



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Mid-West
Type of inspection:	Unannounced
Date of inspection:	29, 30 June 2026 and 06 July 2026
Centre ID:	OSV - 0009338
Fieldwork ID	Mon-0050841

About the centre

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

The aims:

To support children 16-17 years who cannot, for a variety of reasons, engage fully with the standard care models in traditional mainstream children's residential centres in a low stimulus and low intervention environment.

The centre offers support that enhances emotional self-regulation, independent living skills and empowers young children to achieve their goals.

Objectives:

- Deliver care through an individualised, person-centred model
- Create a safe and nurturing home-like environment
- Support the development of emotional regulation, coping skills, and life skills
- Collaborate with families, professionals and support services to ensure young children's wellbeing.

The following information outlines some additional data of this centre.

Number of young 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 children were safe. It includes information about the care and supports available for children 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
29 June 2026	10:15 hrs to 18:15 hrs	Grace Lynam	Lead Inspector
30 June 2026	10:45 hrs to 16:15 hrs	Grace Lynam	Lead Inspector
06 July 2026 (remote)	11:00 hrs to 13:00 hrs	Grace Lynam	Lead Inspector

What children 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 fall under HIQA's monitoring remit.

HIQA was notified of this centre on the 23 April 2026 advising that Tulsa had taken over responsibility of the centre since 19 January 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 19 January 2026. Inspection reports of Tulsa emergency centres where only one child resides 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 was an unannounced inspection of a young children's residential centre carried out to assess the centre's compliance with a number of National Standards for Children's Residential Centres, 2018. The inspector reviewed documents only from the date from which Tulsa took over responsibility for the centre.

The centre is three-bedroom, semi-detached house in a housing estate in a town in the Midlands. Staffing was provided by a private provider of health and social care staffing (the third-party provider).

Listening to the voice of young people is a key component of the inspection process, as this enables inspectors to gain insight into their lived experiences, and to assess the quality of their care and support. Inspectors give young people the opportunity to talk to them as part of the inspection so they can, if they wish, express their thoughts and experiences of living in the centre. Young people may comment on their relationships with the staff team, the extent to which they feel safe, and the extent to which they feel included in decisions about their care.

¹ "children's residential centre" means 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.

The inspector spoke with one young person during the inspection. They told the inspector they were given 12 days notice about their move to this centre from their previous placement, and, that it took a long time to settle in. The young person said they felt they had "settled in nicely here now" and that "it's lovely here". In addition, they said they "like the staff and I like the house" and the best thing about the centre was "having fun with the staff".

The young person said they had their own bedroom which - although they had no input into its décor – was how they wanted it, and, when they asked for a specific piece of furniture, it was provided. The young person said they like listening to music and watching short videos online and also described the activities they are involved in which included going to the gym and for walks on their own, going for drives in the car with staff and attending a local youth organisation. The young person spoke briefly about their life experiences and how they wanted to make a good future for themselves. They told the inspector they felt safe in the centre and that they were "happy" and "have everything I need".

It was not appropriate for the inspector to meet with the other young person living in the centre at the time of the inspection. However, the inspector noted from their review of the young person's file, that staff were supporting the young person to ensure their individual needs were met. Staff were making progress with the young person in establishing routines and engagement with them. The inspector observed how the staff were sensitive and encouraging with both of the young people.

The inspector spoke with four staff including the centre manager and the operations manager. They spoke with care and concern about the young people and were knowledgeable about their needs and preferences. They were all committed to developing good relationships with the young people and to providing the best care for each of them which met their individual needs. The inspector heard staff interacting with the two young people and found they were sensitive and supportive to them whilst encouraging them to make good choices. They were calm and child-centred in their approach and demonstrated a gentle care towards the young people.

The inspector spoke with two team leaders with responsibility for the young people's care. They had no concerns for the care provided in the centre and identified the progress being made by the staff with both young people. They said there is good communication between them and the staff team relating to the care of the young people – noting how the young people were developing positive working relationships with the staff team.

Capacity and capability

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

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

Tusla had some governance and oversight of the service provided by the centre.

The centre was working towards becoming a registered centre with Tusla's Alternative Care Inspection and Monitoring Service (ACIMS), it would then be inspected by Tusla's Practice Assurance and Service Monitoring (PASM) team. The centre had many of the governance systems and structures in place to become a registered centre.

There were effective leadership and governance arrangements in place within the centre to deliver good care to the young people living there. There were some quality assurance mechanisms in place both within and external to the centre. Some internal quality assurance mechanisms required improvement to ensure accuracy and the children's register required improvement. There were effective risk management frameworks in place in the centre and significant events were well managed. Effective communication systems were in place in the centre which supported staff to provide continuity of care.

This inspection found that the staff team were competent and were providing good care to the young people. The centre was adequately staffed to meet the needs of the young people and there was an appropriate skill mix of staff on a day-to-day basis. A learning culture was promoted in the centre. Staff received formal supervision of their work which promoted the culture of learning in the centre and a commitment to staff development. The staff team maintained a care record for each child as required, but they did not use Tusla's Case Management (TCM) system of recording.

However, this inspection found that the centre was operating outside of its statement of purpose (SOP). The SOP outlined that the maximum number of children that the centre could care for was one. However, at the time of the inspection, two children were placed in the centre, therefore the centre was

operating outside of their SOP. In addition, the SOP required improvement to ensure it provided all the required details, and that it accurately reflected the care provided by the centre.

Tusla's oversight of staff recruitment required improvement as some of the documents required by the standard were not in place. Tusla has advised HIQA that actions are ongoing to address this deficit.

Further clarification is required in relation to Tusla's strategic and operational framework for the special emergency arrangement (SEA) Section 59a residential care centres.

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 young child-centred, safe and effective care and support.

There were 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 staff, and a review of documents, that Tusla had some oversight of the centre and of the care provided to the young people. However, lines of accountability between the centre and Tusla were not clearly set out in writing in any of the available documentation.

Staff in the centre were clear about their roles and responsibilities and lines of accountability were clear within the centre. The centre had a centre manager who reported to an operations manager employed by the third-party provider. There was a team of eight core staff that consisted of four social care workers, one social care leader and three support workers. The core team was supported by a relief panel of three additional social care workers who provided cover for shifts as required. The centre manager worked five days per week. There were two staff on duty at all times working either a day or night 12-hour shift. A third staff member worked a 24-hour shift which included a sleepover. The operations manager told the inspector that staff who were qualified as social care workers were always rostered alongside staff who did not have this qualification. This is further discussed under standard 6.2.

There was an on-call system which was staffed by the operations manager, five centre managers who managed other centres provided by the third-party provider

and a deputy manager. The rota was displayed in the office, and staff were aware of the on-call procedures.

The third-party provider had a suite of operational policies and procedures in line with the standard to guide and support staff in every aspect of providing good care to young people. Staff had read these policies and used them to guide their practice. As the provider was intending to register this centre with Tusla, they continued to use their own policies and had not transferred over to using Tusla policies. There were various recording templates used to support the implementation of these policies and procedures. For the most part the staff used these templates for their records.

The provider confirmed that since Tusla took over the governance of the centre under section 59a of the Child Care Act 1991 there was additional Tusla governance in place: an experienced Tusla social care manager had been assigned to the centre to oversee their work, and a designated Tusla coordinator for special emergency arrangements (SEA) maintained good contact through visiting, emails and telephone calls. Staff who spoke with the inspector were aware that Tusla had taken over the governance of the centre under section 59a of the Child Care Act 1991. They told the inspector they had completed workshops on Tusla's policies and procedures. The operations manager told the inspector that young people's daily logs were sent to the relevant social work departments, and one young person's guardian ad litem (GAL)² as appropriate. A team leader confirmed this to the inspector. This is normal procedure for services commissioned by Tusla to provide residential care and does not represent additional governance of the service.

Tusla had some oversight of the centre through the SEA coordinators - there was a SEA coordinator for each young person in the centre, as the young people came from different Tusla network areas. The inspector spoke with the SEA coordinators who described their roles and responsibilities. These included identifying properties to be used as special emergency arrangements, overseeing the property and the systems the third-party provider has in place. They were also notified of significant events (SEN'S). The SEA coordinators also met weekly with Tusla's central compliance unit in relation to staff rosters and ensuring the right skill mix of grades of staff were rostered on all shifts. However, having two SEA co-ordinators overseeing the centre meant that both were overseeing the same property, and both were linking with the Tusla compliance unit, which was an ineffective use of Tusla resources.

² A person who supports children to have their voice heard in certain types of legal proceedings, and makes an independent assessment of the child's interests.

When Tusla's changed their legal remit of the centre to section 59a they assigned an experienced social care manager to the centre to promote their compliance with the standards. The inspector spoke with this social care manager who advised that their role was to provide advice, support and resources to the centre. They said they had visited the centre a number of times and advised on issues including fire safety, health and safety and data protection. They told the inspector that all Tusla policies and procedures were to be implemented in these centres going forward. The social care manager said they worked closely with one of the SEA coordinators. They were aware that another SEA coordinator had recently been assigned as another young person had been admitted to the centre.

The lines of reporting and accountability between the various Tusla staff involved with the oversight of the centre were not clearly defined. The oversight of the centre rested with the regional chief officer of the Tusla Mid-West region. There was a structure in place in Tusla for the oversight of SEA's which included weekly SEA assurance meetings chaired by a Tusla project manager for services and integration. There was also a regional SEA coordinators meeting. The social care manager informed the inspector that they reported to the project manager for services and integration.

There were some quality assurance mechanisms in place both within and external to the centre. Significant events had been reviewed by the centre manager and recorded on a significant event notification (SEN) management review form – a third-party provider template. The review of SEN's had been completed in May 2026 and the centre manager found that procedures were followed and staff acted to safeguard the young person. The report recommended specific sessions of direct work be undertaken with the young person to support and protect their safety. The staff team had begun to complete this direct work.

Some internal quality assurance mechanisms required improvement to ensure accuracy. The centre manager conducted a number of monthly audits in the centre. These included audits of the centre, SENs, restrictive practice, medication and maintenance. The inspector sampled the May 2026 audit and found that it covered a number of areas within the centre: safeguarding, staff compliance and training, care plans, behaviour management, complaints, governance, young people's activities, nutrition and meals and team meetings. The audit did not identify any issues under any of these headings and incorrectly recorded that both young people had up-to-date care plans. The action plan accompanying the audit included actions in relation to ongoing collaboration with professionals, ensuring the young people were engaged in meaningful activities, continuing to record young people's views and identifying any additional staff training tailored to the

needs of the young people currently in the centre. Although this audit did not identify the out-of-date care plan, the centre manager had taken action to request a child-in-care review be scheduled. Restrictive practice was also audited on a monthly basis. The inspector reviewed this audit and found that no issues were identified - but this audit was also incorrect in that it noted that young people's views about restrictive practices in the centre were recorded in their care plans, which the inspector found was not the case.

PASM had inspected this centre in February 2026 and produced a report on its findings in May 2026. This report was submitted to HIQA on 19 June 2026. PASM found that the centre was providing good supportive care and that records were of a good standard. The PASM report identified that Tusla's governance arrangements for the centre were not yet evident, and that the centre required an appointed person in charge to oversee the centre and support the service towards compliance with the national standards. The centre also required a statement of purpose (SOP) and up-to-date care plans for the two young people living there at that time, following their child-in-care reviews. The PASM report recommended that actions be taken to address these deficits and also that the centre operate a professionals meeting book to ensure staff were aware of key meetings occurring for the young people. Actions had been taken to address the deficits identified by the PASM audit: the SOP was in place, a centre manager had been appointed by the private provider, and the child-in-care review was scheduled. The centre had also begun to record professionals' meetings.

There were effective risk management frameworks in place in the centre. Risks relating to the young people, the centre and the environment were recorded and risk assessed on a template developed by the private provider, not the Tusla risk assessment framework. Risks relating to the young people included online safety, threatening behaviour, money management, property damage, the risk of a young person absconding and mental health issues. Individual risk assessments were completed on each risk and control measures set out. The inspector sampled a number of the risk assessments for the young people and found there were appropriate control measures in place for each risk assessed. The risk of fire in the centre was also risk assessed and this is further discussed under standard 2.3. These were reviewed and recorded on a monthly basis. The inspector noted that staff had signed off on having read these risk assessments. Therefore, they were aware when additional control measures were in place and could implement them.

The staff team maintained a care record for each child as required, but they did not use Tusla's Case Management (TCM) system of recording. There were folders for each child which contained documents relating to their care including the

various plans that guided the staff – these are set out under standard 2.2. There were also records of the keyworking completed by staff, risk assessments for each young person, complaints, education, significant events, weekly meetings with the young people and professionals' meetings.

Significant events were well managed. They were recorded appropriately and reported to the relevant external personnel. Learning and follow up actions were identified and professionals' meetings took place, when indicated, to discuss incidents and the responses to them, and whether further action was needed. The inspector reviewed the records of significant events only from 19 January 2026, the date from which Tusla took over the governance of the centre. Significant events were recorded on a standardised form – not the Tusla significant event notification (SEN) form. There were 38 significant events recorded for the two young people in the centre at the time of the inspection – two for one young person and 36 for the other which related to 27 incidents of the young person being missing from care. Other significant events related to property damage, illness requiring hospital visits and threatening behaviour. The inspector reviewed a sample of these and found that following significant events, direct work was completed with each young person around the incident and the outcome was recorded. The centre manager had oversight of this work and had signed off on the records. The centre manager reviewed reports of significant events to identify learning to be shared with the team as well as actions to be completed. The learning identified included the ongoing need for collaborative engagement with the young people, their families and all involved in their care. The identified actions included the need to update risk assessments and behaviour management plans to support the young people.

Recording of incidents where a young person goes missing from the centre required standardisation. Incidents of young people going missing from the centre were recorded on the Tusla standard template but the young person's return to the centre was recorded on a third-party template.

The children's register required improvement. A children's register was maintained in the centre as required but it did not contain all of the information set out in the Child Care (Placement of Children in Residential Care) Regulations, 1995, such as details of the child's parents.

Effective communication systems were in place in the centre and supported staff to provide continuity of care. These included team and management meetings and handover meetings. There was a comprehensive shift planning document used at handover meetings from the staff going off duty to the staff coming on. Staff were

updated about the young person's day, and any outstanding tasks were assigned to a staff member for completion. These included details of contacts from professionals, the young person's activities and behaviours and keyworking completed, appointments attended and upcoming, complaints and significant events. Household tasks were also assigned to ensure the smooth running of the centre. The inspector observed that, for the duration of the inspection, the staff went about caring for the young person in a quiet and respectful manner and ensured each young person's individual needs were met. Staff the inspector spoke with were familiar with each young person's needs.

Team meetings were held fortnightly for the staff team. Staff told the inspector they attended these meetings remotely or in person. The inspector reviewed a sample of the minutes of these meetings and found that they were well attended. Good leadership, direction and guidance was provided to the staff team. Young people's needs were discussed, and staff were encouraged to remain consistent, respectful and sensitive when dealing with certain matters. Progress made with goals was acknowledged and the contribution of staff was identified. Staff were encouraged to continue working collaboratively, maintain a positive approach and maintain the high standard of care expected.

Management meetings were held monthly and were attended by the director of the service, the operations manager, the centre manager and managers from other centres owned by the third-party provider. The inspector did not review these minutes in detail as they contained information relating to other centres for which HIQA does not have a legal remit.

The centre manager had oversight of the care provided to young people through formal supervision with the staff team. The Tusla professional practice supervision policy and standard operating procedure was in place in the centre. Supervision was recorded on a comprehensive supervision template developed by the third-party provider which covered all the aspects of a good supervision session. The inspector sampled a number of records and found that supervision sessions focused on improving outcomes for young people and provided support and guidance to staff. Performance and professional development were discussed, and the contribution of staff was acknowledged. Actions were identified for follow up by the staff member such as attending additional training and continuing to develop practice in certain areas. The records were signed by both supervisor and supervisee.

The operations manager told the inspector that they had oversight of the service provided through regular visits to the centre, attendance at team meetings and

formal and informal supervision with the centre manager. The inspector noted that the operations manager was present on the day of the inspection and was knowledgeable about each young person's needs. The operations manager was available to staff informally throughout the inspection period and provided formal supervision to the centre manager.

A learning culture was promoted in the service. Staff who spoke with the inspector were enthusiastic about the inspection process and the feedback that would result. They were committed to learning and developing their practice to improve outcomes for the children in their care. Supervision records reviewed by the inspector reflected the centre manager's focus on learning, development and practice improvement.

Further clarification was required in relation to Tusla's strategic and operational framework for the special emergency arrangement (SEA) Section 59a residential care centres. Tusla had some oversight of the centre and the care provided by the third-party staff team. There were effective leadership and governance arrangements in place within the centre. There were some quality assurance mechanisms in place both within and external to the centre. There were effective risk management frameworks in place in the centre. Care records were maintained for each child. Significant events were well managed. Effective communication systems were in place in the centre and supported staff to provide continuity of care. The children's register required improvement. Some of the internal quality assurance mechanisms required improvement to ensure accuracy. For these reasons the standard is judged 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 third-party provider had a statement of purpose (SOP) in place which was valid from March 2026. The centre was operating outside of its SOP.

The SOP was broadly in line with the standard setting out the required elements of the service including the aims and objectives of the service, the range of services provided, the management and staff in the centre, the care and support needs the centre intends to meet and the arrangements for the wellbeing and safety of children. The SOP generally reflected the day-to-day operations of the centre and described the layout of the centre. The SOP was written on a third-party template and read like it was prepared for registration with Tusla as a private provider.

The statement of purpose indicated the intended registration was for one young person, but the centre was providing care to two young people at the time of the inspection. The facilities outlined described one private single-occupancy bedroom. Therefore, the centre was operating outside of its statement of purpose. The SOP was not signed as required.

The inspector spoke with staff who were aware of the purpose of the centre and described the ethos and aims of the centre as well as the outcomes it sought to achieve for young people. The inspector could not establish whether or not the SOP was publicly available to children and their families in an accessible format. There was no requirement for it to have been reviewed as it had only been developed in March 2026.

The statement of purpose required improvement to ensure it provided all the required details and that it accurately reflected the care provided by the centre. In addition, the SOP outlined that the maximum number of children catered for was one, yet two children were placed in the centre. As the centre was operating outside of its SOP, the standard is deemed 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 staff team were competent and were providing good care to the young people. Tusla's oversight of staff recruitment required improvement as some of the documents required by the standard were not in place.

The third-party provider recruited the staff for the centre and provided the recruitment documentation to Tusla. The centre was adequately staffed to meet the needs of the young people and there was an appropriate skill mix among staff on a day-to-day basis. The staff team provided continuity of care for the young people. Staff were qualified as social care workers or leaders and support workers. In addition, three relief workers - all social care workers - covered shifts when required. The inspector reviewed a sample roster and found that social care workers were always rostered on with support workers. On the day of the inspection the centre manager and the operations manager were in the centre along with a social care leader, a social care worker and a support worker. The inspector observed the staff team caring for and supporting the young people over the course of the inspection. Staff who spoke with the inspector demonstrated knowledge of the young people's individual needs and were focused on providing good quality care to the young people.

Tusla has a Central Vetting and Compliance Service which comprises their Central Compliance Unit (CCU) and the Tusla Central Vetting Bureau. The operations manager told the inspector that Tusla's CCU service has oversight of the staff files and that staff were not rostered until cleared by Tusla. The Central Compliance Unit holds staff personnel files. As part of the inspection the inspector reviewed a sample of four staff files held by Tusla, to check for qualifications, employment histories, Garda Síochána (police) vetting and some mandatory training. The inspector found that staff qualifications and registration with their professional body was held on file. The staff files sampled all had the required vetting by An Garda Síochána and from police services from other jurisdictions as appropriate. Either references or statements of employment were in place, but these were validated by the third -party provider and not by Tusla. One reference did not have a date of validation on it. Tusla had no evidence of fire safety training for one staff member and no registration with their professional body for one member of staff. One staff member's residence permit was due to expire. All the required records for mandatory training in *Children First: National Guidance for the Protection and Welfare of Children* (2017) were not on file. The staff files for the four staff sampled only had certificates for two modules of training in Children

First: National Guidance for the Protection and Welfare of Children (2017) training and not the four required. Tusla does not routinely hold evidence of staff job descriptions or a copy of their terms and conditions of employment - as required by the standard.

During the first three inspections of services under the section 59a arrangement, gaps were found in relation to personnel files, such as gaps in staff training, the absence of validation of key documents such as qualifications and vetting by An Garda Síochána and Police from other jurisdictions. In light of this finding, this was escalated to Tusla, and HIQA has received a national response, outlining that Tusla's 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.

There was a culture of learning and development promoted in the centre. The management team promoted shared learning and reflection to continually improve practice. Staff spent time reflecting on their learning following completion of their shift and they recorded their learning. The centre manager told the inspector that tasks are assigned to staff so that all are competent in each task within the centre. This was reflected in the inspector's review of the shift planners. The centre manager reviewed reports to identify where recording could be improved upon and shared their insights with the team in a supportive manner. The inspectors review of supervision records and team meetings reflected this approach. This demonstrated the culture of learning in the centre and a commitment to staff development. As a result, the staff worked well together as a team to support the young people. The inspector observed the staff responding to the presenting needs of each young person and they worked together seamlessly to ensure their needs were met.

This inspection found that the staff team were competent and were providing good care to the young people. Tusla's oversight of staff recruitment required improvement as some of the documents required by the standard were not in place. Tusla has advised that actions are ongoing to address this deficit. For these reasons the standard is judged substantially compliant.

Judgment: Substantially compliant

Quality and safety

This inspection found that in this centre children's rights were promoted and protected, and young people were informed of their rights. There was a culture of respect evident in the centre and how the staff team presented and interacted with the young people. Young people had contact with their families as appropriate, and their dietary requirements were catered for. Young people's views were taken into account in the daily activities in the centre.

The young people were receiving care and support based on their individual needs. They both had allocated workers – a social care worker and a social worker - who visited regularly. One young person did not have an up-to-date care plan, but there were plans to address this. The young people did not participate in their care planning, but staff were working on improving this. All the placement plans required were in place and being implemented to ensure the young people received care that met their needs. One restrictive practice, namely, room checks, required management in line with best practice.

Tusla staff had oversight of the young people's care and there was effective communication between centre staff and young people's allocated workers to ensure continuity of care and adherence to care plans.

The centre was child-centred and homely, and the environment promoted the safety and wellbeing of the young people living there. The residential centre complied with fire safety legislation.

Young people were safeguarded from abuse and neglect and their care and welfare was protected and promoted. There were safeguarding policies in place and other safeguarding measures. Staff supported young people to develop self-care skills. Staff who spoke with the inspector said they were trained in Children First (2017) and were familiar with reporting procedures. The inspector did not find any concerns that should have been reported as a child protection and welfare concern to Tusla. The evidence relating to staff training in Children First 2017 was mixed. Tusla has committed to completing an action relating to mandatory training for staff.

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 children:

Children's rights were promoted and protected, and young people were informed of their rights. Staff were very aware of promoting and protecting the young people's rights and information about rights was available to them. There was a young person's information booklet with colourful pictures which welcomed young people to the centre, set out their rights and the house rules and expectations. It included an explanation about the different staff and explained what a care plan is. It included information about contact with family, staying safe, how to make a complaint, and information on health, education and activities. There were various colourful posters displayed throughout the centre which informed the young people about their right to complain, their right to an advocate and the supports available and their right to be safe. Tusla complaints forms were readily available to young people should they wish to make a complaint. Young people had made complaints about the centre – the complaints register had four complaints recorded relating to various aspects of young people's care. The inspector found these had been resolved and the outcomes noted.

Staff promoted young children's rights and described how they inform young people about their rights through individual work with them in keyworking sessions. Staff told the inspector that one young person had been visited by a representative from a national advocacy organisation that supports young people in care and an application had been made to this organisation for a visit to the other young person.

There was a culture of respect evident in the centre and from how the staff team presented and interacted with the two young people. The inspector observed staff speaking to the young people in a respectful and supportive manner, and they sensitively managed the young people's presenting needs. Staff were also respectful when talking with the inspector about the young people - showing care and concern for their particular circumstances. The inspector observed staff respecting the young people's privacy, for example, by knocking on their room doors. The inspectors review of records demonstrated the commitment of the staff team to the welfare of the child and to promoting their best interests.

Children and young people have a right to an education. For various reasons neither of the two young people in the centre were attending mainstream educational institutions. There were alternative arrangements in place for one young person which meant they received one hour of online tuition daily during school terms. Professionals were exploring other means of supporting the second young person's educational needs in line with the young person's expressed preferences.

Both young people had contact with their families as appropriate.

Young people's dietary requirements were catered for. The inspector observed that there was plenty of fresh food available to the young people to provide a balanced diet. Staff who spoke with the inspector were aware of the young people's particular eating patterns and supported them to make healthy eating choices. Nutritious food was made available to the young people but sometimes they chose not to eat it. Menus were planned with the young people. The inspector reviewed a sample weekly menu and found that healthy, varied meals were planned for the young people. The inspector also reviewed a sample of the daily logs maintained for each child and found that the young people had very particular eating patterns and the staff were endeavouring to support better dietary choices.

Young people's views were taken into account in the daily activities in the centre. Their views were valued and were sought through weekly meetings - with their consent. Staff offered the young people the opportunity to meet with staff individually on a regular day each week, to check in on their wellbeing and to plan the activities and meals for the week ahead. They also reminded the young people about their right to make a complaint. The inspector reviewed records of these meetings and found that efforts were made to seek young people's views. Sometimes they exercised their right not to engage. Staff kept a record of this as part of the young person's care record - as required by the standard. The inspector reviewed forms for both young people which were designed to help staff get to know the young people's likes and dislikes including identifying ways they like to relax, food preferences, and their hobbies and interests. Staff supported young people to participate in activities of their choosing. One child confirmed this was the case when speaking to the inspector and it was also observed during the inspection. Daily logs maintained for each young person were recorded on a third-party template and these reflected their day-to-day activities. These were planned in advance and recorded on a weekly activities and menu planner. The planned activities reflected the placement support plans which were updated on a monthly basis. The inspector reviewed a sample of the young

people's daily logs and found they were a comprehensive record of each young person's day including their meals and activities, visits, appointments, contact with family and support services and a record of any individual work done by staff with the young person.

The operations manager told the inspector there were no restrictive practices used in the centre apart from the locking away of sharps (knives) for safety. However, one young person's room was regularly checked by staff due to their presentation and circumstances. Checking young people's rooms is a restrictive practice and potentially an infringement of rights if not appropriately reviewed and reduced. Restrictive practices should be used for the shortest duration necessary and each use monitored on an ongoing basis. This is further discussed under standard 3.1.

Restraint was not used in the centre, and staff were trained in de-escalation techniques should restraint be required.

Children's rights were promoted and protected, and young people were informed of their rights. Staff were very aware of promoting and protecting the young people's rights and information about rights was available to them. There was a culture of respect evident in the centre. Both young people had contact with their families as appropriate, and their educational needs were being met and further explored. The young people's dietary requirements were catered for, and their views were taken into account in the daily activities in the centre. For these reasons the 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 young people were receiving care and support based on their individual needs and they were receiving visits from their allocated workers. However, in one case the young person's care plan had not been reviewed in line with the timeframes set out in the Child Care (Placement of Children in Residential Care) Regulations, 1995 and, therefore, the documentation required was not in place.

The regulations set out the regularity with which children's care plans should be reviewed. One young person had not had a child-in-care review and therefore there was no up-to-date care plan on their care record. The centre manager had contacted the relevant social work department in June 2026 identifying this and requesting a child-in-care review. The review of the care plan was scheduled for a date two weeks following the inspection. Despite the regulatory requirement not being met, the impact of not having an up-to-date care plan was minimal for the young person. This was due to a number of factors, namely, the staff team were getting to know the young person and had other plans in place to guide their provision of care, the social work department had oversight of the young person's care, there were multidisciplinary meetings held when required in relation to the care provided and the young person had a good relationship with their allocated worker who visited them regularly. The operations manager told the inspector that the team leader from the relevant social work department was accessible and responsive regarding the care of the young person.

The young people did not attend their child-in-care reviews, and this was recorded in their care records. Staff were aware of this and told the inspector they encourage young people to attend their child-in-care reviews. It is important for children's views regarding their care to be sought and taken into account in the care planning process. This as an area for continued attention so that young people are facilitated to have their views about their care heard.

Children should receive a minimum number of statutory visits from an authorised person, usually a social worker, as set out in the Child Care (Placement of Children in Residential Care) regulations, 1995. These visits are required to be recorded as a statutory visit. Children in care should have an allocated social worker – the young people in the centre either had an allocated social worker or a social care worker - who visits with the regularity set out in the regulations.

Young people were being visited by their allocated worker. Staff told the inspector that the allocated workers for the young people visited regularly. The inspector spoke with two Tusla team leaders – the managers for the young people’s allocated workers – who confirmed that they had put in place an arrangement whereby each worker visited both young people on alternate weeks. This meant that both young people were seen every week. One young person told the inspector that they have a good relationship with the social care worker who visits them regularly. They also confirmed that the social worker allocated to the other young person in the centre sometimes “says hello to me”. Team leaders said that they too visited the young people on occasion. There was a visitors’ book maintained in the centre and the inspector noted from this some of the dates the allocated workers visited but the regularity of these visits was not easily accessible from the record. One Tusla team leader provided dates for one allocated worker’s visits to the young person which reflected at least two visits monthly.

Although the young people were being visited more often than the minimum requirement, one team leader told the inspector these visits were not being recorded as statutory visits as required by the regulations.

Placement plans were in place for the young people as required by this standard. The placement support plan (on a third-party template) provided a general overview of the planning for the young person, bringing together the various plans that were in place. The placement plan described the approach taken in providing care as person-centred and holistic, integrating multidisciplinary collaboration to ensure the young person consistently receives the most suitable and effective support. Individual monthly goals were established through input from all those involved in the young person’s care, and these were recorded under headings including identified needs and planned supports, strengths and interests, safety, communication and risk management, multi-agency involvement and placement goals and support strategies. From this placement support plan, monthly plans were developed with specific actions set out to address identified behaviours - such as reducing the number of missing in care incidents for a young person or strengthening relationships. There was a monthly progress report compiled on each identified action. Staff who spoke with the inspector were familiar with these documents and the plans for the young people’s care.

There were other plans in place to support staff in the care of the young person including an absence management plan, an individual behaviour support plan and an individual crisis support plan. Together these plans provided information to the staff team about the young person, their presenting behaviours and triggers for specified behaviours. Proactive support strategies were set out including how to de-escalate the situation and help the young person recover when they had experienced difficulties. The inspector noted from their observations of staff and hearing how they spoke with the young person that the care provided was in line with these plans.

Individual achievable goals were determined for young people, and these were reviewed and updated as part of the care planning for the young person. This was in line with the standard. Young people were allocated to keyworkers who completed individual work with them relating to the goals outlined in the various plans. This work was recorded on a template developed by the third party provided. The inspector reviewed a sample of the records for both young people and found that staff used a supportive and encouraging approach with the young people to support them to make good choices. For example, they outlined the benefits of social interaction and fresh air and how this supports physical and emotional wellbeing. Monthly progress reports were maintained which acknowledged the progress made by the young person with achieving each goal. The centre manager reviewed the monthly goals and discussed care priorities in preparation for the professionals' meetings for the young person's care. Additional individual work was conducted with the young people around issues such as independent living skills and safety and security awareness.

The care provided to the young people was having a positive outcome for them, and records showed that some progress was being made with their individual goals.

The centre supported the promotion of positive behaviour for children and had a policy to guide practice in this regard. The centre used a particular framework to teach self-regulation by categorising feelings states of alertness into four coloured zones. There was a colourful poster displayed in the centre depicting the range of emotions in their assigned colours. This was used with young people to help them identify their zone, express their need and develop strategies to cope. Staff maintained a behaviour tracker which was used to monitor behaviour and identify patterns including triggers, staff interventions and outcomes. The record included a pen picture of each young person and their presentation and descriptions of their specific behaviours. When young people exhibited these behaviours, staff

completed direct work with the young person in relation to the behaviour to support the young person's understanding and develop coping strategies.

The centre maintained a sanctions, rewards and consequences register. While this is outside of Tusla's policy, there were no sanctions or consequences recorded but several small rewards for the young people for achieving goals such as cleaning their room. These were used to reinforce positive behaviour in line with the young person's individual support plan.

Tusla staff had oversight of the young people's care and there was effective communication between staff and allocated workers to ensure continuity of care and adherence to care plans. Regular professionals meeting took place with the staff team to share information, review significant events as appropriate and discuss the young person's care. Discussions took place about any additional supports and services required to support the young person's needs and promote their wellbeing. Actions were identified for follow up by the young person's allocated worker such as an exploration with Tusla's own therapeutic team about whether they could offer supports to the young person, and, linking with other community and education services. There were additional meetings, as appropriate, following missing from care episodes for the young person. Records were maintained of all contacts with professionals and family members which reflected the ongoing communication between staff, professionals and family members regarding the care of the young people.

The young people were receiving care and support based on their individual needs and they were receiving visits from their allocated workers. However, one young person did not have a social worker allocated to them, or an up-to-date care plan on file. This had minimal impact on the young person as their care needs were known to the team and were being met. All the required planning documents were in place and the actions were implemented to ensure the young person's individual needs were met. For these reasons this standard is judged to be substantially compliant.

Judgment: Substantially 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

The centre was child-centred and homely, and the environment promoted the safety and wellbeing of the young people living there.

The layout and design of the centre was suitable for providing safe and effective care and for meeting the needs of the young people. The house comprised a sitting room, a kitchen/dining room, a downstairs toilet and an understairs storage area. Upstairs there were three bedrooms, one of which was used as an office, and a bathroom. One of the bedrooms had an ensuite bathroom so the bathroom was for the sole use of the second resident. The inspector did not view the young people's rooms, but a young person told the inspector they had ample storage for their clothes and belongings.

The centre was stimulating and provided opportunities for rest, play and recreation. The kitchen/dining room was large enough for a table tennis table and the inspector observed that staff and one of the young people had fun playing table tennis. The sitting room was comfortable and welcoming and provided a space for the young person to receive family members. There was a supply of books and games on shelves in the sitting room.

Outdoor spaces were safe, secure and well-maintained. The back garden was completely concreted, and the operations manager told the inspector there were plans in place to buy garden furniture and other items the young people wanted - such as a trampoline. There was a large side entrance which had room to park a car at the side of the building and there was a storage shed at the side of the house.

The premises was clean, nicely decorated and had colourful posters and stickers on the walls in various locations – some with flowers or motivational slogans on them. There were also posters and leaflets displayed on the walls such as the Tusla Safeguarding Statement, a poster about young children's rights, a Your

Voice Matters poster, and a colourful poster depicting a range of emotions. These were there to help young people identify their emotions. The centre was well maintained and all household maintenance required was recorded in a maintenance folder noting when the issue was identified, and when it was repaired or completed and by what contractor.

The residential centre complied with fire safety legislation. The third-party provider had a fire safety policy in place which staff had read. Staff who spoke with the inspector confirmed they had been trained in fire safety, albeit - upon review of staff files - one staff members fire safety training was not on file. The inspector reviewed a fire certificate, dated September 2025, provided by a relevant professional, which outlined that all statutory requirements relating to fire safety were complied with in the centre.

The centre had a number of fire safety measures in place. These included weekly testing of fire-fighting equipment, emergency lighting and the fire alarm and monthly fire drills which both staff and young people had participated in. Fire exits were identified with exit signs, and a new fire detection and alarm system had been installed in the centre in March 2026. The fire and emergency lighting had been serviced in February 2026. There were fire extinguishers, carbon monoxide extinguishers and a fire blanket in the centre. The fire extinguishers had been inspected but were out of date – the operations manager told the inspector a date was scheduled for the next inspection of the firefighting equipment. Following the inspection the certificate of maintenance and servicing of portable fire extinguishers was submitted. The risk of fire in the centre had been risk assessed. Control measures include the continuation of regular fire safety checks and servicing and fire safety training to be completed.

There were measures in place for managing risks to the health and safety of children, staff and visitors to the centre. There was a safety statement in place as required by the standard. The third-party provider had an up-to-date health and safety policy in place and a folder in which were recorded various checks completed in the centre. There was an accidents and injuries log in the centre but there were no records of injuries occurring. There was insurance in place including public liability insurance.

Vehicles were roadworthy and taxed and insured. The inspector saw a copy of the risk assessment relating to the centre vehicle and it noted that all staff had valid licences, vehicles were roadworthy and inspected regularly and tax and insurance was up to date. Weekly car checks were conducted to ensure the car was roadworthy.

The centre was child-centred and homely, and the environment promoted the safety and wellbeing of the young people living there. The layout and design of the centre was suitable for providing safe and effective care and for meeting the needs of the young people. The centre was stimulating and provided opportunities for rest, play and recreation. Outdoor spaces were safe, secure and well-maintained. The residential centre complied with fire safety legislation. There was a safety statement in place as required by the standard and there were measures in place for managing risks to the health and safety of children, staff and visitors to the centre. For these reasons the standard is judged to be compliant.

Judgment: Compliant

Standard 3.1

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

Young people were safeguarded from abuse and neglect and their care and welfare was protected and promoted.

The third-party provider had their own safeguarding policies and procedures to protect children. Staff the inspector spoke with understood their responsibility to recognise and appropriately report any concerns about children to Tusla. They were aware of the portal for such reports, and the log-in details were available in the office for their use. However, none of these staff had had the opportunity to use the portal. Staff who spoke with the inspector said they had training in Children First (2017). The centre audit completed in May 2026 by the centre manager identified that staff had completed training in being a mandated person for reporting concerns under Children First (2017). The inspector found, from their review of staff files, that certificates for all four required training modules in Children First (2017) were not held on the Tusla staff file.

There was a child protection and welfare (CPW) report log maintained in the centre. There was one CPW report recorded since 19 January 2026. This was a report made by a young person to their allocated worker, which the allocated worker had then reported. The team leader for the young person told the inspector that this had been investigated and assured the inspector that all appropriate follow up actions had been completed. The fact that the young person reported to their allocated worker demonstrates that they trust their worker sufficiently to confide in them. This is an important safeguarding measure.

Children were supported to speak out when they were feeling unsafe or feeling vulnerable. To support the development of trusting relationships with staff there was a poster displayed in the centre for young people outlining their right to be safe and encouraging them to confide any concerns they had with a staff member. Individual work was completed with the young people to support them to develop their understanding and skills for self-care and protection. For example, the inspector reviewed a record of individual work completed with a young person about online safety.

Staff expressed the opinion that the young people were safe in the centre and told the inspector that staff handovers from one shift to the next were comprehensive and that all staff attended the team meetings. In this way all important information was shared, and staff were always up to date on the young people's needs both in regard to their safety and their care.

Room checks were conducted on one young person's room as a safeguarding measure. This was in place due to their particular circumstances and presentation. The room checks were recorded in the centre's health and safety folder. The records reflected that nothing was found on these searches. The inspector queried the rationale for the room checks with the appropriate team leader responsible for the care of the young person. The team leader provided verbal assurances that these checks were required and were reviewed appropriately. Practice in this regard requires regular review and amendment to ensure that such a restrictive practice is only used for the shortest duration possible and reduced when appropriate to do so in line with best practice.

The third-party provider had a child safeguarding statement in place which was displayed in the centre as required. Tusla's central compliance unit had reviewed the safeguarding statement in February 2026 and found it compliant with the requirements of Section 11 of the Children First Act, 2015.

The staff team promoted and protected the safety and welfare of children. There were safeguarding policies in place and other safeguarding measures. Staff supported young people to develop self-care skills. Staff who spoke with the inspector said they were trained in Children First (2017) and were familiar with reporting procedures. The evidence relating to staff training in Children First (2017) was mixed. Tusla has committed to completing an action relating to mandatory training for staff as recorded under standard 6.2. In addition, a restrictive practice, such as the checking of rooms, required management in line with best practice. For these reasons 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 young 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 in order to maximise their wellbeing and personal development.	Substantially compliant
Standard 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	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-0050841
Provider's response to Inspection Report No:	MON-0050841
Centre Type:	Children's Residential Centre
Service Area:	Tusla
Date of inspection:	29 June 2026
Date of response:	09 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:

Capacity and Capability: Leadership, Governance and Management	
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. • 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 in the centre Statement of Purpose. • The two Temporary Emergency Placements (TEP) Co-ordinators overseeing the centre have met to review tasks and responsibilities to maintain	

oversight of the centre and make best use and efficiency of the current resources. - Children Residential Services (CRS) Support Person will support the Person in Charge (PIC) with auditing requirements in the centre and provide oversight of audits to ensure that information is recorded accurately and actions are tracked to completion. - The centre is implementing the Joint Protocol with An Garda Siochana for Missing Children from Care, including the relevant documents for clarity and continuity. - The Children's Residential Services Support Person will provide the Person in Charge (PIC) with a template register for Children placed in the centre to ensure that all required information is captured and recorded. This will be completed by 18th September 2026.	
Proposed timescale: 30th September 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)

Capacity and Capability: Leadership, Governance and Management	
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. - The Children's Residential Services Support Person has reviewed the Statement of Purpose for the centre with the Person in Charge. - The Statement of Purpose describes the number of young people that care is being provided for and the facilities provided in terms of bedrooms, etc.	

• The Statement of Purpose was updated in July 2026 and signed off by management on the 11th August 2026. • The Children's Residential Services Support Person will support the Person in Charge in developing a more 'child friendly' version of the Statement of Purpose that can be provided to young people and their families on admission to the centre. This will be completed by the 30th September 2026.	
Proposed timescale: 30th September 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)

Capacity and Capability: Responsive Workforce	
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 • In relation to foreign police vetting - All files are verified by the staffing provider during the onboarding process. Prior to undertaking work on behalf of Tusla, all submitted documents are examined and validated by the Central Compliance Unit (CCU). The Central Compliance Unit verify international Police Clearance Certificates via the relevant policing authority portal, as available, i.e. Nigeria (https://possap.gov.ng/p/validate-document), Philippines (https://pnpclearanceonline.ph/police-clearance-verification/)etc. • The Central Compliance Unit validate International Police Clearance Certificate via these portals and record this validation electronically on the Central Compliance Unit compliance information log. The Central Compliance Unit do not amend the file as submitted by the provider. As more policing authorities make validation of Police Clearance Certificate available via online portals, Central Compliance Unit will validate the Police Clearance Certificate, as provided by the staffing provider. Central Compliance Unit will also share this information with staffing providers to allow them to access this validation tool as well.	

- The Central Compliance Unit (CCU) does not directly validate references/statements of employment (SOE) with the referee, however, do request email evidence from the provider that they have contacted the referee to validate the reference/statement of employment. In instances where a Statement of Employment is provided, the Central Compliance Unit seek confirmation that the referee is unwilling to provide a standard reference. In such instances Central Compliance Unit ask the provider to liaise with the referee to request that that the referee respond to three mandatory questions. If the referee again refuses to provide this information, this must be evidence in email correspondence from the referee. Email addresses of all communication between the referee and the provider must be from a company email. If this is not the case, a reason must be outlined in an email, i.e. some organisations in India only use Gmail accounts. The staffing provider will also be asked for updated Employment/Education History forms where necessary.
- New systems are being put in place by Central Compliance Unit CCU to allow easier tracking and notification of 'due to expire/expired' training certificates.
- The Central Compliance Unit will engage with Tusla Workforce Learning and Development to identify appropriate access mechanisms to Tusla eLearning modules, including all Children First modules, Child Exploitation etc. This engagement will be completed by the 30th September 2026.
- A meeting will be held by Tusla with staffing providers to re-iterate compliance requirements and outline online training options via Tusla Online Learning Portal. This meeting will occur by the 30th September 2026.
- The Central Compliance Unit CCU will commence auditing of practical training certificates in September 2026, with agreed timelines with providers for submission of any identified expired practical training certificates, i.e. first aid, fire and/or the management of physical violence and aggression. The CCU will conduct audits of training documents on an ongoing basis based on the staffing rosters provided by the centres.
- The Children's Residential Services Support Person will support the Person in Charge in completing a Training Audit. Any mandatory training/modules that are outstanding for the team will be completed. Completion of Children First modules and Fire Safety will be prioritised. CRS Support Person will signpost the Person in Charge to the four Children First e-learning programmes required.

The Children's Residential Services Support Person will support the Person in Charge in developing a Training Register for Mandatory Training. The Person in Charge will maintain oversight of the register.	
Proposed timescale: 30 th September 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)

Quality and Safety: Effective Care and Support	
Standard: 2.2	Judgment: Substantially Compliant
Outline how you are going to come into compliance with Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development. - The Social Work team have scheduled the next Child in Care Review for the 21st October 2026 for one young person. - Where there is no social worker allocated the Social Work Team leader has oversight of the young person's placement, care planning and placement planning. - The Social Work Team Leader will encourage the young person to attend their Child in Care Review. Should they choose not to attend their wishes and views will be represented by the Social Work Team Leader and feedback will be given to the young person after the review by the Social Work Team Leader. Minutes of the review will be provided to the staff team. - The Placement Support Plan will be updated to reflect actions from the Child in Care Review and sooner if actions are identified at Multidisciplinary meetings. - Statutory Visits to young people will be recorded separately to the Visitors Log to ensure this record is easily accessible and accurately recorded. The Person in Charge will maintain oversight of the record and the CRS Support Person will review as part of weekly visits.	

Proposed timescale: 30 th October 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)
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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. • The Children's Residential Services Support Person will signpost the "Children First: In Action" e- learning course to the Person in Charge for any member of the staff team who has not completed same. The Children's Residential Services Support Person will signpost the Children First "Mandated Person" E-learning programme to the PIC for completion by all relevant core team members. This will be completed by the 30th September 2026. • The Children's Residential Services Support Person will support the Person in Charge in completing a Training Audit. Any mandatory training modules that are outstanding for the team will be completed by the 30th September 2026. • The Children's Residential Services Support Person will support the Person in Charge in developing a Training Register for Mandatory Training and the Person in Charge will maintain oversight of the register. • Use of any restrictive Practices in the centre will be reviewed at Multi-Disciplinary Meetings. In attendance at these meetings are the Social Worker and Social Work Team Leader and Temporary Emergency Placement Co-Ordinator and the Children's Residential Services Support Person. This meeting also reviews the Young Person's placement and care planning needs and the Placement Plan. The Placement Support Plan will be updated as required. • Since the inspection there has been a review of use of Room Searches with the Children's Residential Services Support Person and the Person in	

Charge, to ensure this was properly assessed and reviewed and only in place for the minimum amount of time required and understood by the young person. Following this review the centre are no longer conducting room searches. A risk assessment will be completed before any restrictive practice is put in place. These Risk Assessments will be reviewed at Multi Disciplinary Team (MDT) meetings.	
Proposed timescale: 30th 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 September 2026

5.3	The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Not Compliant	Orange	30 September 2026
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	30 September 2026
2.2	Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Substantially Compliant	Yellow	30 October 2026
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant	Yellow	30 September 2026

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