



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

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin Mid Leinster
Type of inspection:	Unannounced
Date of inspection:	18 February 2025
Centre ID:	OSV-0004167
Fieldwork ID	MON-0046182

## Safeguarding

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

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

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

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

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

## About the centre

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

Our aim is to provide a safe, caring environment characterised by the quality of the relationships that we develop with the young people in our care, in which we can support children and family with issue that may be preventing them from living at home with a view to facilitating their earliest possible return. Where this is not possible, we work to prepare each young person for a successful transition to an agreed placement/aftercare arrangement and will do so up to a point to be determined by their age, need or development whereby circumstances are such that it becomes more feasible to help prepare them to live independently, initially with the support of our aftercare services.

We work to ensure that our care practice is always young person centred and that we maintain a needs led, multidisciplinary approach to looking after the young people in our care

**The following information outlines some additional data of this centre.**

<b>Number of children on the date of inspection</b>	2 children and 1 young adult
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## How we inspect

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

As part of our inspection, where possible, we:

- Speak with children and the people who visit them to find out their experience of the service
- Talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre

- Observe practice and daily life to see if it reflects what people tell us.
- Review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

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

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

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

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

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

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

<b>This inspection was carried out during the following times:</b>			
<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
18 February 2025	10:00 hrs to 19:00 hrs 10:00 hrs to 19:00 hrs	Adekunle Oladejo Nicola Rossiter	Lead Inspector Support Inspector

## What children told us and what inspectors observed

Inspectors carried out an unannounced inspection focused on the safeguarding of young people living in the centre. The centre had capacity for five young people. On the day of the inspection, there were two young people who had recently been admitted and one young adult living in the centre. A plan was progressing for the admission of another young person at the time of the inspection.

The centre is a two-storey building located in a Dublin suburb with access to local amenities such as school, shops, and public transport. Young people spoken with said that 'they like living in the centre'. They told inspectors about what they liked about the centre such as being able to 'decorate their bedrooms to their personal liking'. Inspectors observed that the staff's interaction with the young people present during the inspection was warm and respectful.

Inspectors sought to speak with the young people and all agreed and shared their views and experiences of living in the centre. The young adult living in the centre also agreed to speak with inspectors. In addition, inspectors spoke with the allocated social workers for both young people and a guardian ad litem<sup>1</sup> (GAL) for one young person. From what the young people said, the records reviewed and what inspectors observed, it was clear that young people living in the centre were looked after by a committed and experienced staff team that were knowledgeable about how to recognise and respond to the young people's safeguarding needs.

All those living in the residential centre expressed positive views about the care and support they received from the staff team. They spoke positively about staff and told inspectors that they feel safe and comfortable in the centre. They spoke about the meaningful relationships that they had built with team members and how this had promoted their sense of safety. They said that they could talk to staff about any worries or concerns and they are confident that they would do their best to resolve the matter.

Some examples of comments made by young people included:

- "Relationships with the staff are amazing"
- "My keyworkers are very nice"
- "I can talk to any of the staff but I have favourites"
- "I can talk to staff if there is anything worrying me"

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

Young people told inspectors that they were provided with information about the centre, the rules and practices and on how the staff team intended to meet their needs, including their safeguarding needs. One young person spoke about a plan that was put in place to promote their safety and said that they were "grand with the decision". They said 'they feel safe and that they are happy living in the centre'.

A young person told inspectors that they were looking forward 'to be more independent' and that they "hope to continue to receive help and support" after they have left. Another young person said that they were "anxious" about their aftercare plan and their keyworker had supported them in getting answers to their questions. They said that "staff did everything for me, they did all my aftercare planning" and that they "will leave [centre name] with happy memories"

Feedback from external professionals who spoke with inspectors was very positive. They all expressed satisfaction with the standard of care in the centre.

Professionals told inspectors that the young people are being adequately safeguarded. They said that staff were experienced and responsive to the young people's safety needs. All professionals said that they were happy with the young people's progress in the centre and they felt that the staffing level was sufficient to meet the safeguarding needs of each young person. They said that staff were alert to the safeguarding risks in the community and would respond appropriately, if any concerns emerge.

One professional told inspectors that the centre was well managed and described the staff team as "caring and committed". They said that the staff team are well established with good level of experience. They said that this had provided stability and sense of security for the young people and this is 'very important and beneficial for them'.

All professionals said that the communication with the staff team was good. The social workers reported that they were notified of any incidents or concerns by the centre staff in a timely manner. The GAL said that they could get verbal update from the centre staff through phone calls and during visits.

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

## Capacity and capability

The centre was last inspected in March 2023. Eight standards were assessed and the service was found to be compliant with five standards, substantially compliant with one and not compliant with two.

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

- Two standards were compliant
- Two standards were substantially compliant
- Five standards were not compliant

This inspection found that some aspects of governance at national level needed improvement. The provider had not ensured that the suite of policies and procedures guiding staff practice in children residential centres and those relevant to safeguarding had been reviewed and updated as required. Tusla's personnel files reviewed by inspectors were good quality containing all necessary information to indicate safe recruitment practices. However, inspectors had significant concerns about the safety of recruitment practice of agency staff. This concern was escalated to the regional manager and the assurance received demonstrated that it was being effectively addressed.

Incidents were appropriately identified and managed in the centre. Staff and managers were skilled on how to recognise and respond to the possibility of abuse and they were knowledgeable about the increased risks and vulnerabilities relevant to children in care. Staff practice recognised that the timely identification and management of incidents are crucial in ensuring that children were safeguarded. There were adequate and effective systems in place for the external oversight and review of incidents. However, systems in place for the internal review of incidents and for the implementation of learning, arising from external review of incidents needed to be strengthened.

There were clearly defined leadership and management structures in place in the centre that set out lines of authority and accountability. Managers promoted an open culture where safeguarding is embedded into the services provided. Children were supported by a staff team who understood their safeguarding needs. Staff who spoke with inspectors understood their responsibilities to safeguard children against harm and abuse. Managers monitored the quality of the safeguarding practice through audits which were carried out on key areas of practice.

There was a robust risk assessment framework in place for the identification and assessment of risks. Managers maintained a risk register and overall, relevant safeguarding risks were identified, managed and reviewed on a regular basis with adequate control measures in place. However, risk management in respect to aspects of planning for children’s safeguarding needs required some improvements.

Tusla’s staff had received training in *Children First: National Guidance on the Protection and Welfare of Children (2017)*<sup>2</sup> but improvements were required to ensure that agency staff completed this mandatory training. In addition, some but not all Tusla staff had received additional training in the areas relevant to safeguarding. The staff team will benefit from training in key areas of practice such as child sexual exploitation and trafficking to promote their knowledge and response to these safeguarding concerns should they arise.

### **Standard 3.3**

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

There were systems in place in the centre for the identification, management and review of incidents. Incidents were identified and managed in a timely and effective manner with good external oversight. The mechanism for the internal review of incidents and systems in place for the implementation of learning, arising from external review of incidents required improvements.

Incidents were effectively identified and reported to the children’s allocated social worker and other relevant parties in a timely manner. Staff in the centre worked in partnership with social workers and other professionals to promote the safety and wellbeing of children. A record of all incidents occurring in the centre was appropriately maintained. Staff were alerted to the safeguarding risks and children’s vulnerabilities such as risks that are present in the local community, associated with the location of the centre.

At the time of the inspection, there were no serious safeguarding concerns for children living in the centre, there had been no incidents of children going missing from care or concerns about child exploitation recorded in the centre, relating to the children resident at the time of inspection. There was one child protection concern and five significant events (SENs) in relation to children living in the centre. Inspectors reviewed the child protection concern and found that it was

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<sup>2</sup> National policy document which assists people in identifying and reporting child abuse.

appropriately identified, reported and effectively managed. A sample of the SENs reviewed by inspectors demonstrated that incidents including those that posed risks to the wellbeing of children, such as suspected drug use were identified and responded to in a timely manner. However, none of the SENs reviewed by inspectors showed that incidents had been effectively reviewed by the centre management team to identify learning, there was no follow-up action to inform future practice and there were no recommendations outlined, as appropriate.

As per the centre's health and safety risk register, there was a potential risk posed if there is a lack of appropriate arrangements for the identification, recording and learning from incidents. Effective control measures such as external oversight of incidents by the deputy regional manager and the significant event review group (SERG) meeting were identified. Notwithstanding this, the process for internal review of incidents by the centre management required improvement to ensure that any follow-up actions identified including recommendations are clearly identified, recorded and acted upon in a timely and effective manner.

Adequate arrangements were in place for the external oversight of incidents, but learning from audits and reviews required improvement. Incidents were notified to the deputy regional manager who carried out trend analysis of the incidents in the centre to identify patterns and indicators of risk in order to reduce reoccurrence. There was a regional significant event review group who reviewed incidents in children residential centre within the Dublin Mid-Leinster region for the purpose of quality assurance, risk identification and risk management. Records reviewed by inspectors showed that SENs from the centre had been brought up at this review group meeting where recommendations were made; however, it was not evident from the review of records that this recommendation was communicated to the staff team or implemented. This meant that learning arising from incident had not been consistently used to inform future practice in order to promote better outcomes for the children.

Managers and staff that spoke with inspectors recognised that children having a consistent and sustained relationship with the centre staff is a protective factor that supports effective safeguarding. Children were able to build trusting and meaningful relationships with familiar adults which is important for their safeguarding. Children said that they got on very well with the centre staff and their keyworkers.

Overall, there were adequate systems in place for the identification, management and review of incidents, along with effective systems for the external oversight of incidents. The mechanism for the internal review of incidents and systems in place

for the implementation of learning, arising from external review of incidents required improvements. It is for this reason that this standard was judged to be substantially compliant.

**Judgment: Substantially Compliant**

### **Standard 5.1**

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

### **Regulation 5:**

#### **Care practices and operational policies**

Systems in place to ensure a timely review and update of operational policies required improvements. The provider at national level had not ensured that suites of national policies for children's residential centres and policies, procedures, protocols and guidance across significant areas of practice directly related to safeguarding children in residential care, were reviewed and updated in a timely manner.

Staff and managers adhered to and implemented Tusla's national policies and procedures and provided safe, effective care to children in the centre. However, Tusla national policies for children's residential centres, including safeguarding policies and procedures, were not up-to-date and had not been reviewed as required. The national policies for children's residential centres have not been reviewed and updated since 2021. This set of policies includes policies such as; bullying, safeguarding young people online and restrictive practices. In addition, Tusla policies, procedures and guidance documents, intended to guide staff in safeguarding children were not reviewed as required. For example, reviews of Tusla's national procedures for the provision of information and training for staff in relation to the identification of the occurrence of harm, guidance to manage risk of harm, 'Tell Us' complaints policy and procedure and Tusla's child sexual exploitation policy were more than a year overdue. The policy on protected disclosures had been due for review in December 2024 and the review of Tusla's recruitment and selection policy and procedures was more than five years overdue. Similarly, the joint working protocol for An Garda Síochána and Tusla had not been reviewed since 2017.

In addition, inspectors noted an absence of up-to-date policies, procedures and guidance for staff on recognised and increasing safeguarding risks for children and young people in Ireland, in particular children in care, including; criminal

exploitation, labour exploitation, sexually coerced extortion and child trafficking for the purpose of exploitation.

Staff who spoke with inspectors demonstrated a good understanding of policies, procedures and best practice in relation to the prevention and protection of children from safeguarding issues, such as bullying and different types of exploitation. Staff understood their responsibilities under the Children First Act, 2015 and understood how to apply the provider's safeguarding policies and procedures to deliver a safe and quality service for the children. For example, effective arrangements and guidance were in place to manage safety risk associated with caring for children alongside young adults in the centre. A risk assessment was completed and adequate control measures were identified to mitigate and manage associated risk.

Staff were knowledgeable about how to manage concerns that do not meet the threshold for social worker's intervention. Staff responded adequately to an incident of bullying and worked collaboratively with the relevant parties to ensure that the incident was effectively addressed.

An effective system was in place to promote good safeguarding practice through monitoring of the centre's compliance with the national standards. Managers monitored the quality of the safeguarding practice within the centre through a suite of audits completed by the deputy manager. Routine audits were conducted on key practice areas such as risk management, care practice, operational policies and procedures, governance and management. Action plans were developed from the outcome of these audits and these actions were effectively tracked until completed.

The provider promoted a good safeguarding practice in respect to the appointment of the centre manager as the designated liaison person<sup>3</sup> (DLP) for the centre. Staff spoken with were aware of the DLP and understood their role. A child safeguarding statement<sup>4</sup> was in place and this was easily accessible within the centre. This reflected the provider's principle to safeguard children from harm and provided an overview of identified risks with procedures in place to manage these. However, all possible safeguarding risks that related to the children living in the centre were not included in the safeguarding statement. The management team had bridged this gap by placing this additional risk on the centre's risk register.

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<sup>3</sup> Refers to the person responsible for ensuring that reporting procedures are followed, so that child welfare and protection concerns are referred promptly to Tusla

<sup>4</sup> Refers to a written statement that specifies the service being provided and the principles and procedures to be observed in order to ensure, as far as practicable, that a child availing of the service is safe from harm.

There was an absence of up-to-date policies, procedures, protocols and guidance across significant areas of practice directly related to safeguarding children in residential care. Duration of time overdue review varied significantly, indicating no clear mechanisms for a systematic review of such national policies. Significant improvements are required to ensure that all such national guidance documents remain relevant, up-to-date and inclusive of developments in practice and risks relating to the safe care of children and young people. It is for this reason that this standard was judged to be not compliant.

**Judgment: Not Compliant**

## **Standard 5.2**

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

### **Regulation 6:**

#### **Staffing**

The inspection found that children were cared for by a staff team who understood their safeguarding needs. The centre had a well-established and experienced staff and management team and this provided familiarity and stability for the children. Managers facilitated an open, fair and transparent culture that promoted the safeguarding of children living in the centre. However, risk management in respect to the premises and planning for children needed improvement. Systems in place for the monitoring, internal review of incidents and the implementation of learning arising from external review of incidents needed to be strengthened. In addition, the provider at national level had not ensured that the recruitment of staff through agencies was carried out in line with Tusla's safe recruitment practices.

Risk management systems were in place for the identification and assessment of risks. At the time of the inspection, managers maintained a risk register and inspector found that relevant safeguarding risks such as potential risk of bullying and health and safety related risks had been identified, and reviewed on a regular basis, with adequate controls in place. However, improvement was required to ensure that all risks were effectively identified and managed. Inspectors found that one risk relating to the assessed safeguarding needs of a child had not been effectively managed. At the time of the inspection, the agreed support plan for the management of the risk had not been developed and implemented.

In addition, risks associated with premises had not been adequately assessed or addressed in a timely manner and there were gaps in records such as fire safety register. Improvements were required to ensure that all child protection and

welfare concerns are reported by the appropriate mandated person<sup>5</sup> in a timely manner in line with Children First (2017). These are discussed further under quality and safety section of this report.

There were clearly defined management structures that set out lines of authority and accountability. The centre was managed by a qualified and experienced manager who had the overall responsibility for the delivery of the service. The manager was supported by an equally experienced deputy manager. There were four social care leaders who supported the managers in the day-to-day operations. There were 13 social care workers employed in the centre.

Staff who spoke with inspectors said that managers were accessible and they could go to them for any issues or concerns they might have about the safety of the children. The centre manager was present during the course of the inspection and inspectors observed that they were readily available to both staff and children. External oversight including the safeguarding practices was the responsibility of the deputy regional manager. The centre manager told inspectors that the deputy regional manager visited the centre at regular intervals and that they receive regular updates about the care of the children.

There were sufficient number of suitably qualified and experienced staff employed to safely care for the number and needs of children accommodated in the centre. The centre had full complement of staff at the time of the inspection and there was occasional use of consistent agency staff to cover gaps in the roster, as required. Workforce planning was effective. Inspectors reviewed a sample of staff roster and found that there were adequate number of staff on shift with the right skill mix.

A team-based approach to working was promoted through a weekly team meeting; however, improvement was required to ensure that adequate attention is given to aspects of children safeguarding in this forum. While team meeting records set out a standing agenda such as SENs review, child protection review, complaints review, governance of the centre, audit and learnings, the records reviewed by inspectors showed that these were not routinely discussed. Team meeting discussions focused extensively on the overview of children's experiences during the preceding week and safeguarding issues or needs of each child were not regularly discussed. Overall, meeting minutes sampled by inspectors reflected decision making and in some, the person responsible for the implementation of agreed actions was outlined. However, improvement was required to ensure relevant reviews, such as SENs, child protection, audit and learnings were

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<sup>5</sup> A person who has a legal duty to report child protection concerns.

routinely discussed. Team meeting records sampled by inspectors were not signed by all staff in the centre and it was unclear if those that were not in attendance had read and understood what was discussed and agreed.

Arrangements in place for the implementation of learning needed improvement. Managers meetings took place every month regionally, between the centre managers and the regional managers, and this was attended by the deputy manager. Samples of the minute records reviewed showed that the focus of these meetings was mainly on the aspects of operational matters, to resolve common issues and to share learning. There were some discussions around safeguarding matters such as health and safety and restrictive practice to promote a consistent approach to practice in the region. Inspectors found that a learning in respect of findings from inspections of other centres in the region, around the storage of combustible materials, had been shared with all managers in this forum. However, this learning had not been effectively implemented in the centre, as this specific risk was identified by inspectors in the centre. Further details are outlined under standard 2.3 of this report.

There were good monitoring and oversight mechanisms in place to ensure child-centred, safe and effective care was provided to children. The centre manager had completed an annual review of the quality and safety of care and support in the centre, including safeguarding practices. This effectively evaluated the service and informed the quality improvement measures. This report provided an overview of the practice including the analysis of incidents, complaints and reflected commentary on the areas of good practice. Service improvement actions identified from this review included; staff training in the provider's model of care, and the process of audit which were already in place at the time of the inspection.

In addition, Tusla's practice assurance and service monitoring team (PASM)<sup>6</sup> had visited the centre in December 2024. The PASM report showed that children were cared for by qualified, experienced and consistent staff and consultation with children in respect to their care was evident. However, improvements were noted to be needed regarding some aspects of the centre's physical infrastructure. The report also noted that not all key documents relating to the children's care were readily available for review.

The system in place for continuous quality improvement needed to be strengthened. A sample of the SENs reviewed by inspectors showed that while incidents were appropriately identified, reported and managed, none of the SENs

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<sup>6</sup> Responsible for the quality assurance and monitoring of Tusla's national services, including statutory children's residential centres.

sampled by inspectors showed that the incident had been effectively reviewed by the centre management team, there was no follow-up action identified and no recommendations outlined, as appropriate. This meant that the effectiveness of interventions aimed at ensuring children's safety and protection, had not been adequately reviewed and evaluated.

There was a policy in place for the handling and investigation of complaints from children living in the centre. The manager maintained a complaint register and information regarding the provider's complaint process was provided to children as part of their induction into the centre. There was one complaint made by a child in the previous 12 months of the inspection and this was closed. Inspectors reviewed this and found that that it was effectively managed, in line with the provider's policy and that the child was satisfied with the outcome.

Safeguarding training was provided to staff in areas such as Children First (2017), fire safety, incident management, complaint handling, and on the approved behaviour management technique. A training need analysis (TNA) was completed for 2025 which reflected the learning and development needs of staff. However, safeguarding training in key areas of practice including, child sexual exploitation and trafficking, which had not been completed by all staff, were not included in the TNA. The review of staff training records showed that some but not all staff had received training in these areas.

The inspection found that staff recruitment was not consistently carried out in line with Tusla's procedure on safe recruitment practices. Tusla staff files were of good quality and contained all necessary information to indicate safe recruitment practices, however, the review of agency staff files indicated significant concerns regarding the monitoring and oversight by Tusla of the safety of recruitment and selection practices by the provider of agency staff.

Inspectors reviewed seven staff files in total, six files related to staff directly employed by Tusla and one file relating to staff employed through an agency which were used regularly by the centre. The review of Tusla staff files found that the required checks had been carried out for the staff members whose personnel files were sampled. These checks included Garda vetting, references, identification and qualifications. However, the inspection found that there were gaps in the files of the staff employed through an agency. Key information and requirements such as full contact details, Garda vetting, oversea police clearance where relevant, certificate of education qualification, Children First (2017) training certificate and reference checks, were absent from the agency staff file. These concerns were escalated to the regional manager following the inspection and adequate assurances were provided that mechanisms were being established within Tusla,

which would ensure better monitoring and oversight of necessary safe recruitment practices by providers of agency staff.

The manager told inspectors that plans were progressing to ensure that staff are registered with CORU<sup>7</sup> before the deadline date, in compliance with the relevant legislation. The manager said that staff registration with the regulatory body is a standing agenda in staff supervision.

Overall, the provider at national level had not ensured that the recruitment of staff through agencies was carried out in line with Tusla's procedure on safe recruitment practices. In addition, risk management in respect to the premises and planning for children needed improvement. Systems in place for the monitoring, internal review of incidents and the implementation of learning arising from external review of incidents needed to be strengthened. It is for this reason that this standard was judged to be not compliant.

**Judgment: Not Compliant**

## Quality and safety

Safeguarding practice in the centre respected children's rights and promoted their welfare. Staff recognised their role as advocates for the children and the centre manager recognised the importance of assessing children's needs before admission to ensure that they had the ability and facilities to safely support them. Children were involved in decisions made and they were supported by the staff team in preparation for adulthood. However, some areas of safeguarding practice needed some improvements.

This inspection found deficits in the safety planning and risk management in respect to the safeguarding needs of children living in the centre. In addition, risks were identified with the premises. Staff who spoke with inspectors expressed concerns about the suitability of the premises to meet the needs of all children when the centre had five children placed. In addition, not all child protection and welfare concerns were reported by the mandated person in a timely manner and in line with Children First (2017). Improvement was also required in the recognition and the assessment of a need for restrictive practice and the regularity of children's meeting.

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<sup>7</sup> Ireland's multi-profession health regulator.

Children's rights to safety was recognised and promoted and their views and opinion were sought about their safeguarding needs, as appropriate. Children were provided with information about their rights and a child-centred approach was taken in respect to their safeguarding needs. They were helped to prepare for adulthood and for the transition to their onward home. They were provided with opportunities to learn life skills to keep themselves safe appropriate to their age and stage of development. Children could talk to staff about any worries or fears they may have. Staff were responsive to any emerging safeguarding concerns and for the most part, had a plan to follow-up if they were worried about children's safety.

Staff facilitated children to exercise choice in a supportive environment that took into account their safeguarding needs and vulnerabilities. Children had opportunities to participate in and contribute to decisions made about their day-to-day care and safety. Children had positive relationships with consistent staff. They knew how to make a complaint and they were aware of external independent advocacy support services.

There were effective systems in place to promote children's health and wellbeing. Routine key work sessions were carried out with children to educate and guide them around safeguarding risks. Children were enabled to improve their self-advocacy capacity. They were supported to prepare for adulthood and had opportunities to learn life skills and assume increasing levels of responsibility as they grew older, in line with their age, ability and stage of development. Children were prepared for their move to independent living and they were provided with age-appropriate opportunities that allowed them to take developmentally appropriate risks that was carefully balanced with keeping them safe.

### **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

Overall, children's rights were considered in the context of the safeguarding practices within the centre. Safeguarding arrangements had due regard for children's individual beliefs and values. They were treated with dignity and staff practice recognised and respected children's diversity and any additional vulnerabilities. Children's rights, including right to be safe, to be listened to and to

participate in decisions made about their lives and their safety were respected and promoted, in line with their age, ability and maturity. However, improvement was required to ensure that the use of restrictive practices was appropriately assessed, relevant and balanced with the rights of children to live a restriction-free life that meets their safeguarding needs.

Children living in the centre were provided with information about their rights including information on how staff will safeguard and protect them from harm. Staff and managers ensured that children's wishes were reflected in plans related to their safety and their safeguarding needs. Through care and placement planning process, children were consulted and supported to give their views and contributed to their own safeguarding in order to promote their safety and improve their wellbeing. They were educated about safety risks and empowered about how to safeguard themselves through direct work with staff in areas such as keeping safe in the community, internet safety, maintaining active and healthy lifestyle and mental health.

Children in the centre attended meetings to discuss matters that are important to them as a group. Topics in relation to communal living arrangements were routinely discussed in addition to matters that related to independent living skills. Discussions were held around developing children's capacity to support and advocate for themselves. Records reviewed by inspectors indicated a monthly schedule for these meetings. However, they took place less frequently and this is an area for improvement to ensure that children had timely opportunity to come together as a group and contribute to the care arrangements in place in the centre including the safeguarding practice.

From interview with staff and manager, inspectors found that there was a restrictive practice<sup>8</sup> in place whereby some household items were locked away limiting children's access to them. This restrictive practice had not been identified, recorded and reviewed, as required. No risk assessment was in place to underpin the need for the restrictive practice. This meant that there was no clear rationale demonstrated for this measure. The rationale provided to inspectors was that this was a historical practice which had been in place for years.

In summary, safeguarding practice respected children's rights and children were treated with dignity and respect. Improvement was required in regards to the recognition and the assessment of need for a restrictive practice and the regularity of children's meeting. It is for this reason that this standard was judged to be substantially compliant.

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<sup>8</sup> A restrictive practice is the intentional restriction of a person's voluntary movement or behaviour.

## **Judgment: Substantially Compliant**

### **Standard 1.3**

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

Children were supported to exercise choice in a supportive environment that took into account their safeguarding needs. Children were provided with opportunities to participate in and contribute to decisions made about their day-to-day care and activities.

There were systems in place to encourage and facilitate children to express their views and opinions through different forums such as child in care reviews, placement planning meetings and children's meetings, in order to inform safeguarding practices and the daily running of the centre. Children were able to make choices around their day-to-day living and this was reflected in their care records.

Suitable arrangements were in place to support children around their requests and choices. For example, children told inspectors that they were facilitated to exercise choice in respect to the decoration of their bedroom

Two keyworkers were allocated to each child to coordinate their care and safety needs. Children were able to build trusting and meaningful relationships with familiar adults which is an important factor in their safeguarding. Children said that they got on very well with the centre staff and their keyworkers.

Children were provided with information on the centre, the rules and practices and how the staff team intended to meet their safety needs in an age appropriate format. Information about the role of independent advocacy support service was provided to the children to ensure that they have access to advice and support in order to promote their safety and wellbeing. At the time of the inspection, external advocacy support had been requested to visit the centre and meet with the children who had been recently admitted.

Staff in the centre were aware of their role in supporting children to make complaints. Children told inspectors that they were familiar with the complaint process and that they knew who to talk to if they are feeling unsafe or vulnerable.

Staff supported children around self-advocacy in respect to their aftercare needs and carried out one-to-one work with them to develop their awareness of safeguarding risks and enhance their self-protection skills. Individual works were

carried out with children in areas such as keeping safe, internet safety and healthy eating.

Overall, children were consulted about and were supported to make decisions regarding the supports they receive. They were facilitated and empowered to exercise choice and control across a range of daily activities, and their choices and decisions were respected. Children were aware of independent advocacy services and they have access to these services. It is for this reason that this standard was judged to be compliant.

**Judgment: Compliant**

### **Standard 2.2**

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

#### **Regulation 23:**

Care Plan

#### **Regulation 24:**

Supervision and visiting of children

#### **Regulation 25:**

Review of cases

#### **Regulation 26:**

Special review

The centre manager recognised the importance of assessing children's needs before admission to ensure that they had the ability and facilities to support them and safely meet their specific needs. However, improvements were required to ensure that children received care and support that was based on their individual safeguarding needs in order to maximise their wellbeing and personal development. Inspectors found that not all children had an individual crisis support plan or safety plan in place as required.

Individualised assessment and personal planning are crucial in ensuring that children are effectively safeguarded. Inspectors found that there were vulnerabilities and risk indicators in a child's pre-admission assessment; however, the individual crisis support plan identified for the management of these concerns had not been developed or implemented. This meant that the child's needs for an individualised approach that consider all vulnerabilities and risks associated with their safety and welfare had not been met.

In addition, improvements were needed to ensure that children's placements are supported by clear plans for managing safeguarding risks. This inspection found that despite the need for a safety plan to manage a safeguarding concern in respect of a child, a written safety plan was not on file and was not provided to inspectors despite several requests to evidence same. This was brought to the attention of the centre manager who confirmed that the agreed safety plan had not been recorded.

As previously outlined, both children in the centre had only recently moved in. At the time of the inspection, there was an up-to-date care plan in place for one child and a date had been set for the review of the other child's care plan. There were placement plans in place for both children. Placement plan records reviewed by inspectors showed that it aligned with the care plan and reflected the goals, objectives and actions identified within the care plan. Placement plans were developed with the children, in line with the provider's model of care. It was evident that the views of the children was taken into account regarding arrangements to meet their needs.

Children's aftercare support needs were actively considered as appropriate. Children living in the centre had recently been allocated an aftercare worker. At the time of the inspection, plans were progressing for the children to meet their aftercare workers and for the aftercare needs assessment to be completed. The staff practice recognised education as an important protective factor for safeguarding and staff were working creatively to support and promote children's engagement in education or training, in line with their needs.

Health promotion initiatives in the centre prioritised the importance of good physical and mental health and wellbeing. Routine key working sessions were carried out with children to educate, provide guidance and advice on topics such as the use of social media and internet safety, risk and danger associated with drug misuse, anti-bullying, healthy eating and sexual health. Health promotion work was appropriately linked to the placement planning process and was carried out to support children based on the assessed safeguarding needs.

Overall, children's needs were assessed prior to their admission. However, improvements were required to ensure that individualised plans were in place to meet children's safeguarding needs including timely development of plans for their care and safety. It is for this reason that this standard was 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

Overall, the centre provided a homely and warm environment that meets children's need for private and communal living spaces. The design, layout and décor of the centre supported the promotion of independence, recreation and leisure for the children; however, improvements were needed to ensure that all risks associated with premises were effectively assessed and managed in a timely manner.

The centre is a two-storey building located in a Dublin suburb with easy accessibility to public transport and a range of local amenities, such as shops, schools and youth clubs. There are five children's bedrooms and two bedrooms available for staff on overnight shift with two office spaces. Children's bedrooms, staff bedrooms and offices were located on the upper floor while the living, dining and other communal areas were located on the ground-level floor. There were four bathrooms in the centre.

There was outdoor space to the back and sides of the house and this area required significant improvement to ensure that it was safe. There was a large tree to the rear on the boundary which was leaning towards the building and branches from this tree had grown into the fascia, soffit and gutter of the roof. There were densely overgrown bushes and shrubs in the back of the building. In addition, the outdoor space was littered with debris on the day of the inspection.

While the indoor communal areas offered different activities for children and consisted of adequate spaces for rest, play, recreation and skill development, some of the rooms, such as the art room and the study room required decluttering to make them homely and safe for children's use. A vacant bedroom being prepared for the admission of a child presented with a trip hazard due to a loose trimming on the skirting board which had not been identified prior to the inspection. There were systems in place to ensure that maintenance issues in

respect of premises were addressed and a plan was in progress to complete some of the remedial works identified by inspectors.

In addition, inspectors found that some improvements were required regarding fire safety practice in the centre. Inspectors identified a fire risk during the inspection whereby a combustible material was being stored in the boiler room. The centre manager was required to address this immediate risk on the day of the inspection. The manner in which the manager responded to the risk provided assurance that the risk was adequately addressed.

There were fire safety management systems in place, including fire detection and alert systems, emergency lighting and fire doors. Firefighting equipment was serviced at regular intervals as required and staff had received training in fire safety. There were up-to-date personal emergency evacuation plans in place for each child. Record keeping regarding fire safety needed improvement. There were gaps in the daily and weekly fire safety checks and time taken to evacuate the building during a fire drill was not recorded, as required. Floor plans on display did not accurately reflect the location of the rooms and the evacuation route and needed to be updated.

There was a safety statement in place in the centre which was reviewed in January 2025. Inspectors checked one of the centre's vehicles, that was available at the time of the inspection and found that this had been insured, taxed, undergone the National Car Test, as required and appeared in good condition.

The centre was warm and appropriately decorated in a child-centred manner. Each child had a private bedroom, and children told inspectors that they were being supported by staff to decorate their bedroom to their personal liking. However, all staff that spoke with inspectors expressed concerns about the suitability of the premises to meet the needs of children when the centre is at full capacity. They said that some of the rooms were not fit for purpose and that the building was not suitable to accommodate five children safely. Staff said that they had brought this concern to the attention of their manager and the deputy regional manager.

Overall, the centre was homely and warm on the day of inspection but improvements are required to ensure that all risks associated with premises were effectively assessed and managed in a timely manner. It is for this reason that this standard was judged to be not compliant.

**Judgment: Not Compliant**

## **Standard 2.5**

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

There were adequate arrangements in place to ensure that children's transition into their onward placement was planned and delivered, in line with their aftercare needs. Children were supported to prepare for adulthood and had opportunities to learn appropriate life skills such as cooking, shopping and budgeting. Individual works in areas such as coping with stress were carried out to strengthen children's resilience and develop their self-care skills. Staff were alerted to the possibility that children's vulnerability could be heightened due to their transition into adulthood and one-to-one work was carried out to support them in managing these concerns.

There were effective arrangements in place to support children to become more independent. Children were provided with age-appropriate opportunities that allowed them to take developmentally appropriate risks, this was carefully balanced with minimising risk and keeping them safe. For example, the review of children's absence management plans demonstrated that they were provided with time out of the centre in accordance with their age, maturity and stage of development. There were appropriate plans in place to maintain contact with them while out of the centre. Children's absence management plan had been reviewed in line with their developmental and safeguarding needs.

Systems were in place for effective communication and cooperation with other stakeholders such as staff from the proposed onward placement to ensure that children were adequately supported as they prepare to leave care. Staff maintained appropriate contact with children following their discharge from the centre to provide additional support and continuity of care.

Overall, children were helped to prepare for adulthood and they were provided with opportunities to learn important life skills and to take developmentally appropriate risks in line with their age, ability and stage of development. Children were supported in their transition to independent living and this was coordinated with relevant stakeholders. It is for this reason that this standard was judged to be compliant.

**Judgment: Compliant**

### **Standard 3.1**

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

There were policies and procedures in place to protect children from all forms of abuse and neglect. Staff spoken with were aware of their role as a mandated person. However, child protection and welfare concerns were not being reported by the appropriate mandated person in a timely manner, in line with Children First (2017). In addition, staff's understanding of the provider's protected disclosure policy and mandatory child protection training for agency staff required improvement.

The statutory obligation of mandated persons to report under the Children First Act 2015 cannot be discharged by the designated liaison person on their behalf and must be discharged by the mandated person. Staff reliance on the managers for the submission of mandated reports was a finding from the last inspection of the centre that took place in 2023. This inspection found that this issue had persisted and had not been effectively addressed.

Staff told inspectors that they were registered and had access to Tusla's portal where child protection concerns are submitted electronically; however, they told inspectors that their practice was to bring all child protection concerns to the attention of the managers, who as DLP and deputy DLP had responsibility for reporting any child protection concerns on their behalf.

There was one child protection concern notification submitted to social workers at the time of this inspection. Inspectors reviewed this and found that the concern was reported to a staff member who is a mandated person and it was submitted through the portal by the centre manager. There was a two day delay in the submission of the report from when the concern emerged. This meant that the concern had not been submitted in a timely manner to promote children's safety, in line with Children First (2017).

Children told inspectors that they felt safe and inspectors found that staff worked in partnership with children, families and social workers to promote the children's safety and wellbeing. Staff were knowledgeable about how to recognise and respond to the possibility of abuse, including bullying. When risks emerged, staff ensured effective steps were taken to protect children. For example, where there was a concern about the suitability of children's network such as friends or families to their safety, staff worked collaboratively with the allocated social worker and other stakeholders to ensure that a consistent and effective approach was taken in addressing the emerging safeguarding risk in a timely manner. There were no

episodes of missing children from care in respect of children in the centre at the time of this inspection.

The provider had policies in place to guide staff practice in the identification and management of concerns. Tusla staff had received mandatory training in Children First (2017); however, the agency file reviewed demonstrated that this mandatory training had not been completed. At the time of the inspection, risks such as exploitation and child trafficking were not concerns in the centre. Inspectors found from the review of staff training records that not all staff had received training in these areas. All staff will benefit from these trainings to promote their awareness and to be better equipped to identify such concerns should they arise. There was a policy on protected disclosures, however, from interview with staff, not all staff were clear on this policy.

Overall, children living in the centre reported that they feel protected and safe and staff who spoke with inspectors were aware of their role as a mandated person. However, child protection and welfare concerns were not being reported by the appropriate mandated person in a timely manner, in line with Children First (2017). In addition, staff's understanding of the provider's protected disclosure policy and mandatory child protection training for agency staff required improvement. It is for this reason that this standard was judged to be not compliant.

**Judgment: Not Compliant**

## Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 3.3:</b> Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially Compliant
<b>Standard 5.1:</b> The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Not Compliant
<b>Standard 5.2:</b> 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
<b>Quality and safety</b>	
<b>Standard 1.1:</b> 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
<b>Standard 1.3:</b> Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.	Compliant
<b>Standard 2.2:</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Not Compliant
<b>Standard 2.3:</b> The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Not Compliant
<b>Standard 2.5:</b> Each child experiences integrated care which is coordinated effectively within and between services.	Compliant

<b>Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not Compliant
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## Compliance Plan

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

<b>Compliance Plan ID:</b>	MON-0046182
<b>Provider's response to Inspection Report No:</b>	MON-0046182
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin Mid Leinster
<b>Date of inspection:</b>	18 February 2025
<b>Date of response:</b>	3 <sup>rd</sup> April 2025

### Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

<b>Capacity and Capability: Leadership, Governance and Management</b>	
<b>Standard : 3.3</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 3.3:</b>	
Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	
The team meeting agenda has been updated to prompt the need to discuss, review, record and learn from any external incidents' reviews. The recording of the meeting minutes will be improved to ensure these elements are recorded on the team meeting minutes.	
Team meeting minutes will contain the date the external review took place and any recommendations given. The discussion and learning will be clearly recorded in the team meeting minutes to help inform future outcomes and promote better outcomes for the children.	

Discussions will continue to be recorded on each young person’s weekly observations template and be brought to each team meeting for discussion, review and learning. The PIC will ensure that the discussions on learning and the recommendations from any SEN are clearly recorded in the team meeting minutes under SEN review standing agenda item.

The PIC will review every SEN and include the PIC’s review and response on the SEN record.

Any actions identified will be included in the PIC’s response and followed up on by staff. The PIC will check that actions have been completed.

Incidents will be reviewed at local/regional Significant Event Group. Actions will be tracked to completion by the group.

Serious Incidents will be reviewed as per Tusla Incident Management Policy.

Learning will be shared at team meetings, supervision with staff and notices to staff where appropriate.

SEN’s will be discussed and reviewed at team meetings. The learning and recommendations will be clearly recorded on the meeting minutes.

Regional Manager and Deputy Regional Manager receive the SEN register for the centres in the region which provides additional oversight and governance of SEN’s.

Placement support plans are discussed at each team meeting. Changes of interventions or routines following the review of the SEN’s will be updated in the young person placement support plan.

**Proposed timescale:**

**31.04.2025**

**Person responsible:**

**PIC**

**Standard : 5.1**

**Judgment: Not Compliant**

**Outline how you are going to come into compliance with Standard 5.1:**

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

The Social Care Staff in the centre continue to adhere to and implement the National Policies and Procedures for Children’s Residential Mainstream Services 2021. To date these policies and procedures have been found to be effective in practice.

The Tusla Director of Quality and Regulation has given an extension for the review of these policies and procedures to the end of quarter 3 2025. These policies and procedures are currently under review and this review will be concluded by the end of Quarter 3 2025.

The review of Tusla's Child Exploitation Procedure is currently underway in collaboration with all stakeholders including An Garda Siochana. The social care staff in the centre will continue to adhere to and implement the CSE Procedure in the interim and report concerns related to child sexual exploitation.

The review of the Joint Working Protocol for An Garda Siochana and Tusla is in progress in collaboration with An Garda Siochana. The social care staff in the centre will continue to adhere to and implement the joint Working Protocol for An Garda Siochana and Tusla in the interim.

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

Tusla's Recruitment and Selection Policy and Procedures is under review which is due to conclude in Quarter 2 2025.

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

An up to date child safeguarding statement and risk assessment is on file in the Centre.

<p><b>Proposed timescale:</b>  <b>30.09.2025</b></p>	<p><b>Person responsible:</b>  <b>Tusla CRS Director</b></p>
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<p><b>Standard : 5.2</b></p>	<p><b>Judgment: Not Compliant</b></p>
<p><b>Outline how you are going to come into compliance with Standard 5.2:</b></p> <p>The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p>	

Tusla have been reassured that recruitment agencies procured by the agency have been compliant with the requirements under the service level agreement. However, given the concerns recently identified by HIQA regarding the agency files of staff working in the centre additional measures are now being put in place.

These measures are:

- Children’s Residential Services HR staff have developed a central register of all agency staff working in Children’s Residential Services.
- Children’s Residential Services HR staff have commenced an audit of compliance files for all agency staff working in Children Residential Services centres to be reassured that Compliance files are of an appropriate standard in line with legislative requirements, requirements of service level agreements with providers of agency staff and best practice standards.
- The methodology for this audit includes:
  - All compliance files will be requested from all agency staff providers.
  - The Children’s Residential Services HR staff will validate that all relevant documentation is included on each compliance file against an Audit Checklist.
- The Audit Checklist will verify and validate that each Compliance File contains the following in compliance with the Service Level Agreement:
  - Garda Vetting Disclosure has been received and a risk assessment of positive disclosures where applicable.
  - Overseas Police Clearance Certificate (outside of the ROI and NI) is on each file. Checks will be completed to ensure that this includes all countries where the agency worker has lived for 6 months or more since the age of 16 years.
  - References checks to ensure there are 3 references on the compliance file that have been validated by the recruitment agency and verified by phone. The expectation will be that this should be noted on the reference with the date and the initials of the caller. Character references or personal references will only be acceptable in exceptional circumstances i.e. this is the first time employment after college studies.
  - The employment history of the agency worker including their Application Form or Curriculum Vitae with additional clarification provided in writing regarding any breaks in employment history.
  - Completion of Children’s First Training will be checked and validated on each file. Completion of Modules 2 and 3 will be recorded following notification from the Social Care Manager for the centre.
  - An Audit Checklist will be placed on each Compliance File following the Audit, with validation checks recorded, notes of any actions to be taken

and completed and signed and dated by the Children's Residential Services HR staff.

- Contact details for agency staff including phone number and email address will be held on the Agency Staff Register and held by Children's Residential Services HR staff. The agency staff addresses will be held by the recruitment agency and requested by Tusla as and if required.
- The Social Care Manager will undertake an audit to ensure all agency staff working in the centre have completed all three modules of Children First training. All outstanding training will be completed as a priority and recorded on the centre Training Register.
- All new agency staff will undertake Children First Modules 2 and 3 immediately upon commencing their employment in the centre. This will be recorded and maintained on the centres Training Register by the Social Care Manager. The Social Care Manager will advise the Children's Residential Services HR team member that the Children First Training Modules have been completed by the Agency Staff.

Staff were clearly informed at team meeting 26.03.2025 that they are all mandated person, in line with Children's First (2017). Staff were informed that they are required to respond and report child protection concerns in a timely manner in line with Children's First (2017).

The PIC will address any delays in reporting of child protection with the staff. These will be recorded and placed on file.

All staff have been trained in Children's First.

Deputy Regional Manager will complete a guidance document ye 09.04.2025 to prompt the level of discussion required and needed to be recorded on the team meeting minutes for example SEN reviews, child protection concerns, complaint reviews, health and safety issues, fire maintenance etc. This document will be placed in the centre and will be used to guide discussions in these areas and improve recording.

At team meeting 09.04.2025 staff will be reminded about the requirement to review and sign team meeting minutes. The PIC will review the minutes by the following meeting and address with staff that have not signed meeting minutes.

The PIC will review the TNA and ensure that all staff have completed training on child sexual exploitation and trafficking by 10.04.2025.

On the day of inspection, a quote of works was shown to highlight that plan is in place to cut back the tree and remain bushes. This will be completed by 31.05.2025.

All maintenance issues are recorded on the maintenance log. The PIC will monitor and track all maintenance issues to ensure that they are addressed in a timely manner. Any delays the PIC will escalate to the Deputy Regional Manager to address with Tusla Estates.

The PIC will discuss and share learning that was discussed at the regional management meetings that is deemed appropriate and relevant to share. These discussions will be recorded on the team meeting minutes.

The PIC will review young people's files on a regular basis to ensure all key documents are on file relating to the children's care. The PIC will request any outstanding files to be placed on the young person's file. Any delays in receiving files, the PIC will escalate to the Deputy Regional Manager for address with the Principal Social Worker.

**Proposed timescale:**

**30.04.2025**

**Person responsible:**

**PIC**

**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.

Restrictive Practices were reviewed, discussed and updated at staff team meeting 14.03.2025. Restrictive practices will be regularly reviewed at team meetings to ensure that use of restrictive practices are appropriately assessed, relevant and balanced with the rights of children to live in a restriction-free life that meets their safeguarding needs.

One-to-one conversation took place with each young person to discuss the importance of young people's meetings. They were asked to consider how they could be improved to ensure a suitable could be agreed that they could come together as a group to attend so they could be given the opportunity to contribute to the care arrangements in place in the centre including safeguarding practice. The PIC will ensure follow up conversation takes place with the young people to ensure that their voices were listened to, considered to help them to understand the importance of such forums by 10.04.2025. Once agreement is reached these meetings will be scheduled into centre diary

**Proposed timescale:**

**10.04.2025**

**Person responsible:**

**PIC**

<b>Standard : 2.2</b>	<b>Judgment: Not Compliant</b>
<b>Outline how you are going to come into compliance with Standard 2.2</b>	
<p>Each child receives care and support based on their individual needs in order to maximise their personal development.</p> <p>At the time of admission of young person to the centre a placement support plan will be developed to take into consideration vulnerabilities and risk indicators that were discussed at pre-admission risk assessment. This will include an individual crisis management plan, which will detail these concerns and ensure clear safety plans are recorded. These placement support plans will be regularly reviewed to ensure that they updated to reflect any individualised approach to consider all vulnerabilities and risk associated with their safety and welfare as they progress in their journey in the centre.</p> <p>All safety plans related to the young people will be incorporated into the young person's placement support plan to ensure there are clear plans for managing safeguarding risks and stored on the young person's file. Young people will be consulted in all reviews of their Safety Plan.</p>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Completed</b>	<b>PIC</b>

<b>Standard : 2.3</b>	<b>Judgment: Not Compliant</b>
<b>Outline how you are going to come into compliance with Standard 2.3</b>	
<p>The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.</p> <p>All staff have completed fire safety training.</p> <p>The PIC will do a briefing with the staff at team meeting on 09.04.2025 on the requirement to complete fire checks, the duration of fire evacuations and accurately record them in the fire register for the centre.</p> <p>An updated floor plan to reflect the location of the rooms and the evacuation route was placed on display in the Centre on the day of inspection.</p> <p>The PIC will regularly review the fire register to ensure that it is fully completed.</p> <p>The loose trimming on the skirting board has been repaired on 19.02.2025.</p> <p>On the day of inspection, a quote of works was shown to highlight that plan is in place to cut back the tree and remain bushes. The debris/leaves were removed 21.02.2025.</p> <p>The art room and the study room were decluttered.</p>	

All maintenance issues are recorded on the maintenance log. The PIC will monitor and track all maintenance issues to ensure that they are addressed in a timely manner. Any delays the PIC will escalate to the Deputy Regional Manager to address with Tusla Estates.

The PIC discussed at staff team meeting need to explore and involve the young people how to improve the communal spaces within the centre on 10.04.2025

The PIC will then put a plan in place for this to be completed.

**Proposed timescale:**

**30.06.2025**

**Person responsible:**

**PIC**

**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 Protective Disclosure Policy was reviewed and discussed at team meeting 26.03.2025.

All staff have signed the Protective Disclosure Policy to demonstrate that they have read and understood it.

Staff were clearly informed at team meeting that they are all mandated person, in line with Children's First (2017). Staff were informed that they are required to respond and report child protection concerns in a timely manner in line with Children's First (2017).

All staff have been trained in Children's First.

The PIC will address any delays in reporting of child protection with the staff. These will be recorded and placed on file.

All agency staff working in the centre have completed all 3 modules of Children's First training.

Any new agency staff that work in the centre will be required to evidence that they have completed Children's First training.

All new agency staff will undertake Children's First Modules 2 and 3 immediately upon commencing their employment in the centre. This will be recorded and maintained on the centres training register by the Social Care Manager. The Social Care Manager will advise the Children's Residential Services HR team member that the Children Frist Training Modules have been completed by the Agency Staff.

<b>Proposed timescale:</b> <b>Completed</b>	<b>Person responsible:</b> <b>PIC</b>
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## 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).

<b>Standard</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
<b>3.3</b>	Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially Compliant	Yellow	31.04.2025
<b>5.1</b>	The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.	Not Compliant	Orange	30.09.2025

<b>5.2</b>	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	Orange	30.04.2025
<b>1.1</b>	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	10.04.2025
<b>2.2</b>	Each child receives care and support based on their individual needs in order to maximise their personal development.	Not Compliant	Orange	completed
<b>2.3</b>	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Not Compliant	Orange	30.06.2025
<b>3.1</b>	Each child is safeguarded from abuse and neglect and their care and	Not Compliant	Orange	Completed

	welfare is protected and promoted.			
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**Published by the Health Information and Quality Authority (HIQA).**

**For further information please contact:**

**Health Information and Quality Authority**

**George's Court**

**George's Lane**

**Smithfield**

**Dublin 7**

**D07 E98Y**

**+353 (0)1 8147400**

**[info@hiqa.ie](mailto:info@hiqa.ie)**

**[www.hiqa.ie](http://www.hiqa.ie)**