



**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:	Cork South West
Type of inspection:	Unannounced
Date of inspection:	06 and 07 July 2026
Centre ID:	OSV-0009340
Fieldwork ID	MON-0050980

About the centre

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

The aims and objectives of the centre;

- To provide a residential setting wherein children/young people live, are cared for, supported and valued.
- To assure a standard of care and support in accordance with evidence based best practice, in a manner that ensures each child's safety and wellbeing and enables them to access the supports and interventions necessary to address the circumstances of their admission to the unit.

Tusla Special Emergency Arrangement Section 59a children's residential centres provide general residential care placements for children and young people in care. This centre provides a specific service:

- 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 a Multi-occupancy level 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 individual bedrooms, bathrooms, kitchen, living room and small outside space. There is a car attached to the unit.

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 of time until a regulated placement is identified.

The following information outlines some additional data of this centre.

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

To prepare for this inspection the inspector reviewed all information about this centre.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service

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

2. Quality and safety of the service

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
06 July 2026	10:00hrs to 17:00hrs	Catherine Linehan	Lead inspector
07 July 2026	09:00hrs to 14:00hrs	Catherine Linehan	Lead inspector
13 July 2026	11:00hrs to 13:40 hrs Review of staff files	Catherine Linehan	Lead inspector

What children told us and what inspectors observed

The Child and Family Agency (Tusla) established Special Emergency Arrangements (SEA's) 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 11 May 2026 advising that Tusla had taken over responsibility of the centre since 29 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 Tusla Emergency Centre under Section 59a of the Child Care Act 1991 (as amended) on the 29 April 2026. Inspection reports of Tusla 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 Tusla emergency centres will be published in 2027.

This centre had been operating as a special emergency arrangement since July 2024 as a multi occupancy unit. The unit has capacity for four young people of mixed gender; however, the maximum capacity at the time of the inspection was three due to staffing shortages. At the time of this inspection there were two young people resident.

This was an unannounced inspection to assess this centre's compliance with seven National Standards for Children's Residential Centres 2018. The centre was a three storey, mid-terrace house, attached to neighbouring properties on both sides. The house had four bedrooms over the first and second floors and two bathrooms fitted with electric showers on both floors. On the ground floor there was an entrance hall leading to an office/staff bedroom with a small bathroom fitted with an electric shower. There was a small living space with a toilet to the side. The living area led to a bright kitchen and a sizeable back garden. The garden was over-grown and so not fit for use, which some young people spoken to expressed annoyance about. The house wheely bins were stored outside the kitchen door and during the warm weather this resulted in a smell and flies in the kitchen area.

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 living space was small with two small couches, a television and some storage space with board games. On entering the hallway, the area was observed to be poorly lit. The lighting was insufficient to enable the visitors' sign-in book to be completed, and the inspector used the torch function on a mobile phone to read and sign the book, such was the lack of light. Staff in the centre had access to a car to transport young people to activities, family contact, school and appointments.

During this inspection there were two young people residing in the centre, one of whom agreed to speak with the inspector. The young person said that they were happy in this residence stating, "I like it here". They said that they liked the location in a small town as they felt connected and able to get out freely. "I like the house, like the area, like that I'm in town". The young person spoke positively about the staff, particularly commenting about their keyworker stating, "I love her", "she shows an interest in me". They spoke also about their previous keyworker and expressed the same positive feelings about them. The young person likes their bedroom and was happy to show it to the inspector. The room was an ample size with a double bed, large wardrobe and two big windows providing lots of light and ventilation. While the inspector observed a broken chest of drawers and commented on this, the young person stated that they liked it as it was functional for their needs. The young person remarked that they had everything they needed and expressed contentment stating they "feel supported" and are "happy with the plan" when speaking about their future. The young person spoke about their social worker and guardian ad litem² (GAL) positively and stated that they see them regularly.

The second young person chose not to speak with the inspector and was instead offered a HIQA children's survey should they wish to express any thoughts or feelings through this format. Although the young person preferred to spend prolonged periods alone, there was limited evidence during the inspection of sustained or creative efforts by staff to engage with them in line with their individual needs and preferences. Despite the favourable weather and the opportunities presented by the summer holiday period, the inspector observed limited evidence of proactive attempts to engage with the young person in activities or meaningful interaction. The young person communicated their requests to staff primarily through electronic (text) messaging and staff routinely responded also electronically and met their requests. Through the review of daily logs, the inspector also noticed that staff communicated with the young person through electronic means, though during the inspection some staff stated they have stopped this method of communication. There was limited evidence that

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.

interactions were used as opportunities to encourage direct engagement or to promote face-to-face communication and relationship-building with the young person. While the young person's social worker had visited them, they refused to meet with their social worker voicing frustrations that they have changed social worker multiple times. Documentation viewed by the inspector also showed that the young person disliked the regularity with which these visits took place and voiced feeling 'harrassed'; it has been explained to the young person that weekly meetings to the centre by the allocated social worker is a mandatory requirement as part of the social work department's oversight of the placement.

During the inspection, it was observed how staff interacted with both young people. There was a level of comfort, jovial engagement and interest demonstrated towards one young person. The inspector heard conversation between staff and the young person and they appeared relaxed, lounging on the couch chatting with staff. However, the other young person was isolated, and staff appeared to lack confidence in their interactions with them, resulting in a cautious approach to engagement. This impacted the quality and frequency of interactions, and no meaningful engagement was observed during the inspection or observed in documents reviewed. An example witnessed was that at the start of the inspection, the inspector requested that staff would inform the young people that an inspection was taking place and explain the purpose of the inspector's presence in the centre. However, when the young person later emerged from their bedroom, it was evident that this had not occurred. Staff still did not take the opportunity to introduce the inspector or explain the purpose of the inspection as the young person entered the room. This was a missed opportunity to prepare the young person for the inspection and perhaps support their participation in it, and it also demonstrated a disregard for the young person's right to be informed about who was present in their home and why.

From speaking with the staff, it was clear that there was a level of discomfort and uncertainty in engaging with this young person and staff did not appear to know how to engage with them. While they provided supplies so that the young person could engage in art as they enjoyed, no one had been in the young person's room or seen any of their work; this represented a missed opportunity to positively reinforce the young person's talent and interests.

The young person's social worker did not know them as they were new to the role, however, the inspector spoke with the team leader who highlighted their concern at the lack of engagement by staff with the young person. They were concerned that room searches were not being conducted, as was expected, or that staff were slow to engage with the young person. The team leader's concern for the lack of

direction and the lack of involvement of adults in this young person's life was very strong.

The next section of the report outlines the findings from this inspection in relation to governance and management arrangements and the impact these arrangements had on the provision of a safe, quality service to young people.

Capacity and capability

This was the first HIQA inspection of this residential centre and of the seven national standards under which HIQA inspected;

- three standards were substantially compliant
- four were not compliant.

There was no centre manager in place to oversee the service provided in the centre and so no firm direction or regular oversight was provided. There was an interim manager providing cover while a centre manager was onboarding at the time of the inspection and a due date for their commencement in post had been agreed as 20 July 2026. However, without proper oversight there was no direction for staff, no supervision provided, no training taking place. Daily logs and individual work with young people needed improvement and the centre was run by the staff on duty on the day. While some oversight was provided by the private provider's chief executive officer (CEO) and the interim manager in the form of weekly visits, the lack of a direct line manager overseeing the work and interventions taking place in the centre meant that staff were largely working without a plan and with little direction. Tusla also provided some oversight in relation to setting things up more appropriately once Tusla became responsible for the operation of the centre and a social care manager calls to the residence and engages with the interim manager weekly. They also provided support around processes such as the use of the daily logs for example, and if any issue arose Tusla would visit the centre to support. The special emergency arrangement coordinator also provided oversight in the form of supervision and engagement with the interim manager of the centre.

The lack of supervision provided to staff meant that there was no forum for staff to be held accountable for their work, no forum for discussion or learning and no forum for professional growth and reflection. Training is a fundamental element of professional growth and there was limited training provided to staff and no training log to review at the time of the inspection. Staff spoke of the lack of

supervision and training as areas where they needed support, direction and learning to provide safe and appropriate care to young people. However, staff also highlighted that if they required support, for example after a serious incident, they could avail of six counselling sessions. Staff were enthusiastic about the appointment of a centre manager and voiced optimism that this would bring about some positive changes for their working environment and ultimately for the young people in the centre.

Staff on duty were responsible for safeguarding practices within the centre and completed significant event notifications (SENs) where necessary following an incident that needed to be highlighted to stakeholders. However, the practice and overview of these SENs was ineffective with no changes noted in risk assessments or safety plans to ensure similar incidents did not reoccur.

Some SENs should have resulted in a child protection and welfare notification form (CPWRF) being submitted to Tusla to highlight a concern that required follow up. The inspector noted two similar incidents, for example, which had taken place one weekend after another, with no follow up CPWRF submitted. When addressing this oversight with the interim manager, the response indicated that there was no forum to ensure staff completed their mandatory tasks.

While daily logs were completed and handovers took place, these were largely repetitive, lacked sufficient detail and did not provide meaningful information to support staff in their practice and in the appropriate care to provide to the young people. In addition, there was no system in place to confirm that all staff had read and understood the handover information. The lack of team meetings meant that staff were working without the support of the larger team, without the learning to be gained from colleagues and their experiences and without the opportunity to be kept informed of issues impacting the young people and the running of the centre.

The centre did produce a statement of purpose when requested by the inspector, however, this was not available on site and so was not displayed in the centre, was not available to staff to review and it was not possible to say whether families and young people had been provided with the statement of purpose upon admission to the centre.

Staff recruitment was managed by the private provider. The staff files reviewed showed that qualifications, employment history, Garda Síochána (police) vetting, three work references and some mandatory trainings were available on staff files to review. While all documentation was verified by the private provider as being

true and accurate, it is now the responsibility of Tusla to verify documents, and this had not taken place.

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.

At the time of inspection, the management arrangements in the centre were not adequate to ensure effective governance and oversight. There was no centre manager in post, although arrangements were in train for a manager to commence later in the month. There was an interim manager in place for a few weeks to provide weekly visits to the centre and who provided some oversight in terms of reviewing daily logs and notifications, but their role was as an interim manager for a short period and so they were not in a position to advance any plans to support staff and improve how the centre functioned on a daily basis. As a result, staff had limited management support, oversight of practice was insufficient, and formal supervision was not provided. This interim manager was the delegated person to contact in an emergency along with the chief executive officer (CEO) of the private provider. They both provided emergency cover and staff had the telephone number to reach out to them, if required. There was no system in place for the delegation of duties by management, but communication appeared to be fluid according to the interim manager.

There was no training log in place. Staff stated that, while they all required training in an approved behaviour management model, it had not yet been provided. Staff stated that some were trained in a different behaviour management model however, there was no training log for the inspector to review. During the review of staff files the inspector was able to confirm that many staff had completed some behaviour management training, however, critically, no staff member whose staff files were reviewed had completed the third module of children first training; *Children First: In Action* training. Staff files will be addressed further on in this report.

There was no supervision offered to the staff. The lack of supervision to staff caring for young people not only meant staff were not supported, but it also meant that there was no assurance that the young people were receiving safe, effective and high-quality care. Regular supervision is essential to ensure staff are accountable for their practice, reflect on their work, receive guidance and support, and identify learning needs. Ultimately, staff who are provided with regular, quality supervision provide better outcomes for young people as they reflect on

their own practice and how they engage with residents. The lack of supervision also limited the provider's oversight of staff practice and reduced opportunities for reflective practice, learning and accountability.

The staff on duty were responsible for the day-to-day running of the centre, and they directed any queries to the interim manager. The interim manager was supervised by the provider's CEO and by the SEA (special emergency arrangement) coordinator. The interim manager received the daily logs, any significant event notifications (SENs) and the handover information for review daily. This information was then sent on to the social workers, to the SEA coordinator and to the social care manager. According to the centre's statement of purpose there must always be a minimum of one social care worker and one equivalent health care assistant staff on duty in line with the minimum requirements outlined in the Special Emergency Arrangement Standard Operating Procedures. A review of the roster showed that there was not always a social care worker on duty, as is required and contained within the centre's statement of purpose. On one of the days the inspection took place there were two social care workers on duty together. Therefore, the oversight of the staff roster was poor and this meant that children were not always supported by qualified social care staff as required.

The service's approach to safeguarding required significant improvement. While there were no child protection and welfare reports available for review within the timeframe this inspection covered, inspectors identified significant events that met the threshold for reporting to Tusla but had not been reported. When the inspector brought this to the attention of staff, they indicated that one child protection and welfare report form (CPWRF) had been submitted but they were not able to locate a copy of the report and received no communication from the social work department with regard to this, indicating no follow up to their concern, if one had been raised. It also did not feature in the child protection and welfare report log; this was blank. When the inspector addressed this matter with the interim manager, they indicated that staff should be aware of their responsibility to report, however, this indicated a lack of management oversight as this should have been picked up when reviewing the significant event report forms which are supposed to be read by the interim manager. The external oversight by the SEA co-ordinator and social care manager also did not lead to these being completed. It should also be noted that social care workers are mandated persons under the Children First Act 2015 and therefore are legally mandated to make reports.

The lack of CPWRF submissions on foot of concerning events also meant that there was no safety plans discussed or altered to address the concern and no risk assessments adjusted to provide further safeguarding. Therefore, while the staff were completing significant event notifications on foot of an event that was a safeguarding concern, the follow up actions, which would aim to prevent or reduce risks going forward, were not discussed or actioned. There was no evidence that these events were reviewed to identify learning or that appropriate follow up actions were implemented to reduce the likelihood of recurrence. As a result, the service could not demonstrate that significant events were being used to inform risk management or strengthen safeguarding practices to prevent future harm. These concerns were raised by HIQA in the form of an urgent compliance plan on completion of the inspection and the response from Tusla was satisfactory, indicating an immediate review of all significant events would take place.

There was no evidence that the provider ensured that staff were aware of and were implementing local and national safeguarding policies relating to the protection of children. When addressing the lack of child protection and welfare report forms submitted to the social work department the interim manager advised the inspector that they had no effective mechanism to ensure staff submitted required report forms where staff chose not to do so. This demonstrated insufficient accountability arrangements to ensure staff complied with reporting requirements. The interim manager's acknowledgment that they could not ensure staff completed mandatory report forms to safeguard children highlighted the weakness in governance arrangements. These management arrangements were pending the appointment of a permanent centre manager. While plans to strengthen governance and oversight had been identified, these had not yet been implemented and therefore could not be evidenced. As a result, there were insufficient management systems to ensure staff consistently complied with mandatory reporting requirements, including the submission of required report forms.

Staff were starting to implement Tusla's policies and procedures, including the use of standard recording templates. Some templates in use included daily logs, handover information, individual pieces of work taking place with the young people were also recorded on a Tusla template and the template for completing significant event notifications. The centre was evidently in the early stages of implementing these policies and procedures as there were not many to review at the time of the inspection, however, staff spoke about this being something they have received support on from Tusla.

While the absence of reports to Tusla regarding safeguarding concerns was a significant deficit, this subsequently highlighted that the systems for communication and oversight were not effective at ensuring safe, child-centred care for each child. While written handover records were maintained, these were largely repetitive, lacked sufficient detail and did not provide meaningful information to support staff in their practice. In addition, there was no system in place to confirm that all staff had read and understood the handover information. Although staff reported that verbal handovers occurred between shifts, protected time was not allocated within the roster to facilitate these discussions, raising concerns regarding the consistency and quality of information shared.

Team meetings were not occurring consistently. It was reported by staff that they were not paid to attend meetings when they were off duty, which contributed to poor attendance and meant that meetings were not held on a regular basis. As a result, staff had limited opportunities to come together as a team. This increased the likelihood of staff working in isolation rather than as a cohesive team with shared understanding of the centre's model of care and the individual needs of the young people. Furthermore, the absence of regular staff meetings meant there was limited opportunity for the team to collectively discuss young people's needs, share learning or ensure all staff remained up to date with important information. This issue was also raised by HIQA in the form of an urgent compliance plan and the response was satisfactory; indicating the immediate commencement of weekly multi-disciplinary meetings regarding both young people and the commencement of fortnightly staff team meetings.

There was no risk register to review in the centre at the time of this inspection. As a result, it was unclear if risks were being centrally recorded and reviewed and if any risks were monitored and escalated where necessary.

There was no culture of learning evident in this centre. Training arrangements required improvement and as already stated, there was no training log for the inspector to review. This meant that management could not effectively monitor staff compliance with mandatory training requirements or identify gaps in knowledge and skills. The lack of a risk register further reduced the provider's capacity to effectively monitor and improve the quality and safety of the service. Apart from practice assurance and service monitoring³ (PASM) audits, there was little evidence of routine auditing or quality assurance processes to identify areas requiring improvement, monitor compliance with the regulations, or drive service improvement. Furthermore, while PASM audits had identified deficits and made

³ An independent internal unit within Tuslas that evaluates the safety, quality, and standard of child welfare, residential care and foster care services.

recommendations, these recommendations had not been implemented. For example, PASM had recommended the commencement of team meetings which Tusla committed to, however, these did not take place. HIQA also raised this issue in the form of an urgent compliance plan, and Tusla's response was satisfactory.

The lack of regular staff meetings and shared learning opportunities meant that there was no structured forum to review safeguarding incidents, discuss learning from significant events, collectively consider whether notifications to Tusla were required or reinforce statutory child protection procedures. This contributed to an environment where safeguarding practice was inconsistent and did not support the effective implementation of appropriate safeguarding measures. Opportunities to identify gaps in practice, such as the failure to submit child protection and welfare report forms, and to prevent their recurrence were missed because of the lack of a shared forum to discuss and learn from each other and from incidents taking place in the centre. The absence of team meetings resulted in staff members operating in isolation or in small groups, limiting collaboration and the development of a shared approach with a shared understanding of the young person's needs and the service's objectives.

In summary, there were no effective governance arrangements in place in this centre. The centre was run daily by staff who did not receive any training, supervision or guidance in their roles and responsibilities and there was no accountability regarding the care offered to the young people in the centre. Staff lacked some modules of the mandatory *Children First* training. The centre's statement of purpose stated that a social care worker would always be scheduled on duty, but this was not always the case. The centre's approach to safeguarding was hugely concerning given the lack of oversight provided to staff who did not demonstrate an understanding of their responsibilities as mandated persons. Staff who were not mandated persons were still delegated responsibility to protect the young people in their care and to report concerns of a child protection and welfare nature to the social work department. There was no subsequent planning, and risk management reviews to aid prevention of future concerns. The systems of communication within the centre did not ensure that staff consistently shared relevant information or that important information was communicated in a timely and comprehensive manner. For these reasons the standard is judged to be not compliant.

Judgment: Not Compliant

Standard 5.3

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

While the centre provided a statement of purpose⁴ (SOP) to the inspector when it was requested, this was not available within the centre and to staff at the time of the inspection.

The statement of purpose did provide the aims and objective of the centre but did not refer to the centre's ethos. The SOP also did not refer to the model of care used within the centre which indicated that the model of care had not been prioritised or embedded within the centre.

As the SOP was not displayed within the centre and there was no forum for the sharing of information with staff, other than by email, it is not possible to state that the SOP was communicated to staff, children and their families. In reviewing the information given to children on their arrival to the centre, the centre's statement of purpose does not feature in these documents.

The SOP referred to the management and staffing within the centre and highlighted that there would always be a minimum of one social care worker on duty. The management arrangements referred to in the SOP indicated that the Regional Chief Officer has overall responsibility for the section 59a centres and the Regional Special Emergency Arrangements Co-Ordinator reports directly to the regional designated manager. It is indicated also that the allocated social workers have governance and oversight of the care planning and placement planning for the young people in the centre.

This was a new SOP and the first for this centre, so it was not due to be reviewed.

The SOP was broadly in line with the requirements for a statement of purpose. However, it did not outline direct line management within the centre as no such manager was in place at the time of the inspection. The statement of purpose was not displayed or accessible at the time of inspection. It was unclear whether the SOP was provided to the young people on their admission to the centre or to their families. It also did not outline the ethos of the centre. More concerning however was that the centre did not adhere to the staffing arrangements set out in the SOP, therefore it did not reflect day-to-day operations. For this reason, the standard is judged to be not compliant.

Judgment: Not Compliant

⁴ Describes the purpose and function of a health and social care service.

Standard 6.2

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

Tusla's recruitment and retention practices required some improvements, but records reviewed were maintained to a good standard.

While the private provider managed staff recruitment for the centre, Tusla's central vetting and compliance service held staff personnel files, as is required by this standard. To determine compliance with this standard the inspector reviewed six staff files. Staff had qualifications in social care, support work and as health care assistants. The centre did not have a permanent centre manager in place and so oversight was being provided on an interim basis by an interim centre manager who had appropriate experience and training.

The staff files reviewed showed that qualifications, employment history, Garda Síochána (police) vetting, three work references and some mandatory trainings were available to review. Some staff files reviewed also showed staff had CORU (the regulator for health and social care professionals) registration or had applied for registration, if required by their profession. All documents that were reviewed by the inspector had been verified as true and accurate by the private provider, who was previously responsible for the centre, but since Tusla took over the centre, these had not been verified by Tusla.

The inspector reviewed six files to monitor compliance with this standard. Of the six files reviewed there was some mandatory training in *Children First: National Guidance for the Protection and Welfare of Children* (2017) for all; modules one and two. However, there are four modules in Children First and the first three modules should be completed by all staff working with children; this was not the case in the files reviewed. The fourth module is for those who are mandated persons. Of all six staff files reviewed, only the first two modules were completed for these staff. The lack of the third module, *Children First: In Action*, was particularly significant in the context of the inspection findings, where child protection and welfare report forms had not been submitted to Tusla, as required. There was a weakness in recognising and reporting concerns and understanding statutory safeguarding responsibilities which would have been addressed in module three. The social care worker whose file had been reviewed also did not have the fourth module which is to be completed by mandated persons. There was no record of any staff from the files reviewed completing behaviour management training which is required for all staff working in children's residential

centres. This was also highlighted by staff to the inspector as training that was required and that they would benefit from.

The staff team were made up of a mix of social care workers, support workers and healthcare assistants. While the statement of purpose for the centre stated that there would always be a social care worker on duty, this was not always the case. The inspector reviewed four weeks of rosters and observed that there were several days where a social care worker was not on duty. It was also documented that there were several days where more than one social care workers was on duty at the same time. At the time of the inspection there were three social care workers on the staff for this centre, and it was evident that it was challenging to provide a social care worker 24 hours a day, seven days a week. The roster is provisionally put together by the private provider and sent to Tusla for review. If the absence of a social care worker is observed by Tusla they revert to the private provider to aim to address this. However, the rosters reviewed suggested that it was not always possible to have a social care worker in place. There was a staff team of 26 available to this centre and thirteen regular staff, providing an element of continuity for the young people. While no more than 24 hours is deemed an appropriate shift, staff stated that they could do more than this if necessary. The inspector did not review any shift more than 24 hours over the course of the weeks of roster reviewed.

Staff varied in their qualifications. While a level of basic care was provided to the young people, further training and supervision, along with team meetings and shared learning opportunities, would have increased staff's competency in addressing more complex issues within the centre and providing a child-centred environment and to be confident that they were following policies and procedures designed to provide a high-quality service.

Most documents required were held on personnel files including vetting, qualifications and references. Some documents which are required as part of this standard were not available; such as mandatory training. Significantly, the one staff member who was a mandated person and whose file was chosen to review had not completed the final Children First module on the roles and responsibilities of a mandated person.

For these reasons the standard is judged to be substantially compliant.

Judgment: Substantially Compliant

Quality and safety

Staff in this centre demonstrated an understanding of the rights of the young people they were caring for in the centre. Staff were respectful of how they wanted to spend their time, what they wanted to eat and their right to have contact with family or not. They also facilitated young people to attend to their health by taking them to necessary appointments. Young people were provided with a booklet on admission to the centre which outlined their rights, but they were not facilitated to engage in the day-to-day running of the centre through young people's meetings. They were facilitated around their food choices and there were ample, healthy food choices available and young people were able to access food when they wanted it. Young people also were made aware as to how to make a complaint if there was something they were dissatisfied with.

While this centre maintained a functional physical environment, significant failures were identified regarding staff training, and the formal reporting of child protection and welfare issues to Tusla. There was a critical lack of coordinated care planning resulting in one resident becoming increasingly isolated without adequate therapeutic or educational support. While staff were respectful towards the young people in their care, the lack of administrative oversight, the scheduling of team meetings, professional's meetings and house meetings meant a lack of overall planning and interventions to best suit the needs of the residents in the centre.

The service managed basic domestic needs of the young people but without structured professional guidance through supervision and managerial oversight the service provided to young people lacked a coordinated approach. Care and support offered to the two young people within this centre was not coordinated and planned effectively to meet their individual needs. There were no up-to-date care plans available and so staff demonstrated a lack of planning around the needs of the young people. There was no communication system in place to share information with the staff team, such as regular team meetings. There was no plan for one young person who was completely disengaged and there was no coming together of professionals to try to progress things for them. There were concerns of a child protection nature highlighted through significant event notifications but there were no notifications being submitted to Tusla and no safety plans or risk assessments to aim to prevent future harm. Given the age of both young people, there should have been plans visible and specific work being undertaken to ensure they were progressing towards independence and maximising their wellbeing and personal development.

The house itself was well kept overall, though cramped in communal areas. However, the back garden was inaccessible due to it being overgrown, and as we were experiencing a period of significantly hot weather, this meant young people could not comfortably access the garden. There was no risk assessments completed for large windows in the bedrooms which could have resulted in a fall. There were regular fire drills taking place and exit plans completed with each young person. There was fire safety equipment suitable to the house including a fire alarm and fire extinguishers. Cleaning rotas were in place for staff to complete tasks to maintain the house to an acceptable level of cleanliness. Items such as sharps and chemicals were safely locked away and a vehicle with all required paperwork was provided to facilitate young people's appointments outside of the centre.

Standard 1.1

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

Regulation 10:

Religion

Regulation 4:

Welfare of child

Staff demonstrated an understanding of the rights of the children in the centre. They were respectful of how they wanted to spend their time, what they wanted to eat and their right to have contact with family or not. They facilitated young people to attend to their health, transporting them to appointments such as the doctor or dentist. One young person was facilitated to maintain their school placement they attended before they moved into the centre, which facilitated continuity and maintaining relationships. The other young person was not engaged in any day programme. Staff spoke with warmth about one young person in the centre. It was difficult to assess the way staff cared for another young person due to the staff's challenges with lack of engagement of the young person. While this demonstrated that staff were respectful of that young person's desire to be alone and not communicate, this did not remove the services responsibility to actively promote meaningful engagement. Staff did not consistently take opportunities to initiate interaction, which limited the young person's right to receive nurturing, relationship-based care and support.

Young people were provided with a booklet on admission to the centre which outlined their rights. There was a schedule on the wall in the living area which had the dates for young people's house meetings to take place from January 2026 to

December 2026. This is a forum where the young people can express how they want things to be within the house; for example, house rules, mealtimes, items they would like for the house. This is a forum which respects their rights to participate in decisions affecting their daily lives. While the schedule was in place, these meetings had never actually taken place according to staff.

When young people were first admitted to the centre they filled in details of what food they liked and what things they needed to be comfortable in their new home. They also had weekly meal planners on their files, though the inspector observed that young people were asked daily what they wanted for each meal and their requests were facilitated. A weekly shopping trip took place and then a top-up would occur later in the week. The young people's dietary preferences were facilitated. There was ample food in the fridge and the young person who spoke to inspectors stated that they liked the food and had everything they needed. There was a very large drawer in the kitchen which was full of processed foods, such as instant noodles, crisps, chocolate and biscuits. This amount of processed food seemed excessive for two young people and readily facilitated unhealthy choices. The inspector did not observe any cooking taking place during the inspection other than frozen food in the air fryer. However, food diaries and daily logs indicated that ample fresh food was being prepared for the young people. The inspector did not see any food being prepared by the young people themselves to promote and develop their independent living skills, but they were observed to go to the fridge and take what they wanted when they felt like eating.

Weekly activity planners were available to review the activities the young people engaged in, however, this was already filled in for the week ahead so was not a true reflection of what took place.

Staff indicated that young people were given information about TellUs⁵ upon admission to the centre. The young person who spoke to the inspector indicated that they knew how to make a complaint, but they had never done so. They also indicated they had heard of the youth advocacy service, although the service had not visited the centre; it was not apparent that the advocacy service had been informed of the young people's admission to the centre. The other young person was aware of their right to complain, as indicated by their submission of a complaint. They also reported their concern to their guardian ad litem, demonstrating that they were very well able to have their voice heard when they were dissatisfied. They were aware of the youth advocacy service also.

⁵ Tusla Tell Us is the official feedback and complaints policy of Tusla

Both young people were artistic and were facilitated to be creative. There were arts and crafts available in the communal area and when young people needed supplies, they just asked staff who facilitated their requests. The young people were also given pocket money; one young person had to ensure their bedroom was tidy before receiving it. There did not appear to be any restrictions in place for the other young person around pocket money.

Staff were observed to engage warmly with one young person, engaging in conversation in a relaxed manner. The young person appeared comfortable in the centre and around staff. They engaged in light conversation and banter as is normal for a young person of their age. However, the other young person did not communicate verbally with staff. The inspector noted when the young person entered the room that only one of three staff addressed them. It is the stated wish of the young person not to be directly communicated with by staff and some staff adhered stringently to this wish. Despite the inspector requesting staff to inform the young people that there was an inspection taking place, this had not happened, so the young person entered their kitchen and did not know who the inspector was or why they were there. This showed a lack of respect for the fact that this was the young person's home and that they should have been informed.

In summary, the young people in the centre were receiving care which respected their dietary requirements, their right to privacy and their right to dignity and respect. They were informed about their right to complain, and they were informed about advocacy services they could avail of to assist them. One young person was engaged in education and facilitated to maintain their school placement with their friends and near family. However, the other young person was not engaged in education, and the inspector was not made aware of any plans to engage them in education. For these reasons the standard is judged to be substantially compliant.

Judgment: Substantially 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 care and support provided to the young people in the centre was not always based on their individual needs. The absence of up-to-date care plans for both young people meant there was no documented guidance outlining the young person's assessed needs, goals or the strategies required to meet those needs daily. Care plans were absent or outdated. Without this key document, staff could not demonstrate that care was planned or delivered in a consistent, individualised manner, based on the current needs of the young person. This created a risk that the young people's changing needs would not be identified, communicated or responded to appropriately, resulting in care that was not tailored to their individual circumstances. While an up-to-date care plan was provided to the inspector when requested dated 21 April 2026, this demonstrated the lack of understanding of the purpose of a care plan as a document that is supposed to be designed to guide staff in their day-to-day care of the young person and reflect any changing needs.

Placement plans were in place and completed monthly, however, these were not signed and it was not clear how these documents were updated, who was involved in the updating of the plan or whether the young person or their family were consulted. The placement plan viewed did not result in some key suggested changes, for example, the plan referred to a reduction in free time due to concerns raised when the young person was outside of the unit but also stated that this had not been amended. This brings into question the purpose and function of the review of the plan. The plans were not developed to a sufficient standard to guide staff; they were broad and generic and did not clearly outline actions required. The actions were vague, for example, 'support independent living skills', without any plan around how this would be completed and so lacking any specific direction for both the young person and for staff supporting them. The lack of an up-to-date care plan on site, coupled with the lack of evidence of a coordinated approach to placement planning, demonstrated a service which was not effectively collaborating for the best interests of the young person. There was

limited evidence to view of any communication between the staff and the social work department or guardian ad litem. While there were weekly meetings taking place for one young person, there were no minutes of these meetings to review and so this brings raises concerns about how any updating of plans to meet the young person's needs are communicated to staff.

One young person within the centre was being facilitated to avail of a support service suitable to their needs and they voiced their belief that this was effectively focusing on some issues they needed to address to return home. However, the other young person was not engaging in any external supports. Plans that had previously been progressed for the benefit of the young person were no longer being pursued following their disengagement and refusal to engage. At the time of the inspection the young person was not engaged in any structured educational, therapeutic or recreational activities. They were not engaged in any contact with family, friends or staff and as such were completely disengaged from any support. There was no plan for the inspector to review to determine what the next steps were for this young person and in conversation with the team leader in the social work department it was clear that there was no coordinated approach, as staff and management of the centre did not attend meetings arranged by the social work department.

As previously indicated in this report, the communication systems in place for information to be shared between staff and the social work department required significant improvement. Improvement in communication was required to ensure that staff had the up-to-date information and plans for the young person. This is to progress young people towards a plan specifically designed by all stakeholders to meet their individual needs. The system in place in the centre to ensure all information was on the child's file was that any document sent via email was to be saved directly to the young person's file, however, this was not happening. When a document requested by the inspector was not found in the young person's file, staff searched for it in emails received. This system did not ensure that all relevant information about the young people was captured on their file and maintained in a safe and secure manner. This impacted their right to review their files as all relevant information was not contained.

In summary, the care and support offered to the two young people within this centre was not coordinated and planned effectively to meet their individual needs and personal development. Lack of up-to-date care plans available to staff demonstrated a lack of planning and effective communication about the needs and wishes of the young people. While there were some plans in place for one young person, there was no communication system in place to share information with the

staff team and ensure that all were progressing plans for their care and support. The lack of any plan for the other young person was very concerning given they were completely disengaged from all stakeholders and there was no coming together of professionals to try to progress things for them. Given the age of both young people, there should have been plans visible and specific work being undertaken to ensure they were progressing towards independence and maximising their wellbeing and personal development. For these reasons the standard is judged to be not compliant.

Judgment: Not 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 suitably laid out to provide safe care for the two young people residing there at the time of inspection. Overall, the house was adequate for two residents but would be a very tight space for four residents, as is the current stated capacity of this unit. The centre was a terraced three storey house in a small town, which had four bedrooms and two bathrooms for young people, however, the living space and kitchen were very small. The bedrooms were of good size with good lighting and ventilation, and they had large beds and ample storage. On the day of the inspection the bedroom window was fully open which facilitated ventilation and light but could have been a risk of falling which was not identified in any risk assessment. Each young person had their own bedroom with generous storage space for their personal belongings. One young person showed their room to the inspector, and it had personal touches suitable to the personality of the young person. The two vacant rooms were cleared and in need of a clean before they would be ready for new residents.

While the bedrooms were a good size, the living space was wholly inadequate. It had two small two-seater couches, some shelves and a television unit. It was

poorly lit which made it feel even more cramped. If the house were at capacity there would not be enough space for staff and residents to spend time relaxing together. As it was, with only one resident using the living space, it was still inadequate. There was a nice garden space at the back of the house, however, it was totally overgrown and so not in use, meaning that there was no out-door space for residents to relax, get some air and just enjoy outdoor, private space without having to go outside onto the street. This was something one resident highlighted with the inspector as being something they were dissatisfied about and given the dark communal space, the option of an outdoor, private space would have been welcomed.

The entrance to the house was very poorly lit which meant it was not welcoming. The child safeguarding statement was on display in the hall. The house was sparsely decorated, lacking pictures, photos and colour; features that make a house a homely environment for young people. For a house with two artistic residents, it was a missed opportunity to display and promote their work. However, the house appeared to be functional with a fully fitted kitchen, large fridge and freezer, washing machine and dryer, microwave, air fryer and a small kitchen table with four chairs. The kitchen had a large skylight which made it bright and airy, and it felt like a nice space, but it was small. The inspector noted that neither resident ate in the kitchen, instead eating their meals in their bedrooms or on the couch in the living room.

The bathrooms appeared to be generally clean and functional; however, they would have benefitted from a higher standard of cleanliness in some areas. Given that the bathroom was a shared space this may have required a planned and supportive staff intervention to bring up the standard of the cleanliness in this communal area ensuring a pleasant, shared living environment. This was an opportunity for independent living skills development and individual work that would have benefitted both residents. There was a lack of evidence of young people taking responsibility for the cleanliness of the house, limiting opportunities to develop responsibility and independent living skills.

There was a rota in place for the daily cleaning of the house which included hoovering of the entire house, disinfecting surfaces, appliance and handles and bleaching toilets and sinks. This was signed morning and evening by staff completing the tasks. There was also a weekly cleaning checklist for more deep cleaning tasks, such as fridge deep clean, cupboards wiped and skirting boards cleaned. What was reviewed by the inspector of weekly tasks was blank. Sharp items such as blades, knives and scissors were in a lock box and there was a log where these were accounted for. Chemicals were also locked away with a log

signed by staff. Every appliance seen by the inspector was in working order and there were no concerns raised regarding electrical or structural issues that might cause concern for young people's safety and wellbeing.

The house had the use of a car for staff to transport young people to appointments, school and family contact. The car was parked on the street outside the centre. It was clean, taxed and insured and well maintained. There was a cleaning rota in place for the cleaning of the vehicle. While the car had a first aid kit in the boot, it did not have a reflective warning triangle to alert other road users if the car were to break down. It also did not have a fire extinguisher.

Fire safety management systems were in place. There was a fire register logbook available to view the recording of localised fire drills taking place. These fire drills took place regularly and were evidenced in the fire register log and this was also evidenced in the daily logs. Young people largely participated; however, one young person refused to participate because they had completed one so very recently and the inspector saw that this was the case from daily logs. It was positive to note the frequency with which drills took place. There were personal emergency evacuation plans (PEEP) in place for both young people. There were in-date fire extinguishers on all floors and a fire blanket in the kitchen as well as a fire alarm.

There was a health and safety statement displayed in the entrance hall. This set out the identified risks in the centre and the existing control measures in place to mitigate these risks. For example, the risk to staff due to violence and aggression is controlled by 2:1 staffing ratio, first aid training and behaviour management training. Another risk highlighted was the risk to staff of improper use of manual handling techniques; to mitigate all staff were to have mandatory manual handling training. However, in reviewing staff files not all staff had first aid training and there was no record of manual handling training for any of the staff members whose files were reviewed.

In summary, the centre was suitably laid out with ample bedroom space and storage for young people. However, the communal living spaces were limited and did not appear sufficient to comfortably meet the needs of four young people, as is the stated capacity of this residence. The house was well lit and ventilated overall, however, the hall and living room were cramped, dark and lacked ventilation. The house needed personal touches and the addition of features that demonstrated young people's involvement in decorating; there was no photos, pictures or artwork displayed that showed the young people's contribution to making their environment homely. There were no issues that raised concern for

the safety of the environment, however, bedroom windows that opened fully could have posed a risk and so should be risk assessed. The house appeared to function well and any items that were a potential risk were locked away. Cleaning rotas were in place for the overall care of the house and car, however, the young people's shared bathroom would have benefitted from a staff supported approach to ensure it was maintained to a standard that would ensure both young people were satisfied. Fire safety management systems were in place with regular fire drills, PEEPs in place for each young person and fire extinguishers, alarms and fire blankets in the house; the car required the addition of a hazard triangle and fire extinguisher. There was a health and safety statement in place which referenced training to mitigate against certain risks, however, staff files reviewed showed that this training was not fully completed. For these reasons the standard is judged to be substantially compliant.

Judgment: Substantially compliant

Standard 3.1

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

The provider did not ensure that the residential centre operated in line with policies and procedures outlined in Children First to safeguard young people. While staff spoke of the safety and wellbeing of the young people in their care, they received limited training to assist them to affectively recognise safeguarding concerns and how to respond to them.

When incidents of concern took place staff did not respond fully and appropriately by informing Tusla through a child protection and welfare report form (CPWRF). The centre's child protection and welfare notification log was empty. This meant that Tusla were not formally notified of the concern that put the young person at risk. There was no record to demonstrate that information had been passed on to Tusla, other than through the submission of a significant event notification (SEN). While these SENs were fully completed with good detail, they should have resulted in the submission of the CPWRF to Tusla and subsequent changes to safety plans and risk assessments should have resulted, to safeguard the young person from future risks. Inspectors viewed two SENs very similar in nature, which took place near each other. Both incidents were serious and were not reported to Tusla.

There were no risk assessments to review. Risk assessments are a key safeguarding tool to protect young people from harm and without risk assessments it is not possible to assess whether the provider had considered

potential risks. There was a collective risk assessment in place looking at the compatibility of the young people living together, however, this also included another young person who no longer resided in the centre.

Both incidents reviewed by the inspector were missing from care incidents. While it was positive to see that both young people had absence management plans with clear steps to take should the young person go missing from care, the following of the steps did not result in the young person being further protected to prevent similar incidents occurring. After the first incident was recorded on the SEN form the document asks "what follow up is required"; this was left blank. While staff spoke with concern and care to the young person following these events and demonstrated attention to their wellbeing, the follow-up actions which could have prevented a subsequent event did not take place. This also demonstrated a lack of oversight by the interim management who reviewed the SENs and the missing from care incident; they did not guide staff to submitting a report to Tusla or a review of the absence management plan. This deficit in the submission of CPWRFs was highlighted to Tusla in an urgent compliance plan and the response was satisfactory.

There were no restrictive practices in place at the time of this inspection.

The inspector did not see any evidence that all staff received training in safeguarding. As already addressed, through a review of six staff files it was noted that none of these staff had *Children First: In Action* training. While some staff had completed training in areas such as fire safety and first aid, there was no evidence of training in recognising abuse and the subsequent actions to take. The lack of appropriate follow up from SENs demonstrated staff's lack of understanding of safeguarding policies and procedures and their role when a concern arises. There was no specific training on safeguarding or child sexual exploitation which, given the profile of the young people in the centre and their known vulnerabilities, represented a significant gap in the service's safeguarding arrangements. Staff themselves also highlighted the lack of training provided to them and they spoke of their hope that, with a new centre manager to commence in post shortly, such matters would improve.

Staff spoke of regular contact with the social work department for both young people and regular visits to the centre by social workers. However, weekly professionals' meetings were also to take place for young people in special emergency arrangements. For one young person these meetings were taking place weekly, attended by the young person's keyworker, social worker and guardian ad litem. While these meetings were recorded on daily logs and

handover notes as having taken place, there were no minutes available for the inspector to review the content of those meetings. This also meant that staff members who were not in attendance had no means of keeping themselves up to date with the plans for the young person, given the aforementioned lack of team meetings.

For the second young person in the centre, their team leader informed the inspector that they had arranged two professionals' meetings, and neither were attended by staff or management from the centre on either occasion; therefore, they stopped organising the meetings. This is particularly concerning given that this young person has had multiple changes in social worker and does not engage with anyone within the centre. The risks and concerns around this young person are significant, yet these concerns were not being addressed. The team leader raised concern about the lack of proactive steps being taken by the centre staff to engage the young person and the lack of proactive measures to ensure their safety, for example, room searches due to concerns that they might have a phone in their possession. While staff suspected that the young person did have a phone, they were not conducting room checks as agreed with the social work department.

Individual work with young people needed improvement. While there was some evidence of work taking place with one young person, this was largely unplanned. However, there were some very thorough conversations taking place with this young person around keeping safe and protected from harm. However, records of individual work were limited. There was no evidence of any direct work taking place with the other young person in the centre. The inspector observed that this young person did not want to engage with staff and staff respected this. However, this meant that they were completely isolated within the centre. No progress was being made with this young person and, given the lack of meetings with the social work department, no plans around engaging them were being made. While it is significant that their wishes to be left alone are respected, this meant that the young person was totally isolated, having no meaningful contact with staff, family or the social work department. This young person has no support to develop the skills needed for self-care and protection and skills necessary to communicate and live with others, which are imperative to their overall health, wellbeing and personal development. There was no evidence of independent living skills being addressed and enhanced. There was no cooking observed or noted in records, no evidence of cleaning communal areas completed by young people and while the young people were given pocket money, there was no evident skill development around saving or management of money.

While individual areas of vulnerability were identified for both young people, there was no risk assessments available to view. Care plans were not available for either young person. Though care plans were provided to the inspector when requested, this indicated that the staff did not have the young person's care plan to review, consider and plan to meet the recommendations and objectives within. While each young person's vulnerabilities were clear and somewhat known to the staff, there was no safeguards in place to address these. Concerns that staff were aware of were spoken about, but no steps were taken to determine whether suspected risks were based on fact; for example, whether the young person had a phone in their room. The social work department voiced frustration at the lack of proactive engagement by staff to address this concern through room searches and instead allowed the young person to be disengaged.

Inspectors saw evidence of contact with the parents of one young person, and they were informed of any activities and significant events when they occurred, for example, if the young person went missing in care.

In summary, the provider did not ensure that the residential centre operated in line with policies and procedures outlined in Children First (2017) to safeguard young people. When incidents of concern took place staff did not respond fully and appropriately by informing Tusla through a child protection and welfare report form (CPWRF). This meant that Tusla were not formally notified of the concern that put the young person at risk. Subsequent risk assessments and safety plans that might have prevented further harm were not being completed. The lack of appropriate follow up from SENs demonstrated staff's lack of understanding of safeguarding policies and procedures and their role when a concern arose. While absence management plans were in place with clear guidelines should a young person go missing in care, these were not reviewed following incidents. No training was prioritised to ensure staff understood their role and responsibility regarding safeguarding the young people in their care. Contact with social work departments was not consistently evident for the young people in the centre making planning and progression for young people difficult. Individual work with young people needed improvement with little evidence of consistent work taking place. While absence management plans were on file for both young people, there were no care plans available. There were no risk assessments to review and no updating or reviewing of safety plans. For these reasons the standard is judged to be not compliant.

Judgment: Not Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 5.2: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Not compliant
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.	Substantially compliant
Standard 2.2: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Not compliant
Standard 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.	Not compliant

Compliance Plan

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

Compliance Plan ID:	MON-0050980
Provider's response to Inspection Report No:	MON-0050980
Centre Type:	Children's Residential Centre
Service Area:	
Date of inspection:	06 and 07 July 2026
Date of response:	4 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.

Capacity and Capability: Leadership, Governance and Management	
Standard : 5.2	Judgment: Not 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. • As of August 2026 the service provider commenced recruitment of a Person in Charge who on the 4th September was in the process of onboarding. The Person in Charge will be in post on the 16th of September 2026. • The Children's Residential Service Support Person provided the service manager in August 2026 with a training needs analysis template. The Children's Residential Support Person will assist the Person in Charge in completing a Training Needs Analysis for the team. The Children's Residential Service Support Person will engage with the Person in Charge to identify any additional training needs for staff that will support the care of young people in the centre. There is a meeting scheduled with the Person in Charge on the 18th of September 2026. • A Training Log was developed with the service manager in August 2026 by the Childrens Residential Support Person. The Children's Residential Service Support Person will assist the Person in Charge in setting up an up to date Training Log for the centre which will hold a record of training completed by the team, following the Training Needs Analysis. This will be completed by the 15th of October 2026. • The Children's Residential Service Support Person will signpost the "Children First: In Action" e- learning course to the Person in Charge for the team to complete. The link for HSELand was sent to the service manager in August	

2026 and as of the 15th of September 2026 all staff have completed this training.

- A schedule of Supervision will be put in place by the Person in Charge. In the interim the staffing provider Care Co-Ordinator will provide one-to-one support for the team. The Children's Residential Services Support Person will advise the Person in Charge of the requirements of the Tusla Supervision Policy at the meeting on the 18th of September 2026.
- The Children's Residential Service Support Person will ensure that the Person in Charge has a copy of the roster available in the centre. As part of weekly visits, the Children's Residential Service Support Person will review the roster to ensure that a Social Care Worker is on duty each day. This will be reviewed as part of review of Daily Handover Log. The Children's Residential Services Support Person will advise the Person in Charge of the requirements of the roster at the meeting on the 18th of September 2026.
- The Children's Residential Service Support Person will liaise with Person in Charge to seek assurance that all care staff are registered on the Tusla Portal and know how to make a Child Protection and Welfare Referral. The Children's Residential Services Support Person will verify that all staff have access to the portal with the Person in Charge at the meeting on the 18th of September 2026.
- The Children's Residential Service Support Person will signpost the Children First "Mandated Person" E-learning programme to the Person in Charge on the 18th of September 2026, for completion by all relevant staff members. The Children's Residential Service Support Person will review with Person in Charge by the 30th of September 2026 to ensure all relevant staff have completed training in order to ensure that they understand their role in implementing safeguarding and responding to abuse.
- The Children's Residential Services Support Person has provided the centre management in August 2026 with a Register for Child Protection Welfare Referrals in order to log any referrals submitted. The Children's Residential Service Support Person will review the register as part of weekly visits.
- As an immediate measure completed by 16th of July 2026 a review of Significant Event Notifications since 28 April 2026 (when the service came under Section 59a) was completed by the Children's Residential Service Support Person and Temporary Emergency Placement Co-ordinator in consultation with social work department to identify any incidents that reached the threshold of Child Protection Welfare concerns and ensure that these are notified through the required child protection and welfare report form. Following on from this safety plans and risk assessments were also reviewed and updated.
- A further review of Significant Event Notifications was completed by 14th August 2026 dated back to September 2025 to again ensure that any incidents that reached the threshold of Child Protection Welfare concerns were notified through the required child protection and welfare report form. This review was completed by the Children's Residential Service Support Person.
- Daily logs are provided by the care team to the Social Work Team; Temporary Emergency Placement Co-ordinator and the Children's Residential Services

Support Person each day for review and oversight. Any Significant Event Notifications required will be provided no later than the following day to the same group to ensure oversight. Any delays will be addressed with the Person in Charge for follow up.

- There is a weekly Placement Planning meeting schedule in place for each young person. At these meetings Significant Event Notifications are reviewed, and safety planning and risk management will be reviewed. These meetings will be attended by the Social Work team; care staff and the Temporary Emergency Placement Co-ordinator. The Children's Residential Services Support Person will also attend to provide direction and leadership in relation to the implementation of the Children's Residential Services policies, procedures and the national standards, which will include guidance on submitting Child Protection Notifications, identifying and managing risk and safe and effective care for each young person.
- There is also a Monthly Risk Management Meeting. This is to enhance and ensure that robust mechanisms are in place to promote children's safety, the quality of care and compliance with relevant policy and regulatory requirements. The scope of the Regional Risk Management Subgroup is to have governance and oversight of all Temporary Emergency Placements in the Region whereby there are Need to Know Notifications and Significant Event Notifications received on a young person in a Temporary Emergency Placement. They are attended by the Regional Quality, Risk and Service Improvement Manager, Professional Support Manager, Regional Temporary Emergency Placement Coordinator, Children's Residential Services Support Person for the Temporary Emergency Placements, Area Based Therapeutic Team Manager, Assessment Consultation and Therapy Service (ACTS) representative, Administrative Officer, Private Temporary Emergency Placements staffing Provider, on invite Regional the Signs of Safety Lead, Area representative, Principal Social Worker (PSW) or Social Work Team Leader.
- The Children's Residential Services Support Person in August 2026 provided the centre management with a comprehensive Daily Shift Handover Log which is available to staff which includes daily plans, including the routine for the Young Person and appointments etc. This Handover Log will be completed each morning for the staff team. Along with Daily Logs and Significant Event Notifications a copy of the Handover Log will also be provided to the Children's Residential Services Support Person and the Social Worker and the Regional Temporary Emergency Placements Co-ordinator to ensure that oversight and feedback is provided to improve the quality of handovers with the staff team. Any issues arising with the content of quality of reports will be addressed with the Person in Charge after the 18th of September 2026.
- The Children's Residential Services Support Person will ensure that the Person in Charge has a fortnightly schedule of team meetings in place and included on the staff roster. The Children's Residential Services Support Person will verify this at weekly visits.
- The Quality Risk and Service Improvement (QRSI) manager will ensure that a Centre Risk Register is in place in the centre and that Risks have been

added when the Person in Charge is in post. The Quality Risk and Service Improvement (QRSI) manager will liaise with the Person in Charge to ensure they are confident in how to manage and populate a Risk Register and have a clear understanding of risk identification and risk assessment and review. The Quality Risk and Service Improvement (QRSI) manager will ensure that a copy of the Risk Register is available in the centre for the team. The Centre Risk Register will be reviewed as part of weekly visits by the Children's Residential Services Support Person and at weekly Risk Management Meetings. This action will be completed by the 30th of September 2026.

- A schedule of Audits commenced on 24th of July 2026. The audits will be completed by the Children's Residential Services Support Person as part of their weekly visits. Areas covered will include; Recording and Reporting; Significant Event Notifications; Records of Team Meetings and Handovers; Risk Assessments; Observations of Care Practice; Health and Safety/Fire Safety; GDPR and the Young Person's Voice. Restrictive Practice; Significant Event and Child Protection Referral Registers will also be part of this audit schedule. A record of audits along with improvements required and issues noted will be shared with the Temporary Emergency Placement Co-ordinator; Social Worker and Care Team. The Children's Residential Services Support Person will support the team with any actions identified and improvements needed. Outstanding actions from July 2026 will be addressed with the Person in Charge. The Children's Residential Services Support Person will provide advise and guidance to the Person in Charge on audits for the centre following meeting on the 18th of September 2026.
- The Children's Residential Services Support Person and Quality Risk and Service Improvement Manager will support the Person in Charge in putting a Service Improvement Plan in place to track all actions from Tusla Practice Assurance and Service Monitoring audits and HIQA inspections to completion. This will be completed 30th of September 2026.

Proposed timescale:

12th October 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. • The Model of Care is currently being introduced and when training is completed this will be incorporated into Statement of Purpose. Training will be completed by 30th of October 2026. • The Person in Charge will be in post on the 16th of September 2026. The Children's Residential Services Support Person will support the Person in Charge to review the Statement of Purpose following the meeting scheduled on the 18th of September 2026. The Statement of Purpose will be updated and finalised by the 30th of September 2026. • The Children's Residential Services Support Person will ensure that the Person in Charge has the Statement of Purpose displayed in the centre. • The Children's Residential Services Support Person will also ensure that the Person in Charge has included a copy of the Statement of Purpose to the young people as part of information provided on their arrival to the centre. • To ensure that the Statement of Purpose is in line with daily operations the Children's Residential Services Support Person will ensure that the Person in Charge has a copy of the roster available in the centre. As part of weekly visits the Children's Residential Services Support Person will review the roster to ensure that a Social Care Worker is on duty each day. This can also be reviewed as part of review of Daily Handover Log.	
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. • The Children’s Residential Services Support Person will signpost the Children First “Mandated Person” E-learning programme to the Person in Charge on the 18th of September 2026 for completion by all relevant staff members. The Children’s Residential Services Support Person will review with Person in Charge by 30th of September 2026 to ensure all relevant staff have completed training to ensure that they understand their role in implementing safeguarding and responding to abuse. The Central Compliance Unit have provided the staffing provider with the link to facilitate staff access to Tusla’s Children First Mandated Person eLearning module. • The Children’s Residential Services Support Person will signpost the “Children First: In Action” e learning course to the Person in Charge for the team to complete on HSELand. The Central Compliance Unit have advised the staffing providers of this requirement and a meeting will be held by Tusla with staffing providers to outline online training options via Tusla Online Learning Portal. This meeting will occur by the 30th of September 2026. • The Central Compliance Unit have contacted the staffing providers to clarify the need to maintain the required mandatory training certificates, and to submit the update certificates as required. A further meeting to due to take place with staffing providers week commencing 7th of September 2026 to re-iterate this. Staff providers will be expected to submit outstanding/updated training certificates. The Central Compliance Unit will adopt a similar approach as it does currently in relation to Irish Residence Permit (IRP) card/Work Permits, in that a reminder will be sent to the staffing provider notifying them of documents that are due to expire. A compliance database is already available, which this information can be extrapolated from. • Regarding Tusla’s verification of staff documents the Central Compliance Unit validate documents where the option for validation is available through online portals, i.e. CORU registration, International Police Clearance Certificates whenever feasible, First Aid Response (FAR) Pre-Hospital Emergency Care Council (PHECC) etc. Confirmation of validated documents is noted on a data spreadsheet maintained by the Central Compliance Unit. Where validation is an option, the Central Compliance Unit will screenshot online validations and include as part of the individual’s compliance file, or as an addendum to the file. • In relation to documents, such as references, this is being reviewed by the Central Compliance Unit as the individuals are not employed by Tusla, so	

there is not an employer and employee relationship with these individuals. The Central Compliance Unit do request that the staffing provider provides evidence of validation either by email or phone, which also includes a written validation.

- The Children's Residential Services Support Person Support Person has completed an audit of behaviour management training for the team with the Person in Charge/service manager. The audit found that the majority of the team had completed training in behaviour management. Any training outstanding for individual staff will be completed. The Central Compliance Unit have liaised with the staffing provider to request submission of updated behaviour management training certificates.
- The Children's Residential Services Support Person will ensure that the Person in Charge has a copy of the roster available in the centre. As part of weekly visits the Children's Residential Services Support Person will review the roster to ensure that a Social Care Worker is on duty each day. This will also be reviewed as part of review of Daily Handover Log.
- The Children's Residential Services Support Person will assist the Person in Charge in completing a Training Needs Analysis for the team. The Children's Residential Services Support Person will consider with the Person in Charge any additional training needs for staff that will support the care of young people in the centre following the meeting on the 18th of September 2026.

This compliance plan response from the provider did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the standards.

Proposed timescale:
30th September 2026

Person responsible:
Regional Chief Officer & Assistant National Director (Alternative Care)

Quality and Safety: Child-centred Care and Support	
Standard: 1.1	Judgment: Substantially compliant
Outline how you are going to come into compliance with 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. • The Children's Residential Services Support Person will assist the Person in Charge in completing a Training Needs Analysis for the team. The Children's Residential Services Support Person will engage with the Person in Charge to identify any additional training needs for staff that will support the care of young people in the centre following the meeting on the 18th of September 2026. • The Children's Residential Services Support Person will support the Person in Charge in making contact with Tusla Assessment Consultation and Therapy Service. Targeted training can be requested which will focus on Trauma and how this impacts the young people we work with. This would be intended to support the team in better understanding the impact of trauma on young people and how it affects young people in terms of their behaviour and presentation. It is intended to support staff in further developing empathy and understanding of the young people they work with and in particular with young people who are difficult to reach and make connections with. This will be discussed with the Person in Charge at the meeting on the 18th of September 2026. • The Children's Residential Services Support Person will ensure that the Person in Charge has a weekly schedule of Young Person Meetings in place. The Children's Residential Services Support Person will review a selection of these meeting minutes to provide oversight and feedback. These meetings commenced in September 2026. • As part of weekly visits the social worker will review the Young Person's bedroom and check for food in fridge and presses and ensure the weekly planner of activities, appointments, visits etc. is in place. This will be checked against the Daily Log to ensure that planners are an accurate reflection of activities being offered to and facilitated for the young person. The Social Worker will also ensure that any actions agreed at Placement Planning meetings are in progress or have been completed by the care team. This will be followed up with the Person in Charge from the 18th of September 2026. • The Young Person's Social Worker will advise the advocacy service of the young person's admission in August 2026. The young person will be facilitated to meet with an advocate from the service by the 30th of September 2026. • As part of weekly visits the Children's Residential Services Support Person and Social Worker will take note of observations of care practices and	

interactions between the care team and young people. Any concerns will be addressed to the Person in Charge and additional supports provided to the team if required.	
Proposed timescale: 30th September 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)

Quality and Safety: Effective Care and Support	
Standard : 2.2	Judgment: Not compliant
Outline how you are going to come into compliance with Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development. • There are Care Plans in place for young people. Where the Care Plan requires review there are scheduled dates for Child in Care Reviews for the two young people placed, which are the 15th of September and the 16th of September 2026. • Placement Plans have been developed with the Care Team and Social Worker and are in place in the centre. The Placement Plan ensures that the changing needs of the young person are identified, communicated and responded to appropriately, resulting in care that is tailored to their individual circumstances. The Children's Residential Services Support Person will assure themselves that the Person in Charge has ensured that the team have access to the plans and through oversight of daily logs and observation of care practice that these plans form the basis of how the team support the Young Person. This will be communicated to the Person in Charge at the meeting on the 18th of September 2026. • Placement Support Plans (PSP) have also been developed with the Care Team and Social Worker with support from the Children's Residential Services Support Person. A Placement Support Plan has also been developed to guide the team in the most effective ways to support the Young Person and manage any behaviours that challenge. The Children's Residential Services Support Person will assure themselves that the Person in Charge has ensured that the team have access to the plans and through oversight of daily logs, Significant Events and observation of care practice that these plans are evidenced in how the team support the young person. • The Person in Charge will ensure that Keyworkers provide young people with opportunities through focussed keyworking to give their input into planning for their daily needs and future goals. The Children's Residential	

Services Support Person will provide oversight and feedback of keyworking files.

- Weekly Placement Planning meetings will take place with the Person in Charge, Social Worker and Social Work Team Leader and Temporary Emergency Placement Co-Ordinator and the Children's Residential Services Support Person. This meeting reviews the Young Person's placement and care planning needs and the Placement Plan. The Placement Support Plan will be updated as required.
- The Agenda of the Weekly Multidisciplinary meetings has been reviewed to ensure that all aspects of the young person's care are considered and discussed. This will include health needs, emotional needs, incidents and risk management, access, structures, education and overall wellbeing.
- Detailed minutes of these meetings will be taken and circulated to those in attendance by the social work department. The Person in Charge will also attend these meetings and will ensure that the staff team have access to minutes and actions required.
- The Person in Charge will ensure that staff and keyworkers are also in attendance at any meetings in relation to young people in the centre so that there is a clear and co-ordinated approach to the planning of the care of the young people and that the young person's voice is represented.
- The Children's Residential Services Support Person will support the Person in Charge in making contact with Tusla Assessment Consultation and Therapy Service. Targeted training can be requested which will focus on Trauma and how this impacts the young people we work with. This would be intended to support the team in better understanding the impact of trauma on young people and how it affects young people in terms of their behaviour and presentation. It is intended to support staff in further developing empathy and understanding of the young people they work with and in particular with young people who are difficult to reach and make connections with. This will be discussed with the Person in Charge at the meeting on the 18th of September 2026.
- Once the Person in Charge is in place from the 16th of September 2026 there will be a clear line of communication between the Care Team and the Social Worker. The Children's Residential Services Support Person and Social Worker will ensure that communication is being filtered to the Care Team by regular oversight of Daily Logs and Daily Shift Handover Log.
- The Children's Residential Services Support Person will support the Person in Charge in developing a comprehensive document management system to ensure that the young person's information is saved in a way that it is accessible and secure. As part of weekly visits, the Children's Residential Services Support Person will provide oversight and feedback with regards the system.

Proposed timescale:
10th October 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. • A Risk Assessment will be completed in August 2026 with regards the bedroom window. Any actions required will be included such as a restrictor for the window. This will be reviewed as part of the monthly Risk Management Meeting. This will be followed up with the Person in Charge at the meeting on the 18th of September 2026. • A plan is in place to renovate the back garden in order to make the area more accessible and provided an outdoor space for young people and the team to enjoy. • Funding has been made available to the team to ensure that the centre is decorated in a homely manner. Input will be sought from the young people. • Although the kitchen table is small it will be set for lunch and dinner to encourage young people to sit and chat while they eat. Even if it is just to invite a young person to sit to have a snack and a drink to encourage a sense of communal living in the house. • The Children's Residential Services Support Person will support the Person in Charge in developing individual programmes to help incentivise young people to take an active part in the upkeep of their own rooms and the wider household to help improve their sense of belonging and also to learn important practical life skills. • The Children's Residential Services Support person will complete a Health and Safety 'walk around' of the service weekly. Any minor issues/repairs required will be notified to the Person in Charge to be added to the Maintenance Register. Cleaning Rotas will be reviewed to ensure that tasks are completed and signed. • A Reflective Warning Triangle and a Fire Extinguisher suitable for a car will be purchased for the house vehicle by the 4th of September 2026. • The staffing provider will be advised that staff need to complete training in First Aid and Manual Handling. This is to be completed by 30th October 2026. The Children's Residential Services Support Person will request confirmation of same from the Person in Charge.	
Proposed timescale: 30th October 2026	Person responsible: Regional Chief Officer & Assistant National Director (Alternative Care)

Quality and Safety: Safe Care and Support	
Standard : 3.1	Judgment: Not 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 liaise with the Person in Charge to seek assurance that all care staff are registered on the Tusla Portal and know how to make a Child Protection and Welfare Referral. This will be communicated to the Person in Charge at the meeting scheduled on the 18th of September 2026. • The Children's Residential Services Support Person will signpost the Children First "Mandated Person" E-learning programme to the Person in Charge on the 18th of September 2026 for completion by all relevant staff members. The Children's Residential Services Support Person will review with Person in Charge by the 30th of September 2026 to ensure all relevant staff have completed training in order to ensure that they understand their role in implementing safeguarding and responding to abuse. • The Children's Residential Services Support Person will provide the Person in Charge with a Register for Child Protection Welfare Referrals in order to log any referrals submitted in September 2026. The Children's Residential Services Support Person will review the register as part of weekly visits. • As an immediate measure completed by 16th of July 2026 a review of Significant Event Notifications since the 28th of April 2026 (when the service came under Section 59a) was completed by the Children's Residential Services Support Person and Temporary Emergency Placement Co-ordinator in consultation with social work department to identify any incidents that reached the threshold of Child Protection Welfare concerns and ensure that these are notified through the required child protection and welfare report form. Following on from this safety plans and risk assessments were also reviewed and updated. • A further review of Significant Event Notifications was completed by 14th of August 2026 dated back to September 2025 to again ensure that any incidents that reached the threshold of Child Protection Welfare concerns were notified through the required child protection and welfare report form. This review was completed by the Children's Residential Services Support Person. • Daily logs are provided by the care team to the Social Work Team; Temporary Emergency Placement Co-ordinator and Children's Residential Services Support Person each day for review and oversight. Any Significant Event Notifications required will be provided no later than the following day to the same group to ensure oversight. Any delays will be followed up with the Person in Charge.	

There is a weekly Placement Planning meeting schedule in place for each young person. At these meetings Significant Event Notifications are reviewed and safety planning and risk management will be reviewed. These meetings will be attended by the Social Work team; care staff and Temporary Emergency Placement Co-ordinator. The Children's Residential Services Support Person will also attend to provide direction and leadership in relation to the implementation of the Children's Residential Services policies, procedures and the national standards, which will include guidance on submitting Child Protection Notifications, identify and managing risk and safe and effective care for each young person.

Risk Management Meetings are in place to monitor and respond to child protection and welfare concerns (relating to the Temporary Emergency Placement only), Need to Know notifications and Significant Event Notifications (SENs). This is to enhance and ensure that robust mechanisms are in place to promote children's safety, the quality of care and compliance with relevant policy and regulatory requirements.

The scope of the Regional Risk Management Subgroup is to have governance and oversight of all Temporary Emergency Placements in the Region whereby there are Need to Know Notifications and Significant Event Notifications received on a young person in an Temporary Emergency Placement. This group will hold a Risk Management Meeting on a monthly basis with relevant Principal Social Workers invited to attend. During this meeting any relevant information brought by the Principal Social Worker relating to the Temporary Emergency Placement will be discussed with a view to reducing the risk. Risk Management Meetings can be convened in emergency situations depending on the level of risk and Significant Event Notifications that have been received.

The Children's Residential Services Support Person will provide support and feedback to the Person in Charge and staff team to ensure that Significant Event Notifications are concise and factual and include all relevant details of the event including follow up actions required.

Any child protection concerns identified by the social work team, Children's Residential Services Support Person and Temporary Emergency Placement Co-ordinator in Significant Event Notifications are reported as necessary and will be discussed with the Person in Charge and staff team.

The Children's Residential Services Support Person will signpost the "Children First: In Action" e- learning course on HSELand to the Person in Charge/centre management in August 2026 for the team to complete. The Children's Residential Services Support Person will verify that all staff have completed this training at meeting on the 18 of September 2026.

- The Children's Residential Services Support Person will provide the Person in Charge with access to the Tusla Child Sexual Exploitation e-learning programme on HSELand.
- Weekly Placement Planning meetings will take place with the Person in Charge, Social Worker and Social Work Team Leader and Temporary Emergency Placement Co-Ordinator and Children's Residential Services Support Person. This meeting reviews the Young Person's placement and care planning needs and the Placement Plan. The Placement Support Plan will be updated as required. The Agenda of the Weekly Multidisciplinary team meetings has been reviewed to ensure that all aspects of the Young Person's care are considered and discussed. This will include health needs, emotional needs, incidents and risk management, access, routines, education and overall wellbeing.
- Detailed minutes of these meetings will be taken and circulated to those in attendance by the social work department. The Person in Charge will also attend these meetings and will ensure that the staff team have access to minutes and actions required.
- The Children's Residential Services Support Person to support the Person in Charge in appointing an appropriate keyworker for the Young Person.
- The Keyworker will plan focussed and targeted key working sessions with the Young Person. These sessions will focus on themes such as health needs, emotional needs, incidents, access/family, daily routines, education and overall wellbeing.
- Keyworker Support will be provided for this staff member by the Person in Charge to ensure they are clear on their role and expectations by the 30th of September 2026. The Children's Residential Services Support Person will support the Person in Charge in providing ongoing oversight and support to the appointed keyworker. Updates and feedback from Keyworking sessions will be shared at the Multidisciplinary team meetings to inform Placement Support Plan review.
- The Children's Residential Services Support Person will support the Person in Charge in making contact with Tusla Assessment Consultation and Therapy Service following discussion at the meeting on the 18th of September 2026. Targeted training can be requested which will focus on Trauma and how this impacts the young people we work with. This would be intended to support the team in better understanding the impact of trauma on young people and how it affects young people in terms of their behaviour and presentation. It is intended to support staff in further developing empathy and understanding of the young people they work with

and in particular with young people who are difficult to reach and make connections with. - Identified risks and vulnerabilities for young people will be reviewed at weekly Placement Planning Meetings. Risk Assessments and Safety Planning will be further explored at Risk Management Meetings. The Children's Residential Services Support Person will ensure that actions from these meetings are communicated to the team and actioned in the centre by the Person in Charge. - The Care Plans will be updated following the Child in Care Reviews on the 15th of September 2026 and the 16th of September 2026.	
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	Not compliant	RED	30 September 2026.

	accountability to deliver child-centred, safe and effective care and support.			
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
1.1	Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Substantially compliant	YELLOW	30 September 2026
2.2	Each child receives care and support based on their individual needs in order to maximise their personal development.	Not compliant	ORANGE	10 October 2026
2.3	The residential centre is child-centred and homely, and the environment	Substantially compliant	YELLOW	30 October 2026

	promotes the safety and wellbeing of each child.			
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not compliant	RED	30 September 2026.

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