come into compliance with Standard 2.2</p> <p>Each child receives care and support based on their individual needs in order to maximise their personal development.</p> <ul style="list-style-type: none"> • The centre manager will review the information provided within the Collective Risk Assessment with the social worker upon admission of the child/young person to the centre to ensure it is still accurate and to quickly identify any changes required. • Placement Support Plans and Care Plans will incorporate specific safeguarding concerns outlining actions to meet the child/young person’s needs. • A national review of Collective Risk Assessment Process will be undertaken. 	
<p>Proposed timescale: 30th June 2026</p>	<p>Person responsible: Social care manager National Director for CRS</p>

Quality and Safety: Safe Care and Support	
Standard : 3.1	Judgment: Not compliant
<p>Outline how you are going to come into compliance with Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <ul style="list-style-type: none"> • The centre manager will continue to liaise with social work colleagues to ensure the Garda Protocol Meetings occur within appropriate timeframes and escalate to senior management if required. • The centre manager will review placement support plans and ensure the agreed curfew time is documented. • Safety plans will be developed as appropriate in consultation with all relevant parties involved in the care of the YP. Plans will include a date of review and all parties will be requested to provide input. If the risk persists, or is considerable, the SCM will link in with the SW team to ensure a Need To Know is completed and brought to the attention of line management as per Need To Know process. Any concerns arising out of the development of safety plans will be escalated as per escalation process: the SCM will bring it to the attention of the DRM who will consider the need to link in with the assigned PSW for the case. If the risk persists, consideration will be given to escalation to Regional Manager level, who in turn will link in with Area Manager. The Regional Manager will then escalate to the National Director where appropriate. Regular updates will be provided to all parties. 	
Proposed timescale: 30th June 2026	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
5.2	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Not compliant		30th June 2026
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.	Substantially compliant		30th June 2026
2.2	Each child receives care and support based on their individual needs in order to maximise their personal development.	Not compliant		30th June 2026
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not compliant		30th June 2026

3.3	Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Not compliant		30th May 2026
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Published by the Health Information and Quality Authority (HIQA).

For further information please contact:

Health Information and Quality Authority

George's Court

George's Lane

Smithfield

Dublin 7

D07 E98Y

+353 (0)1 8147400

info@hiqa.ie

www.hiqa.ie