



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South East
Type of inspection:	Unannounced
Date of inspection:	02-03 and 8 July 2026
Centre ID:	OSV - 0009323
Fieldwork ID	MON-0050840

About the centre

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

The centre is a young people's residential service dedicated to delivering safe, high quality and outcomes-focus support for young people between the age of 16 years to their 18th birthday. The purpose is to provide a stable, therapeutic and nurturing residential environment that promotes safety, wellbeing, resilience, and positive long-term outcomes. The service is committed to safeguarding, child-centre practice and ensuring that each young person is supported to reach their full potential in line with Tusla National Standards and statutory requirements.

Tusla special emergency arrangement under Section 59a of the Child Care Act 1991 children's residential centres provide general residential care placements for children and young people in care. This centre provides a specific service:

- an emergency response service for short to medium term placements for children of mixed gender up to 17 years upon admission
- the residential care centre provides an occupancy level of single occupancy to meet the assessed needs of children and young people.

Tusla policies and procedures will be followed and adhered to in circumstances where children under the age of 12 years are placed.

The centre provides emergency short to medium term placements which incorporates 24/7 staffing support. The delivery of this programme of care is to be used for the shortest period until a regulated placement is identified.

The following information outlines some additional data of this centre.

Number of young people 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 young people and the people who visit them to find out their experience of the service.
- Speak with staff and management to find out how they plan, deliver, and monitor the care and support services that are provided to young people 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.

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 supports young people 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
02 July 2026	11:35 hrs to 18:00 hrs	Sabine Buschmann	Lead Inspector
03 July 2026	11:45 hrs to 18:30 hrs	Sabine Buschmann	Lead Inspector
08 July 2026	12:00 hrs to 14:00 hrs remote	Sabine Buschmann	Lead Inspector

What young people told us and what inspectors observed

The Child and Family Agency (Tusla) established Special Emergency Arrangements (SEAs) where a shortfall in regulated emergency placements, residential care or foster care placements for children had been experienced. Tusla was responsible for the monitoring and inspection of these SEAs. This changed when Tusla took over the management of some centres under Section 59a of the Child Care Act 1991 (as amended),¹ and the Minister for Children, Disability and Equality announced that these centres would now come under HIQA's monitoring remit.

HIQA was notified of this centre on the 05 May 2026, advising that Tulsa had taken over responsibility of the centre since 22 April 2026, and therefore the powers to inspect the quality and effectiveness of this service transferred under HIQA's remit. This residential centre transitioned to a Tulsa Emergency Centre under Section 59a of the Child Care Act 1991 (as amended) on the 22 April 2026. Inspection reports of Tulsa emergency centres where only one child reside will not be published in order to safeguard their identity, and those with two or more children will be routinely published. An overview report outlining our findings of these Tulsa emergency centres will be published in 2027.

This centre had been operating as a special emergency arrangement since 8 October 2025 as a sole-occupancy unit, and from 19 June 2026 the centre was providing services for two young people.

This was an unannounced inspection to assess the centre's compliance with the *National Standards for Children's Residential Centres* (2018). The centre is a four-bedroomed, two storey, semi-detached house located within an urban estate in a town in the South East region. Staffing in the centre was provided by a third-party provider consisting of healthcare assistants and social care staff.

¹ A children's residential centre is any home or other institution for the residential care of children in the care of health boards or other children who are not receiving adequate care and protection excluding (a) an institution managed by or on behalf of a Minister of the Government or a health board.

Overall, the young people were provided with good quality care in the centre. Young people who spoke with the inspector were positive about the care they received. From a review of files, the inspector found that young people were listened to and activities provided in the centre were based on their interests. At the time of the inspection there were two young people living in the centre.

Listening to the voices of young people is an important part of the inspection process as it provides inspectors with an opportunity to understand young people's experiences of the service. Inspectors also use every opportunity to observe young people and their interactions both with the staff team and with each other.

Young people who spoke to the inspector said:

- "I like living here."
- "I have my own room, it is currently being painted and decorated, and it has an ensuite."
- "I choose my own food and have a weekly food planner with the meals I like to eat every day."
- "I like sports and have spoken to staff about joining a team around here".

The young people told the inspector that they knew why they were living in the centre. They said that they liked their bedrooms and that the centre was homely. One young person told the inspector that their bedroom was being redecorated and painted. One young person said they felt listened to and knew how to make a complaint and talked about how they were getting a new mobile phone in the next few days and that their favourite thing is free time and meeting with friends. Another young person indicated that they were able to pursue their hobbies of writing and playing internet games with friends. The inspector observed that staff had respectful relationships with the young people and interacted with them in a nurturing and positive manner. Inspectors observed that one child related to staff in a positive way and overall, they appeared to be relaxed in the company of staff members.

Both young people said that they enjoy the food provided for them and that they both make up a weekly meal plans choosing what they enjoy eating for breakfast, lunch, and dinner and that they were overall happy living in the house and that they felt safe.

As part of the inspection, the inspector spoke with three available members of staff on duty and found staff were knowledgeable about the young people's likes

and dislikes and were aware of their responsibility to keep young people safe and well cared for and to ensure that young people are listened to.

Due to the current circumstances of the young people, it was not appropriate to speak to family members.

Inspectors spoke with three social workers who stated that the young people received good support in the centre and that the staff team were experienced in managing volatile and challenging environments. The two social workers allocated to the two young people living in the centre at the time of the inspection said that the staff team provided good care to the young people. Social workers told inspectors that the staff team were open to learning, to change and using different approaches to support the young people living in the centre. From a review of case records and observations inspectors found this to be the case. The social workers also said that the staff provided regular updates on the progress of the young people in their care.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was the first inspection of this residential centre. In this inspection, HIQA found that of the seven national standards assessed:

- two standards were compliant.
- four standards were substantially compliant.
- one standard was non-compliant.

The care provided to young people in the centre was of good quality and tailored to meet the individual needs of the young people. The inspector found that staff were competent in responding to the young people needs and there was a sufficient experienced and qualified staff team in the centre to provide care to the young people and a good skill-mix of experience. The social care manager and the social care team leader with responsibility for managing the centre were suitably qualified.

The centre was working towards becoming a registered centre with Tusla's Alternative Care Inspection and Monitoring Service (ACIMS), after which it would then be inspected by Tusla's Practice Assurance Monitoring Service (PASM).

However, this inspection found that further clarity was required as to who had overall responsibility and accountability for the centre in respect of decision-making, as the numerous managers and levels of responsibility had the potential to create uncertainty regarding who held overall responsibility for ensuring that identified issues were addressed and that the centre was coming into compliance with the national standards. The responsibility for the governance and oversight of the centre lay with the South East regional chief officer (RCO) who reports to the national director of services and integration.

Tusla also provided oversight of the centre through the appointment of a regional special emergency arrangement (SEA) co-ordinator, who reported to the regional designated manager of Section 59a centres, who in turn reported to the RCO. Following the change of Tusla's legal remit for the centre under section 59a, additional oversight was put in place by Tusla through assigning an experienced social care manager to the centre to support it to come into compliance with national standards. The social care manager told the inspector they worked closely with the SEA co-ordinator and reported to the Tusla project manager for services and integration.

In addition, Tusla's South East social work department had oversight of the daily care planning needs of the young people. However, the daily operations of the centre were managed by the third-party provider, including the recruitment and supervision of the staff team.

The centre had a statement of purpose which required improvement. The document accurately described the population it catered for and the service it aimed to provide, the ethos and philosophy of the centre, and the model of care. However, the statement did not describe the management and staff employed in the centre, and the policies and procedures that informed daily care practice in the centre.

There were effective systems in place to manage risks in the centre. The centre had implemented Tusla's risk management framework, and the centre manager maintained a risk register that was reviewed regularly and when risks occurred. Risks were described and appropriate control measures were in place to mitigate these risks.

Individual risk assessments were a common feature of this centre in how it safeguarded young people, and assessments reviewed by the inspector were found to be of good quality, and important in informing decisions about risk. The

centre management team were proactive in identifying and responding to risks in the centre.

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.

There were some effective leadership and governance arrangements in place within the centre to deliver good care to the young people living there. The inspector found, from talking with Tusla social workers and review of documents, that Tusla had good oversight of the day-to-day care provided to the young people. However, lines of accountability and responsibility between the different Tusla managers assigned to the centre were not clear. The overall responsibility for the governance and oversight of the centre lay with the South East RCO, who reports to the national director of services and integration. Tusla also provided oversight of the centre through the appointment of a regional SEA co-ordinator, who reported to the regional designated manager of Section 59a centres, who in turn reported to the RCO.

The inspector spoke with the SEA coordinator, who outlined their role and responsibilities. These included identifying properties to be used as special emergency arrangements, overseeing the property and the systems put in place by the third-party provider. The Tusla SEA coordinator also maintained regular contact with the centre through visits, emails, and telephone. The SEA coordinator was also notified of significant events notifications (SENs), and they met weekly with Tusla's Central Compliance Unit in relation to staff rosters, and to ensure that the appropriate skill-mix and staff grades were in place. In addition, they attended weekly SEA meetings in respect of the centre and attended monthly regional section 59a centre meetings, chaired by the regional designated manager of Section 59a centres.

Following the change of Tusla's legal remit for the centre under section 59a, additional oversight was put in place by Tusla through assigning an experienced social care manager to the centre to support it to come into compliance with national standards. The social care manager told the inspector that their role was to provide advice, support, and resources to the centre. They had visited the centre on several occasions and had provided advice on matters including fire safety, health and safety and data protection. The social care manager also

advised that Tusla's full suite of policies and procedures had been implemented in the centre and that they worked closely with the SEA coordinator.

The above management arrangements described different levels of oversight and support to the centre by Tusla. However, the inspector found that the reporting arrangements and lines of accountability between Tusla managers in the governance and oversight of the centre were not sufficiently clear. This had the potential to create uncertainty regarding who held overall responsibility for ensuring that identified issues were addressed and that the centre was coming into compliance with the national standards.

Notwithstanding this, the inspector found that the third-party provider delivered an effective leadership and management structure in the centre in respect of the day-to-day operational functioning of the centre and provided good care to the young people residing in the centre.

Lines of accountability and the management structure of the centre by the third-party provider was clear. The director of the service told the inspector that they had oversight through regular supervision with the quality assurance manager and that they were visiting the centre two days a month, including unannounced visits. They said that they attended staff meetings as well as facilitating monthly management meetings with the centre's management team. The social care manager with responsibility for managing the centre was suitably qualified. They were supported by a social care leader in the deputy manager's role.

The manager of the centre also reported to the quality assurance manager, who was responsible for the oversight of three centres managed by the third-party provider and reported to the director of the service. The QA manager told the inspector they were present in the centre between one to three days per week, depending on the need of the service, and told the inspector they reported directly to the director of the service. Their role included supervision of the centre manager, service improvement and auditing centre documents. Both the manager and the social care leader were rostered to work regular 12-hour shifts from Monday to Friday, which meant they were involved in the day-to-day care of the young people, including key working duties and completing daily logs, which meant they did not have dedicated time to oversee the overall management of the centre. The director of the service told the inspector that the centre had, at the time of the inspection, advertised for a full-time centre manager to take on the role of managing the centre full-time.

The inspector spoke with the director of the service, two managers, one social care leader and three healthcare assistants who were rostered during the period of the inspection. Staff spoken with were aware of their roles and responsibilities. Management oversight of the service outside of these hours at night and weekends was provided through an on-call arrangement. This on-call arrangement was a monthly roster with the manager of the centre and the social care leader of the residential centre alternating weekly on call duties from Monday to Friday. The two directors of the service shared on-call arrangements on weekends.

The inspector found that that the third-party provider had implemented the full suite of Tusla's policies in the centre. Staff who spoke with the inspector demonstrated they were knowledgeable about their responsibilities under relevant legislation, policies, and standards and had read and understood the policies.

The inspector found that supervision of social care leaders and healthcare assistants was carried out in line with Tusla policy. The inspector sampled five supervision records and found them to be of good quality, with detailed discussion on staff support, key working, practice and duties delegated to the staff member. Supervision was recorded on a supervision template developed by the third-party provider, which was detailed and comprehensive. Regular supervision enabled the staff team to effectively exercise their professional judgment and work together to provide a child-centred, safe and effective service.

There were several quality assurance mechanisms in place in the centre. Tusla's Practice Assurance and Monitoring Service (PASM) team had completed an audit of the service on 27 February 2026, and the report was provided to HIQA on 26 June 2026. The audit concluded that there was evidence of good practice in areas reviewed, such as sharing the learning from significant event notifications (SENs). The addition of the Tusla assigned children residential services (CRS) lead had led to improvement in daily care practices in a short period of time. The PASM report also outlined that there were some areas for improvement identified such as ensuring that that care staff can report SENs and matters related to child protection in a timely manner, that risk assessments were reviewed in conjunction with the social work team and that they were appropriately signed off. The social work team were required to review and sign off on the risk assessments within the centre.

From a review of documents, the inspector found that the recommendations of the PASM report had been implemented. The centre manager and QA manager said that all staff now had access to the Tusla portal and completed their own child protection and welfare reports as required by Tusla policy. In addition, social

workers who spoke with the inspector confirmed that SENs were submitted in a timely manner and from a review of these SENs, submitted from April 2026, the inspector found this to be the case.

Staff who spoke with the inspector had a clear understanding of their obligation to report child protection concerns to Tusla and were able to explain the process and each step.

Significant events were responded to appropriately at the time of the inspection. Records of these events were recorded on a Tusla template and were found to be well maintained, and appropriately reported to social workers, the monitoring officer, guardian ad litem and parents and or guardian. However, from a review of the centre's SEN logs the inspector found there had been a number of incidents between November 2025 and June 2026, and prior to March 2026, they were not always notified in a timely manner. However, following an audit by the PASM team in March 2026, this was rectified and social workers who spoke with the inspector said that they were notified of all significant events in a timely manner. From a review of SENs, the inspector found this to be the case.

There were effective systems in place to manage risks in the centre. The centre had implemented Tusla's risk management framework, and the manager of the centre maintained a risk register that was reviewed regularly and when risks occurred. Risks were described and appropriate control measures were put in place to mitigate these risks. Risk assessments completed included general risks to young people, for example self-harming, inappropriate use of mobile phones, unsupervised time away from the centre and internet safety.

There were effective internal mechanisms in place to monitor and evaluate the quality, safety and continuity of care provided to the young people. The centre had external line management systems in place for auditing and monitoring the centre's compliance with national standards. Managers read and signed off on young people's daily logs, SENs and all other care records generated by staff. They carried out audits on file content and the quality-of-care records. The managers used an audit tool to record audits and the improvements which were required and dated and signed off on actions when they had been implemented. The audits included fire safety, risk register, significant event log, key working documents, supervision and complaints, risk assessments and staff meeting minutes. Findings of these audits were shared in weekly staff meetings and supervision to ensure continuous service improvements in the day-to-day running of the centre. This meant that young people benefited from routine and thorough

reviews of practice in the centre, including regular reviews of their care planning and of their daily and weekly routines.

This inspection found that the centre held a register of young people's admission to the centre, but it required improvement as it did not contain all the information set out in the Child Care (Placement of Children in Residential Care) Regulations, 1995. The inspector found that young people's admissions information was recorded as required, however there was no record of discharge.

This inspection found that the centre held case records for each young person as required by this standard. The inspector noted from file reviews that records were accurate and direct work with young people was recorded. These records showed that practice in this regard was young person-centred. However, the centre did not use Tusla's case management system to maintain young people's records. In its place, the centre was using a "shared drive" system, using password protection to ensure confidential reports could not be accessed without permission.

There was effective leadership and governance arrangements in place within the centre to deliver good care to the young people living there. There were effective risk management frameworks in place, and significant events were well managed. However, the manager and deputy manager were working as part of the rostered team on duty and could not dedicate all their time on duty to the operational management of the centre. In addition, the young people's register did not hold all the information as required. Furthermore, the inspector found that the reporting arrangements and lines of accountability between Tusla managers in the governance and oversight of the centre were not sufficiently clear. For this reason, this standard is judged to be substantially compliant.

Judgment: Substantially Compliant

Standard 5.3

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

The centre had a statement of purpose and function (SOP), but it required improvement. The document accurately described the population it catered for and the range of services it aimed to provide and the ethos and philosophy of the centre. In respect to the trauma-informed model of care, there was limited information contained in the SOP. Young people and parents were provided with a written copy of the SOP. Staff who spoke with the inspector had a good

understanding of the SOP and the quality assurance manager told the inspector that the SOP was reviewed regularly due to the changing population of young people staying in the centre short term.

However, the statement of purpose did not describe the management and staff employed in the centre, and the policies and procedures that informed daily care practice in the centre. In addition, the statement was not recorded on a Tusla template and did not outline Tusla's oversight of the centre. A child friendly version of the statement of purpose and function was displayed in the centre.

In conclusion, the centre had a SOP in place as required by this standard. However, the statement did not describe the management and staff employed in the centre, and the policies and procedures that informed daily care practice in the centre. In addition, there was limited information contained in the SOP. For this reason, this standard is judged to be not compliant.

Judgment: Not Compliant

Standard 6.2

The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.

This inspection found that the registered provider recruited people with the required competencies to manage and deliver child-centred, safe and effective care and support.

The third-party provider was responsible for the recruitment of staff and provided the relevant recruitment records, such as, visas, qualifications and references to Tusla. The inspector found that staffing levels were sufficient to meet the assessed needs of the young people currently living in the centre. The staff team comprised eight social care leaders, social care workers and healthcare assistants. The centre used one regular relief worker to provide cover as required. In addition, the director told the inspector that staff from the other two centres had covered shifts when required and were known to the young people. From a review of the monthly staffing roster the inspector found, that healthcare assistants were consistently rostered alongside a qualified social care worker.

For example, on the first day of the inspection, the quality assurance manager, the social care leader and two healthcare assistants were on duty. Throughout the inspection, the inspector observed that staff were responsive to the needs of the young people. Managers and staff who spoke with the inspector demonstrated a

good understanding of the care needs of the young people and a commitment to delivering a safe, consistent, and child-centred service.

Not all the required records for mandatory training in *Children First: National Guidance for the Protection and Welfare of Children* (2017) were on file. Tusla has a central compliance and vetting unit that maintains oversight of staff personal records. As part of this inspection six personnel files were reviewed to assess compliance with recruitment requirements, including qualifications, An Garda Síochána (police) vetting, employment history, visa requirements and mandatory training. From a review of six staff files, the inspector found that staff held the required qualifications, and where applicable, maintained registration with their relevant professional body. Garda vetting and police clearance from other jurisdictions were available for all files sampled. Three references or statements of employment had been obtained and validated by the third-party provider, but not by Tusla. In addition, staff files sampled contained certificates of completed mandatory training, including fire safety, first aid, data protection, child exploitation, Tusla approved behavioural management training and Children First (2017) as well as and medication management. However, the inspector found that records of Children First (2017) training were incomplete on each personal file reviewed. Two staff files did not hold certificates for module three and module four and two staff files did not hold certificates for module three.

In addition, Tusla does not routinely retain copies of job descriptions or terms and conditions of employment as required by the standard.

During the first three inspections of services under this arrangement, gaps were found in relation to personnel files, such as gaps in staff training and the absence of validation of key documents such as qualifications and police clearances. In light of this finding, HIQA has received a national response, outlining that Tusla Central Compliance Unit would review their current processes in relation to validation of documents, and ensuring documents are in date, and put in place trackers for key mandatory training. An initial review was to be undertaken by 31 July 2026.

This inspection identified a positive culture that promoted continuous learning and professional development. Management facilitated opportunities for shared learning to support improvements in service delivery. The manager and director told the inspector that team meetings were used as a forum for learning to improve service delivery and better care to the young people. The Tusla assigned children residential services (CRS) manager told the inspector that the management and staff team of the centre had implemented the recommendation of the most recent PASM report and social workers confirmed a significant improvement in recording of incidents and child protection reports. In addition, the

quality assurance manager and centre managers, regularly audited care records to identify opportunities to improve recording practices. From a review of team meeting minutes and supervision records, the inspector found that these forums were used to provide constructive feedback to staff. Staff who spoke with the inspector said that team meetings and supervision assisted them in developing their skills to provide a better service to the young people in their care.

Overall, this inspection found that staff demonstrated the competence, knowledge and skills necessary to provide a good standard of care. The management team responsible for the operational oversight of the centre held appropriate qualifications and were experienced. While effective staffing arrangements were in place, improvements were required for Tusla to ensure that all records required under the standard are held on the personnel files, including all the required certificates of four modules of Children First (2017). Tusla has advised that actions are ongoing to address this gap and for this reason the standard is judged substantially compliant.

Judgment: Substantially Compliant

Quality and safety

There were systems in place to ensure that young people's rights were promoted and respected in the centre. From a review of case files and centre documents, the inspector found that the rights of young people were reflected in centre policies and care practices. Young people told the inspector that they were aware of their rights and that they had received information about a national independent advocacy service for young people and knew about the United Nations Convention on the Rights (UNCRC) of the Child. The inspector observed that information on young people's rights was openly displayed for young people to access.

The right of young people to privacy, dignity and respect was valued in the centre. Young people had their own bedrooms, and the house had enough communal space for young people to spend time together or be on their own if they wished.

Furthermore, the centre promoted young people's rights by ensuring that young people were regularly consulted on many aspects of their care while residing in the centre. Young people told the inspector they were consulted about food preferences, decorating their rooms and their individual interest. For example, one

young person told the inspector they really like sport and they had spoken to staff about joining a local team to continue with their hobby.

Inspectors found that child-in-care reviews took place in line with regulations. Records related to a sample of two young people showed that an up-to-date care plan was in place and their individual goals were reviewed regularly. The inspector found that the child-in-care reviews had taken place as required by Tusla policy and this policy was aligned to national standards and regulations.

Young people were facilitated and supported to maintain appropriate contact with their families and significant others where appropriate.

Placement plans in place at the time of inspection were informed by statutory care plans provided by the social work department. Placement and placement support plans outlined young people's individual needs, and the supports required to assist in meeting those needs.

The centre had a system in place to manage complaints in line with Tusla policy. Young people told the inspector that they were aware of how to make a complaint.

Each young person in the centre had an allocated social worker and they visited the young people living in the centre as required by regulations. From a review young people's case record, the inspector found that to be the case.

Staff ensured that young people's dietary requirements and food preference were met. However, the inspector observed that mealtimes were not a sociable activity in the centre and this was not encouraged by the staff team.

The centre was well maintained and homely, however, the inspector noted marks on the walls and ceiling in the upstairs part of the house that required repainting. The room available to staff working on night shifts was not suitably furnished and was used as a storage room for broken furniture.

There was a health and safety statement that been reviewed in April 2026. The centre had a health and safety officer who completed monthly health and safety checks throughout the centre.

There were policies and procedures in place to protect young people from all forms of abuse and neglect. These policies were aligned to legislation and national standards and regulations.

Standard 1.1

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

Regulation 10:

Religion

Regulation 4:

Welfare of child

The young people in this centre received care and support which respected and protected their rights in line with the United Nations Convention on the Rights of the Child (UNCRC). Safeguarding practices aimed to promote their welfare and protect them from harm. Young people were encouraged to participate both in decisions about their care and in the running of the centre. Staff who spoke with inspectors demonstrated that the voice of young people was paramount and made every effort for the young person to participate in their care planning.

Information was given to young people about their rights when they first came to live in the centre. From a review of case records, the inspector found that young people had received information about a national independent advocacy service for young people and knew about the United Nations Convention on the Rights of the Child. The inspector observed that information on young people's rights was openly displayed for young people to access.

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

Young people were facilitated and supported to maintain appropriate contact with their families and significant others where appropriate. Social workers who spoke to the inspector described good consistent communication with the staff team and that the centre encouraged contact through phone calls and emails.

The rights of young people to privacy, dignity and respect were valued in the centre. Young people had their own bedrooms, and the house had enough

communal space for young people to spend time together or be on their own if they wished. The inspector observed staff knocking on their bedroom door and waiting for permission before entering. In relation to the young people's right to leisure and play, their individual preferences were respected and the staff team provided leisure activities, for example, going to the cinema, physical activities, such as going for walks, as well as providing space and time for young people to pursue hobbies such as internet gaming and exploring music.

The centre valued the young people's right to education. However, the two young people had moved into the centre two weeks prior to this inspection and options of education were under consideration in consultation with the young people and this was clear in the care planning process.

Staff ensured that young people's dietary requirements and food preference were met. The inspector noted a large bowl of fruit on the table accessible to the young people and both the fridge and cupboards had good choice of food to provide a varied diet to the young people. The young people's weekly meal planner was pinned to the fridge, and young people told the inspector that they choose their daily meals using a weekly menu planner. However, the inspector observed that mealtimes were not a sociable activity in the centre and were not encouraged in the centre. The two young people ate meals at different times and staff did not routinely join young people for meals. Staff who spoke with the inspector said that the budget for food was for the young people only and that staff did not consume food purchased for the young people living in the house. Shared mealtimes with young people are essential for developing positive relationships with staff in a safe social environment and to enable and encourage young people to improve their interpersonal skills.

Restrictive practices were used in the centre and the assessments reviewed were detailed and of good quality and there were a number of these in operation at the time of the inspection. Restrictive practices included limits to free time in certain locations, checks by staff when young people were in their room, locking of knives and sharps for safety reasons, restrictions of access to a mobile phone and restricted internet access. The inspector found that all these restrictive practices were in place because of individual risks to young people that had been risk assessed and signed off by the relevant social worker. The reasons for the restrictions were discussed with and explained to the young people, some of which they understood and agreed with. For example, the checks by staff was due to a risk of self-harm, internet restriction and restricted access to a mobile phone was to prevent inappropriate postings on the internet. All restrictive practices were

reviewed on a weekly, fortnightly and monthly basis and amended or removed as deemed appropriate and safe for the young person.

The young people in this centre received care and support which respected and protected their rights in line with the United Nations Convention on the Rights of the Child (UNCRC). Young people's rights were being promoted and respected by the provider, and the inspector found that young people were being treated with dignity and respect. From a review of case files and centre documents, the inspector found that the rights of young people were reflected in centre policies and care practices. For this reason, the standard is compliant.

Judgment: Compliant

Standard 2.2

Each child receives care and support based on their individual needs 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

Overall, the young people were receiving good care and support that reflected their individual needs. Child-in-care reviews were held in a timely manner, and care plans ensured that the centre delivered consistent care to the young people. All young people had regular contact with their social worker as required by Tusla policy. Staff and managers told the inspector that social workers maintained regular contact with the young people and the centre. The young people spoke positively about their social workers and described them as approachable and supportive.

Young people living in the centre had an up-to-date care plan. A care plan is a written document which outlines the plan for the young person's care based on an assessment of the child's needs. The regulations require that each young person placed in residential care has a written and up-to-date care plan, which clearly outlines the aims and objectives of their placement and the supports to be provided by Tusla to the child, their parents or foster carers (where appropriate)

and the residential centre. This plan should include contact arrangements between the young person and their family and the arrangements in place to review the plan at different intervals throughout the child's time in care. The inspector found that care plans were reviewed and child-in-care reviews were held in a timely manner as required by regulation and supported the delivery of individualised consistent care to the young people.

Care plans in place were supported by up-to-date, comprehensive placement plans reflecting the young persons' individual needs. Placement plans were in place for all young people and this guided staff in meeting each young person's assessed needs. The inspector reviewed a sample of these plans and found they comprehensively outlined young people's individual needs and how staff were to manage them. The placement plans reflected a person-centred model of care and incorporated input from a multidisciplinary team. The inspector reviewed young people's case files and found that the staff team were in regular contact with social workers. Social workers who spoke to the inspector said that the centre kept them informed of the progress of the young people and described good communication with both staff and managers.

Each young person placed in residential care should have their case reviewed in line with the regulations. The main process in place in Tusla to do this is called a child-in-care review. Through this process, the young person's allocated social worker assesses progress for the child and identifies whether their needs are being met in their current placement. The social worker ensures that the young person's care plan is being adhered to and any changes required to this plan are made during this review. The regulations place a statutory duty on the social worker to ensure these reviews take place within specific timeframes and that all relevant people are invited, prepared and participate in the review process. It is particularly important for the child to participate and be consulted so their views and experiences can be considered when updating their care plan.

Inspectors sampled two young people's case records for the purpose of examining timeliness and quality of the child-in-care reviews. Inspectors found they had a review meeting which was completed within the regulatory timeframes. Furthermore, one of the young people had attended their child-in-care review while the other young person had declined. Staff in the centre demonstrated an understanding of the importance of young people's participation in their care planning and they told inspectors that they actively encouraged the young people to attend.

There was a positive approach to the management of behaviour that challenged. All staff had undergone Tusla-approved training in behaviour management. The

inspectors review of case records showed that all files had individual placement support plans, crisis management plans, individual risk assessment and absence management plans, providing guidance for the safe management of their behaviour and review of restrictive practices. These case records provided staff with practical guidance on supporting young people safely and consistently. These documents outlined known triggers, proactive support strategies and approaches to managing and reducing behaviours of concern. Staff who spoke with the inspector, demonstrated a good understanding of these plans and the importance of implementing these consistently to ensure that young people receive continuous care.

There was evidence that young people had participated in individual key-working sessions that focused on identifying goals and areas of development, including independent living skills, emotional and physical wellbeing and personal safety.

This inspection found that young people were receiving good care and support that reflected their individual needs. All young people had an allocated social worker and were visited in line with regulations. Child-in-care reviews were held as required by regulations. For this reason, the standard is judged to be compliant.

Judgment: Compliant

Standard 2.3

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

Regulation 7:

Accommodation

Regulation 12:

Fire precautions

Regulation 13:

Safety precautions

Regulation 14:

Insurance

Overall, the centre was well maintained and homely, however, the inspector noted marks on the walls and ceiling in the upstairs part of the house that required repainting. The room available to staff working on night shift was not suitably furnished and was used as a storage room for broken furniture.

The centre was a four-bedroom semi-detached house set in an urban setting in a large town. It was fit for purpose and provided a spacious environment. The

centre was clean, homely, adequately lit and ventilated. Downstairs was a well-maintained kitchen, combined with a large dining room with a large table and chairs. The inspector noted a large bowl of fruit on the table accessible to the young people living in the centre and the fridge and cupboards had good choice of food to provide a varied diet to the young people. To the back of the kitchen was a staff toilet and a utility room and a backdoor leading to a large backyard that was well maintained. The centre did not have vehicle for use, and the staff and young people used public transport and taxis to travel when required.

Both young people had their own bedroom; one bedroom had an en-suite while the other bedroom shared a good-sized bathroom, which was clean and accessible. There was a dining room downstairs with comfortable furniture and a television. To the left of the sitting room was a small staff office comprising a small desk, a lockable filing cabinet and office chairs. The staff office also held a second filing cabinet that was broken and two small cupboards with missing draws. Furthermore, a room dedicated to the member of staff on life night duty was inappropriately furnished. It held a small chair, several old single mattresses and broken furniture. The manager told the inspector that some furniture and walls in the house had recently been damaged and that the centre was in the process of redecorating the damage and were storing the furniture in the room. In addition, the manager provided evidence that a skip had been ordered for the Monday following the inspection to remove all broken furniture from the house and that the room for waking night staff would be redecorated with more appropriate furniture, including a desk and comfortable chair.

There was a health and safety statement that had been reviewed in April 2026. The centre had a health and safety officer who completed monthly health and safety checks throughout the centre. In addition, the quality assurance manager had completed safety audits to ensure the centre was compliant with the health and safety policy. The inspector reviewed minutes of the staff meeting and found that health and safety was a standing agenda item on the team meeting agenda and that risk assessments were completed when hazards were identified and appropriate controls put in place.

There were fire safety precautions in place against the risk of fire. Firefighting equipment such as fire extinguishers had been serviced in October 2025 and from a review of training records, all staff had been trained in fire safety. There was a fire alarm and emergency lighting, and these were checked weekly and serviced each quarter. There were doors with self-closers attached throughout the premises that were checked weekly. In addition, the centre was issued a fire safety certificate as required by legislation dated October 2025.

All staff and young people had participated in fire drills. There had been two fire drills recorded in the fire book in the two months prior to the inspection, which included the names of the staff and young people who had participated in the drill. There was appropriate signage to indicate fire exits and the assembly point for the safe evacuation of young people and staff in the event of fire.

Overall, the centre was well maintained and homely, however, the inspector noted marks on the walls and ceiling in the upstairs part of the house that required repainting. The staff room for waking night staff was not suitably furnished and was used as a storage room for broken furniture. For this reason, this standard is judged as substantially compliant.

Judgment: Substantially Compliant

Standard 3.1

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

There were policies and procedures in place to protect young people from all forms of abuse and neglect.

The centre had effective measures in place to promote the safety of young people. Staff responded appropriately to child protection concerns by referring them to the relevant social work department and reporting to Tusla through the portal in line with Children First (2017). Staff and managers who spoke to the inspector had good knowledge of their obligations under Children First (2017). The centre had an up-to-date safeguarding statement and a range of protective measures, which included collective and individual risk assessments to any new risks that emerged and had been signed by all staff. This statement was reviewed and signed by management in June 2026.

The inspector reviewed individual child protection notifications and found that young people were at potential risk of exploitation in their community. Inspectors found that the staff team were vigilant in their identification, notifications and the response to these risks and there was evidence of good collaboration with the young person's social worker to develop and implement appropriate safety plans.

Safety plans were regularly review as required. For example, a safety plan in respect of spending time away from the centre unsupervised was reviewed weekly.

The inspector reviewed the child protection register, which was maintained by the quality assurance manager, and found there was one open child protection concern that had been reported to Tusla through the portal in line with Children First (2017). The young person's social worker and parents and or guardian were appropriately informed by the centre of any allegations or serious incidents. A review of young people's records showed that staff spoke to young people about how to keep safe following significant events and key working sessions, topics discussed included self-harm, internet safety, exploitation, self-care and bullying. Staff in the centre had been trained in Children's First (2017), however from a review of six personnel files, inspectors found that that not all Children First (2017) modules had been completed as the certificates for all four required training modules were not held on the staff file in Tusla's central compliance and vetting service.

There was Garda vetting in place for all staff working in the centre as required under the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Young people were safeguarded in the centre, and their care and welfare were protected and promoted. The centre had an up-to-date safeguarding statement, and staff had a good understanding and working knowledge of *Children First: National Guidance for the Protection and Welfare of Children* (2017).

There were policies and procedures in place to protect young people from all forms of abuse and neglect. Staff responded appropriately to child protection concerns by referring them to the relevant social work department and reporting to Tusla through the portal in line with Children First (2017). However, there was evidence that staff had not completed module three and model four of Children First (2017) training. Tusla has committed to completing an action relating to mandatory training for staff as recorded under standard 6.2. For this reason, the standard has been judged to be substantially compliant.

Judgment: Substantially Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
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
Standard 5.3: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Not compliant
Standard 6.2: The registered provider recruits people with the required competencies to manage and 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 2.2: Each child receives care and support based on their individual needs to maximise their wellbeing and personal development.	Compliant
Standard 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially compliant

Compliance Plan

This Compliance Plan has been completed by the Provider and the Authority has not made any amendments to the returned Compliance Plan.

Compliance Plan ID:	MON-0050840
Provider's response to Inspection Report No:	MON-0050840
Centre Type:	Children's Residential Centre
Service Area:	Tusla
Date of inspection:	02 July 2026
Date of response:	15 th September 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:

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. • Children Residential Services (CRS) Support Person will provide the manager with a template register for Children Living in the Centre to ensure that all required information is captured and recorded. • There will be discussions with Tusla and the staffing providers in September 2026 outlining the governance and management requirements for the residential centres. Following these discussions the governance and management arrangements will be clearly outlined. The staffing provider will be reminded of the key indicators that must be in place to meet compliance with National Standards for Children's Residential Centres. • The staffing provider is currently applying for registration with Tusla and have advised that they will have a full-time Person in Charge from Monday to Friday in place at point of registration of the service. The staffing provider will have an Interim Person in Charge in place three to four days	

per week from Monday to Friday as part of their rostered hours as of the 14th of September 2026. The staffing provider has a Quality Risk and Service Improvement manager who visits the centre for oversight. The Children's Residential Services Support Person visits the centre one day per week and the Temporary Emergency Placement Co-Ordinator visits the site one day per week on alternate days to the Children's Residential Services Support Person.	
Proposed timescale: 30th September 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)

Standard: 5.3	Judgment: Not Compliant
Outline how you are going to come into compliance with Standard 5.3: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided. - Children's Residential Services Support Person and the Temporary Emergency Placement Co-ordinator will support the manager in completing the national Tusla Statement of Purpose for Temporary Emergency Placements to meet the standard by the 14th of September 2026. - The Statement of Purpose for the centre will include the organisational structure of the centre, the ethos, facilities provided and programme of care, fire safety and complaints.	
Proposed timescale: 14 September 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)

Standard: 6.2	Judgment: Substantially Compliant
Outline how you are going to come into compliance with Standard 6.2: The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support. • CRS Support Person will support the manager in completing a Training Audit. Any training/modules that are outstanding for the team will be completed. Completion of Children First modules will be prioritised. CRS Support Person will signpost the manager to the four Children First e-learning programmes required. • CRS Support Person will support centre manager in developing a Training Register for Mandatory Training. Centre Manager will maintain oversight of the register.	
Proposed timescale: 10th September 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)

Standard: 2.3	Judgment: Substantially Compliant
Outline how you are going to come into compliance with Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child. • All broken furniture has been removed from the centre. Painting and Carpentry repairs have been scheduled. • Funding has been sourced to provide Sensory Equipment for young people. • Funding has also been provided for soft furnishings. Young People have had input into decoration of their rooms. • CRS Support Person; Temporary Emergency Placement (TEP) Co-Ordinator and Social Work Team will ensure that centre refurbishment is on track and will be followed through to completion.	

- Any issues related to the property will be recorded on the Maintenance Log by centre manager and reported via Significant Event Notifications to the MDT. All maintenance works will be actioned to completion. - As part of weekly visits CRS Support Person completes a Health and Safety Check and issues will be notified to team on duty; centre manager and TEP Co-ordinator. Persistent issues will be escalated regionally. - As part of weekly visits Children's Residential Services Support Person will review the Maintenance Log.	
Proposed timescale: 15 th October 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)

Quality and Safety: Safe Care and Support	
Standard : 3.1	Judgment: Substantially Compliant
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. - CRS Support Person will support the manager in completing a Training Audit. Any training/modules that are outstanding for the team will be completed. Completion of Children First modules will be prioritised. CRS Support Person will signpost the manager to the four Children First e-learning programmes required. - CRS Support Person will support centre manager in developing a Training Register for Mandatory Training. Centre Manager will maintain oversight of the register.	
Proposed timescale: 10 th September 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)

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.	Substantially Compliant	Yellow	30 th September 2026
5.3	The residential centre has a publicly available statement of purpose that accurately and clearly describes	Not Compliant	Orange	1 st September 2026

	the services provided.			
6.2	The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.	Substantially Compliant	Yellow	10 th September 2026
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially Compliant	Yellow	15 th October 2026
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant	Yellow	10 th September 2026

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