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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	20 February 2025
Centre ID:	OSV 0004179
Fieldwork ID	MON-0046369

Safeguarding

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

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

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

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

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

About the centre

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

The centre is a regional residential respite service that can offer short to long term respite placements to children and young people aged 5 -17 years. The centre can accommodate up to four young people each night. The purpose of the centres work is to help young people maintain the placements they live in, be it with family or in foster care and to enhance their lives and development on a physical, social and recreational basis.

The centre aims to provide a comprehensive respite support structure to families and foster families to help sustain placements and to prevent placement breakdown. The centre also aims to create a support network around families and foster families with the goal of keeping families together.

The centre uses the Tusla nationally approved model of care in order to improve overall wellbeing and achieve positive outcomes for children and young people accessing support from the centre. The centre fosters a participative approach and will endeavour to seek input from all people with a bona fide interest in the welfare of the young person.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	3
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service

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

2. Quality and safety of the service

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
20 February 2025	09:25 hrs – 20:00 hrs	Sharon Moore	Lead Inspector (onsite)
20 February 2025	11:00 hrs – 20:00 hrs	Mary Lillis	Support Inspector (onsite)
21 February 2025	08:00 hrs – 14:00 hrs	Sharon Moore	Lead Inspector (remote)
21 February 2025	09:00 hrs – 14:30 hrs	Mary Lillis	Support Inspector(remote)

What children told us and what inspectors observed

This was an unannounced inspection focused on the safeguarding of the children attending the centre for respite care.

During the inspection children who attended the centre were given the opportunity to share their views around their experience of residential respite care. Children were invited to either speak to an inspector in person or by phone. 22 children were availing of respite from the centre at the time of the inspection and three children were in the centre on the day inspectors visited. Six children shared their views with an inspector, three spoke with an inspector in person and three spoke with an inspector by phone. Inspectors also observed the interactions of the staff team with the children, attended a children's meeting and reviewed a sample of the individual children's centre records. In addition inspectors spoke with four foster carers, three social workers and one Guardian ad Litem.

The centre was located in a large two storey detached house on its own grounds in an urban area with adequate onsite recreational facilities and parking. The centre was observed to be warm, homely and comfortable with sufficient communal spaces where children could relax and interact with each other and private spaces when they preferred time alone.

Inspectors found that children were receiving good quality respite care and support. The atmosphere was warm and children appeared to be comfortable in the centre. Interactions between staff and children were observed to be open caring and supportive.

Inspectors also had the opportunity to observe mealtimes in the centre. Children and staff sharing daily meals together was actively promoted. Children and staff were observed preparing food and cooking together. Children were given choices around food they ate when staying in the centre and a good variety of homemade and wholesome food was available. Children were encouraged and supported to learn to cook and this happened regularly.

Children told inspectors that they felt listened to and were given choices about their care by centre staff. Children knew about their rights and had choices around the activities they undertook while in the centre. They were aware they could speak to their foster carers, social worker and centre staff if they were worried, did not feel safe or wanted to make a complaint. A children's booklet with information about the service was available and children told inspectors that a children's rights service had come to talk to them in the centre.

Children understood that some of the rules such as having supervised online access were in place to keep them safe.

Comments from included :

"I like it there , it's a fun place, they have nice staff ""staff listen to me"

" I get help with school, if I am struggling with study for an exam staff will sit down and help me study and tell my parents "

"I like making dinner in the centre, I get to choose"

"I pick what I want to do , each time I go there"

" I get to do arts and crafts, loads of different things"

"I feel safe in the centre"

" if I had a worry I would tell my key worker"

" I met the children's advocacy service , never met them before"

" If I had a complaint I would probably bring it to a staff member"

"there's nothing that centre can improve on, its perfect the way it is "

Inspectors also spoke with four foster carers by phone. All shared that they were very satisfied with the service provided to children and found the centre staff very supportive. Foster carers spoke of the importance of the long term respite service in the maintenance of the children's foster care placements and how it supported them as foster carers to continue to care for the children. Foster carers praised the consistent and regular communication by centre staff. This included planning before visits, contact as needed to support the child during the visit and handover after respite. Foster carers also reported on the willingness of the service to provide additional respite, individual support for children and parenting support for fosters carers when needed.

All reported that the children's respite care and support plan was based on the child's individual care needs which included safeguarding and promoted their rights. Foster carers considered that the children and young people were safe in the centre and reported positively on the staff responsiveness to any safeguarding concerns that arose. This included careful consideration of each child's safeguarding needs when matching children who had respite together. One foster carer noted that the service has impressed them from the time that they came to visit the centre "from that day on I have been well impressed".

Other comments included:

"service has been a lifesaver for us as a family"

"staff get to know child really well and understand them individually"

"Working very well for us as a family "

"Centre has been superb"

"Give young person a lot of choice , 100 percent brilliant place"

"Communication is great between us and the staff"

"Centre are very on top of it if anything happens they ring me"

Inspectors spoke with three social workers and one guardian ad litem (GAL) by phone. All spoke highly of the quality of the service, the standard of care and safeguarding in place for children. All reported very good communication with the service and were notified immediately of any safeguarding concerns or incidents. The service provided updates on the child's stay and progress on their individual respite plan after each visit. They expressed satisfaction with the levels of joint working in place with regard to respite care planning and safeguarding of children while on respite. All reported a high standard of individual support in place for children's around their identified needs including safeguarding. Service staff were viewed as well-trained, suitably experienced in caring for children and promoted children's engagement in decisions about their care.

Capacity and capability

This report reflects the findings of an unannounced inspection of the children's residential centre. The inspection was part of a programme of inspections focused on safeguarding of children in residential centres. The centre was inspected against seven of the National Standards for Children's Residential Centres (2018).

In this inspection, HIQA found that, of the seven national children's residential standards examined:

- Three standards were compliant
- One standard was substantially compliant and
- Three standards were not compliant.

The centre had effective systems in place to ensure the residential centre was performing its function as outlined in relevant legislation, regulations, national policies and standards to safeguard children. However the Tusla national policies and procedures adhered to in the centre had not been reviewed and updated as required to reflect up-to-date best practice and to ensure that any gaps were addressed. Significant improvement was therefore required to ensure that an effective system is in place for the timely review and updating of all national policies and procedures that guide staff with regard to safeguarding children in residential care.

The inspection found that there was effective leadership and management arrangements in place in the centre. Lines of accountability were clear and the management structure for the service was clearly defined. Staff spoken with were aware of their roles and responsibilities. The statement of purpose and function accurately reflected the service provided for children attending for respite care.

The systems in place in the centre for the identification, management and review of incidents were effective. There was also a formal framework in place for auditing centre records by managers. Inspectors found that incidents were identified and managed in a timely and effective manner. Incidents were effectively identified and reported to the children's allocated social worker. The centre also had effective arrangements in place for the internal and external oversight, review and learning from centre incidents. The management team maintained records of all incidents including child protection concerns and any other incidents, in line with the provider's policy. Inspectors also reviewed the child protection concerns and found that they had been appropriately identified, reported and effectively managed. However not all significant event notifications (SENS) were timely.

The inspection found that staff recruitment was not consistently carried out in line with Tusla's procedure on safe recruitment practices. While most Tusla staff files were of good quality and contained all necessary information to indicate safe recruitment practices, the review of agency staff files indicated significant concerns regarding the safety of recruitment and selection practices by providers of agency staff. This included up-to-date Garda vetting not available and references which were not adequate. In addition, the inspection found that the National Tusla Recruitment and Selection Policy and Procedure (2017) does not have a formal process for gathering and retaining data from candidates in relation to gaps in employment.

Standard 3.3

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

Overall the centre had effective systems in place for the identification, management and review of incidents. Inspectors found that incidents were identified and managed in a timely and effective manner. The centre had a good quality internal and external review system to place which supported learning and informed future practice.

Incidents were effectively identified and reported to the children's allocated social worker. The management team maintained records of all incidents including child protection concerns and any other incidents, in line with the provider's policy. The centre had a risk register, child protection register and significant event register (SENs) in place that were regularly reviewed and audited by the centre manager and alternative care manager. However there was one child's SEN identification number found to be incorrect on the centre SEN register when reviewed. In the 12 month period prior to the inspection there were five child protection and welfare concerns recorded on the centre's child protection register and 37 SENs in relation to children recorded on the SENs register. Inspectors reviewed the child protection concerns and found that they had been appropriately identified, reported and effectively managed.

A sample of the 37 SENs recorded on the SEN register were also reviewed by the inspectors. This review found that incidents were appropriately identified and responded to in a timely manner. This included incidents where there were safeguarding risks such as violent and aggressive behaviour by one child towards another child. At the time of the inspection, there were no concerns relating to child exploitation or missing children from care. Centre staff were however alert to the safeguarding risks and children's individual needs that may make them vulnerable to risks such as child criminal exploitation in the community. Most SENs had been made in line with the provider's policy and procedures, a review of a sample of children's files identified two incidents where the SENs were not timely as there was 10 days between the incident and notification. Inspectors found however that while there was a delay in notification these incidents were identified and managed within the centre in a timely and effective manner. In both cases the children's foster carers and social workers had been informed and individual work had been undertaken with the children around the incidents. When the delay in submission of the SENs was discussed with the centre manager they advised that decision to submit the SENs had been made following an internal review of the incidents by managers with staff.

The centre had effective arrangements in place for the internal and external oversight, review and learning from centre incidents. Centre incidents were notified to the regional manager. SENs were reviewed locally at the centre team meetings and there was a regional significant event review group (SERG) in place.

The regional SERG reviewed incidents in children residential centres across the region for the purpose of quality assurance, risk identification and risk management. A review of records by inspectors showed that no SEN from the centre had been brought to a regional SERG meeting for review in the 12 months prior to the inspection. However safeguarding learning from the SERG meetings were discussed as a standing item at centre team meetings and minutes of SERG meetings were available to staff to read. In one team meeting, staff were directed to read SERG meeting minutes for their own learning and development, as incidents of concern from other centres related to child sexual exploitation and children missing from care were discussed.

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

The inspection found that there were effective systems in place to ensure the residential centre was performing its function as outlined in relevant legislation and regulations including *Children First: National Guidance for the Protection and Welfare of Children (2017)* (Children First) and the Child Care (Placement of Children in Residential Care) Regulations, 1995. Tusla's national policies and procedures for children's residential centre's to guide the safe care of children were adhered to and implemented in the centre. However these national policies and procedures had not been reviewed and updated as required to reflect up-to-date best practice and to ensure that any gaps had been addressed.

Tusla national policies for children's residential centre's, including safeguarding policies and procedures, were not up to date and not been reviewed and updated since 2021. These national policies include policies related to bullying, safeguarding children online and restrictive practices. Tusla policies, procedures and guidance documents, specifically intended to guide staff in safeguarding children were not reviewed as required. For example the 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 procedure was more than five years overdue. Given the finding of this inspection that the Tusla Recruitment and Selection Policy and Procedure (2017) does not include a formal process for gathering and retaining data from candidates in relation to gaps in employment, this policy and procedure would benefit from review.

In addition, inspectors noted an absence of up-to-date policies, procedures and guidance for staff around the 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. Significant improvement was therefore required to ensure that that the provider has an effective system in place for the timely review and updating of all national policies and procedures that guide staff with regard to safeguarding children in residential care.

The centre had effective risk management and audit systems in place to ensure that safeguarding of children in line with national policies and standards. Centre managers and staff had a clear understanding of their responsibilities as defined by Children First (2017) and the national policies and procedures that underpinned safeguarding practice in the centre. All centre staff had commenced the CORU¹ registration process in line with the timeframes set out in legislation for social care workers.

There were clear systems in place for reporting child protection and welfare concerns in line with Children First (2017). The centre had a safeguarding statement in place and on display in the hallway of the centre. The centre manager was the designated liaison person (DLP) and the deputy centre manager acted as DLP in their absence. The staff who inspectors spoke with had a clear understanding of the role and responsibilities of both the DLP and mandated persons. Centre staff worked in partnership with parents, foster carers and social workers to safeguard children.

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 policies were overdue for review varied

¹ CORU is an organisation that regulates health and social care professionals

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. The standard has therefore for this reason been found 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.

Overall there was effective leadership and management arrangements in place in the centre. Lines of accountability were clear and the management structure for the service was clearly defined. However significant improvement was required with regard to the governance and management of the provider's arrangements with commissioned services to ensure that there are safe recruitment practices in place for agency staff that safeguard children in residential care.

During the course of the inspection, inspectors spoke with Tusla managers as well social care leaders who were rostered during the period of the inspection. Staff spoken with were aware of their roles and responsibilities. There was a delegation of duties register in place for the service with clear delegations of duties for example for fire safety and first aid. The duties of each role were clear and there was a clear time frame for review and sign off by the social care manager.

The social care manager with responsibility for managing the centre was suitably qualified and experienced. They were supported by a deputy social care manager in the day to day operation of the centre. They reported to the alternative care manager who in turn reported to the regional manager. Management oversight of the service outside of these hours at night and weekends was provided through an on-call arrangement. This on-call arrangement was a monthly roster with the managers of two other residential centres. All social care posts were filled and the centre was in process of recruiting two relief staff.

Inspectors were advised by the deputy centre manager that all centre staff had commenced the CORU registration process in line with the legislation for social care workers to be registered with CORU by the 1 December 2025.

Risks were effectively managed and the centre had a risk management framework and supporting structures in place for the identification, assessment and management of risk in line with Tusla's risk management policy. There was a strong risk assessment framework in place which supported staff and managers to identify, manage and regularly review safeguarding risks and concerns. Staff demonstrated appropriate knowledge and understanding of the risk management policy and how this underpinned their day-to-day tasks and the care they provided to children in order to keep them safe. Inspectors reviewed a sample of individual risk assessments for children, which were comprehensive and effectively identified plans to minimise potential risks to both children and staff.

The centre had a management oversight and auditing system in place to ensure that identified actions to address concerns were progressed and reviewed. A review of centre records showed that the social care manager and deputy centre manager undertook monthly reviews of key children's residential care documents including children's register, significant event notifications (SENs) and risk register.

The centre risk register was reviewed by inspectors. Risks in the centre were reviewed regularly and managed effectively. At the time of the inspection, there were three open recorded risks on the centre's risk register. One related to the potential risk that the service may at times not be able to accommodate some children seeking respite. This was identified due to a need for the centre to reduce the available respite places in response to children's safeguarding needs. The centre manager advised that at the time of the inspection the centre was able to accommodate all respite requests. Where risks were identified, risk assessments had been completed which clearly outlined the potential impact of the risk, along with the controls in place to manage the risk. However one risk assessment record was incomplete on the file at the time of the inspection. No risk required escalation to the regional risk register as they were all manageable within the centre. A review of a sample of the 37 SENs made in the 12 months were reviewed by inspectors. The majority of SENs were made in line with the provider's policy and procedures for two SENs made there was a 10 day delay in the notification. Inspectors found that while there was a delay in notification these incidents were identified and managed within the centre in a timely and effective manner.

The centre manager had overall responsibility for auditing of the service and completed a quarterly auditing tool for all records. Findings from audits were formally documented and tracker was in place to ensure that the actions required from these audits were implemented. The alternative care manager also reviewed the audits, key centre documents and had regular contact with staff in the centre.

The deputy centre manager had responsibility for file audits of children's records and keyworkers reviewed children's care records and any identified gaps were communicated to the relevant staff members for correction. There were however some improvements needed with regard to record keeping to ensure that all information on file was up to date and correct. This included for example the wrong SEN identification number for one child on the centre SEN register and the final page of a child's collective risk assessment related to another child.

A review of the service by the providers monitoring service had been carried out in February 2025 the report from this review was awaited at the time of the inspection.

The inspection found that staff recruitment was not consistently carried out in line with Tusla's procedure on safe recruitment practices. Most 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 safety of recruitment and selection practices by the provider of agency staff.

As part of the inspection a sample of six staff files were reviewed by inspectors. Four files relating to staff employed directly by Tusla and two files relating to staff employed through an agency which were regularly used by the centre. The review of the 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. There was up-to-date Garda vetting and certification of completed Children First (2017) training on file for each staff member. However in one file reviewed it was unclear if a full employment history had been considered, if all gaps in employment were properly accounted for and whether police clearance from outside Ireland had been sought if required. The inspection also found that there were significant gaps in the staff files of staff employed through an agency. Key information and requirements such as record of Garda vetting, employment history, adequate references and completed Children First (2017) training were not on file. In one file reviewed there was a gap in employment history of over two years and it was unclear if police clearance from outside Ireland had been sought if required. These issues were escalated to the provider following the inspection and satisfactory assurances were received with regard the individual Tusla staff member and staff employed through an agency. However, the provider response outlined that the National Tusla Policy Recruitment and Selection Policy and Procedure (2017) did not have a formal process for gathering and retaining data from candidates in relation to gaps in employment.

While there were good management and oversight mechanisms in place to ensure safe and effective care was provided to the children, the inspection found that significant improvements were required to ensure that recruitment practices for agency staff were safe and in line with Tusla National recruitment policy and procedures. The standard has therefore for this reason been found to be not compliant.

Judgment: Not Compliant

Quality and safety

Overall, inspectors found that the service was child-centred and children attending the centre for respite received good quality, safe care. Children were treated with dignity and respect and staff actively promoted their rights. The centre operated in line with in *Children First: National Guidance for the Protection and Welfare of Children (2017)*.

Staff were aware of their responsibility to keep children safe and safeguarding concerns were reported to the social work department as required. However there were significant concerns with regard to the safety of the recruitment practices in place for agency staff. Records of up-to-date Garda vetting and completed Children First (2017) training for agency staff were not available at the time of the inspection. In addition safeguarding procedures in place to confirm the identity of visitors and agency staff on arrival to the centre were not adequate.

Children were observed to be comfortable in the centre and to have a good rapport with staff. The staff team sought to provide a safe, supportive environment where children were given choices around their care while also being supported to positively manage their feelings and emotions. The respite care and support provided by the service to each child was based on their individual identified needs.

All admissions to the centre were considered and assessed against the centres statement of purpose and were executed in line with the providers admission policy. Collective risk assessments were completed in collaboration with children's social workers. The safeguarding needs of both the individual child and any children who may attend respite with the child were considered. These risk assessments were reviewed and updated as required.

Children received care and support in the centre that facilitated their development and supported their wellbeing. The respite placement plans in place for children were based on the child's up-to-date statutory care plan and identified safeguarding needs. Children's health needs were met and safe and healthy life choices were supported. Children were provided with individual educational support where needed and centre staff were part of interagency planning with schools to support children. Restrictive practices were only used when there was a risk to safety of the child and or others, reviewed regularly and kept in place only for as long as needed.

The provider had a policy and procedure on protected disclosures in place and staff who inspectors spoke with as part of the inspection knew how to make a protected disclosure.

Standard 1.1

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

Regulation 10:

Religion

Regulation 4:

Welfare of child

The service recognised and promoted the individual rights and diversity of children as set out within international and national legislation, policies and best practice.

Children were informed of their rights and were supported to understand and exercise their rights in a manner that was appropriate to their age, ability and stage of development. Staff who spoke to inspectors clearly understood their roles and responsibilities for keeping children safe, supporting their individual needs and promoting children's rights. Staff were attuned to the trauma children may have experienced and children were supported with their daily routines based on their individual needs.

Children were treated with dignity and respect and equality was promoted. Children's diverse needs in relation to their family, identity, disability and religious beliefs were respected and supported. A review of children's records showed that their individual vulnerabilities, as well as the likely impact of any previous adverse childhood experiences was recognised and considered by the service. Each child had access to information, provided in an accessible format that took into account of their communication needs.

Children told inspectors they were listened to and understood their rights. They also had choices about their care and the activities they undertook while in the centre. There were no complaints made by children in the 12 month period prior to the inspection. However children were aware they could speak to their foster carers, social worker and centre staff if they were worried, did not feel safe or wanted to make a complaint. A children's booklet with information about the service was available and a children's advocacy service had come to meet children in the centre. Children were supported by centre staff to understand risks and safeguarding concerns informing decisions about them and their care. Children understood that some rules in place such as having supervised online access was to keep them safe.

Children received care and support in the centre that facilitated their development and supported their wellbeing. Children's health needs were met and safe and healthy life choices were supported. Children were provided with educational support where needed and centre staff were part of interagency planning with schools to support children. A positive approach was taken to managing behaviours that were challenging. Restrictive practices were only used when there was a risk to safety of the child and others. These were regularly reviewed with children's carers, social workers and used for the shortest possible time. At the time of the inspection the only restrictive practice in use in the centre was a high level of supervision by staff. This was placed on the restrictive practice register and its use reviewed every two weeks.

Judgment: 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 consulted with, supported to exercise choice and participate in decisions about their respite care. Children meetings took place regularly in the centre and their views were actively sought. Children had met with and were aware of how to access independent advocacy support services. Children were observed to be comfortable in the centre and have a good rapport with staff. The staff team sought to provide a safe, supportive environment where children were given choices around their care and supported to understand decisions made to safeguard them from harm.

The respite care and support provided by the service to each child was based on their individual identified needs. All children had an allocated key worker in the

centre. The centre manager carefully considered which staff member would be best suited to support each child dependent on their skills and strengths. Inspectors found that individual support and key working was of a high quality and included work with children to explore and understand safeguarding concerns as well as safely express their feelings and emotions. This included support around risks associated with social media and internet safety. Individual work with children also addressed any concerns raised by children and supported children around positive peer relationship skills.

Children were listened to and the voice of children was captured through their daily logs as well as the centre's twice monthly children's meetings. A sample of these children's daily logs were reviewed as part of the inspection and found to be well maintained. They provided a clear picture of the child's needs and clearly documented areas where they required additional support. A review of a sample of children's meetings showed that they were scheduled to give children the opportunity to participate in at least one meeting a month in line with their respite plan. Children were encouraged to lead these meetings and put items on the agenda for discussion. Records of meetings evidenced ongoing follow-up discussions with children on how to make a complaint, how to access advocacy supports and planning centre activities. Inspectors found that children's suggestions were followed through and were actively sought through the use of a suggestion box. A review of a sample of team meetings minutes showed that the views of children were considered and informed centre decisions about respite care.

Children were clear that they could speak to their foster carers, social workers or external professionals if they were not happy with the service and they were provided with information on advocacy services for children in care. The centre had a children's information booklet included information on Tusla's 'Tell us' complaints process and external advocacy agencies that children could contact. An external advocacy service had attended four children's meetings in 2024 and the centre was awaiting confirmation from the advocacy service for planned meeting dates for 2025.

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 inspection found children's needs informed their placement in the centre. All admissions to the centre were considered and assessed against the centre's statement of purpose and were in line with the provider's admission policy. Children placed in the centre had up to date care plans in place and their residential placement plan was informed by their identified needs and considered any safeguarding risks that may be present.

Children were given an opportunity to visit the centre, meet the other children living in the centre and staff that would be responsible for their care before coming for respite to the centre. There was an individual transition plan put in place for each child which included day and overnight stays in the centre. These transition plans provided the children with opportunities to also become familiar with the centre living arrangements, get to know both the centre staff and build relationships with the other children staying in the centre. The visits also focused on the centre staff getting to know each child and their likes and dislikes.

Inspectors found that in the sample of files reviewed that the child's residential respite placement plan was informed by their identified needs and considered any risks that may be present. Admission checklists and collective risk assessments were completed in respect of each child and placed on their records. A review a sample of children's records showed that staff worked closely with social workers prior to admission of the child to ensure that the service was suitable to meet their needs. A sample of collective risk assessments completed for children attending the centre were also reviewed as part of this inspection and were found to be comprehensive. These were completed in consultation with the child's allocated social worker. Consideration was given to the impact of meeting the needs of each individual children including health, wellbeing, faith cultural and safeguarding needs, on the needs and rights of all children attending the centre. Staff worked closely with parents and foster carer's to ensure that transitions to and from the respite service were positive and that all identified needs could be met.

Respite placement plans in place for children included placement support plans, crisis management plans and safety plans where required. Safeguarding risks were effectively identified by centre staff. Respite care plans were actively reviewed and updated as required when children's safeguarding needs changed. Risk assessments were updated and the collective safeguarding risks for all children attending for respite were reassessed as required. The centre consulted with children, their foster carers, social workers, Guardians ad litem and other specialist services to ensure the each child's respite care plan was effectively meeting their safeguarding needs.

Judgment: Compliant

Standard 3.1

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

Child protection concerns were reported to Tusla in a timely manner and in line Children First (2017). The provider had a child safeguarding policy in place and the centre held a log of all child protection concerns, including status and outcomes of referrals. While all Tusla employed staff had completed up-to-date mandatory Children First (2017) training there was no record available for agency staff who worked in the centre, to confirm that these staff had completed the required Children First training. Records of up-to-date Garda vetting for agency staff were also not available at the time of the inspection. In addition safeguarding procedures in place to confirm the identity of visitors and agency staff on arrival to the centre were not adequate.

The provider had national safeguarding policies and procedures which were being implemented within the centre. These included safeguarding policies and procedures around bullying, online harassment and child sexual exploitation. However these national policies and procedures had not being updated and reviewed as required.

Managers and staff were aware of their responsibility with regard to reporting child safeguarding concerns to the social work department. A review of a sample of children's records showed that safeguarding concerns were effectively identified, appropriately reported and followed up with the social work department by centre staff. Inspectors reviewed the register of child protection and welfare concerns and found there were five child protection and welfare notifications made by centre staff in the 12 month period prior to the inspection. At the time of the inspection there was one open child protection concern. Centre staff made child protection and welfare notifications through the Tusla portal and also made contact directly with children's social workers to discuss concerns. Centre staff also

actively followed up with social workers seeking an update with regard to open notifications and risk assessments were reviewed and updated as required.

Records showed that staff had good communication with parents, foster parents, social worker's and schools to support and safeguard children. There was regular contact through in person meetings, online, meetings, phone calls and emails. Where there were safeguarding concerns or where children were experiencing difficulties there was good child-centred joint working between staff and the social work team. Individual risk assessments were undertaken and placed on children's records and significant event notifications were made.

A culture of learning and reflective practice to safeguard and improve outcomes for children was promoted within the centre. Training certification records for Tusla staff were held in the centre which showed that all Tusla staff had completed mandatory training in *Children First: National Guidance for the Protection and Welfare of Children* (2017) and the majority of these staff had also completed child sexual exploitation training. Tusla staff interviewed clearly understood their roles under Children First (2017) and developments in policy were discussed at staff team meetings. There were no agency staff interviewed as part of the inspection. A training needs analysis of Tusla staff had been completed in January 2025 by centre managers and a training plan was in place for all Tusla staff for 2025. The training needs analysis and the centre training plan did not include agency staff. The centre social care manager advised at the time of the inspection that they did not have oversight of or have access to agency staff training records including Children First (2017) training certification.

A follow up review of a sample of agency staff training records held by the provider's national office found that there was no record that the required Children First (2017) training had been completed by these agency staff. This was a significant concern for inspectors with regard to the safeguarding of children and the provider was asked to submit a provider assurance report to address this concern. Satisfactory assurances were received that any agency staff member who had not completed Children First (2017) training would complete this as a priority. Assurances were also received that going forward the centre manager would maintain oversight of the completion of Children First (2017) training by agency staff including recording completion of the training in the centre training register.

The safeguarding procedures in place to confirm the identity of visitors and agency staff on arrival to the centre were not adequate. While there was a visitors log it was not possible for inspectors to track who had visited the centre, the purpose of their visit or whom they had seen. Relevant information in relation to visits by

social workers, contractors or senior managers were not captured. The log did not include a record of staff undertaking identity checks with all visitors.

Staff spoken with were aware of the policy and procedure on protected disclosures and who to report a protected disclosure to. However this policy had also not been updated or reviewed as required.

Judgment: Not Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 3.3: Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	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.	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.	Not Compliant
Quality and safety	
Standard 1.1: Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Compliant
Standard 1.3: Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.	Compliant

Standard 2.2: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	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-0046369
Provider's response to Inspection Report No:	MON-0046369
Centre Type:	Children's Residential Centre
Service Area:	Dublin North East
Date of inspection:	20 February 2025- 21 February 2025
Date of response:	11 th 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:

Capacity and Capability: Leadership, Governance and Management	
Standard : 5.1	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 5.1:</p> <p>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.</p> <ul style="list-style-type: none"> • The social care staff in the Centre continue to adhere to and implement the National Policies and Procedures for Children's Residential Services 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 end of Quarter 3 2025. • The review of the Tusla Child Sexual Exploitation Procedure is currently underway in collaboration with other 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. 	

<ul style="list-style-type: none"> • The Tusla Tell Us complaints policy will be reviewed in 2025. The social care staff in the Centre will continue to adhere to and 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 consistency within the organization, Tusla has a National Policy Oversight Committee (NPOC) that governs, commissions, approves and authorizes all Policies, Procedures, Protocols and Guidance documents formulated in the organization. Tusla has processes in place to support the development and review of policies and procedures. The timely development and review of policies and 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. 	
Proposed timescale: 3rd Quarter 2025	Person responsible: National Director CRS

Standard : 5.2	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 5.2:</p> <p>The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p> <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.</p> <p>These measures are:</p> <ul style="list-style-type: none"> • 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. To be completed by 30th April 2025. 	

- 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 has undertaken an audit to ensure all agency staff working in the centre have completed all three modules of Children First training. All agency staff working in the centre have all three Children’s first modules completed.

- 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.

- Assurances were provided in a Provider Assurance Report to the HIQA on the 19th March regarding one file reviewed whereby the HIQA was unclear if a full employment history had been considered, if all gaps in employment were properly accounted for and whether police clearance from outside Ireland had been sought if required. Assurances were also provided in the PAR for the gaps found in the staff files employed through the agency. The PAR detailed the Tusla processes for the safe selection and recruitment of staff and was accepted by the HIQA.
- As per the Provider Assurance Report submitted to the HIQA on 4th April 2025; as part of the Tusla recruitment process all external candidates will now be required to complete an External Candidate Compliance and Verification Declaration form. This declaration will require all candidates to provide a full employment history, together with a satisfactory explanation of any gaps in employment. The form also includes a declaration in relation to international police clearance.
- The Social Care Manager had requested and received feedback from Alternative Care Manager in relation to the risk matrix for one of the risk registers. This had been received but wasn't placed on file. At the time of the inspection this was printed, and this risk was updated to reflect the feedback. This was noted to the inspector at the time of inspection.
- The issue of an incorrect SEN number has been rectified at point of inspection. This was observed by inspectors at the time of inspection.
- The Social Care Manager has rectified the final page of the CRA relating to another child's initials. The Social Care Manager will review with the Deputy Social Care Manager all documents before placing on the child's file to ensure a four-eye review.

Proposed timescale:

30th April 2025

Person responsible:

National Director CRS

Standard : 3.3	Judgment: Substantially Compliant
Outline how you are going to come into compliance with Standard 3.3:	
<p>Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.</p> <ul style="list-style-type: none"> • The issue of incorrect SEN number has been rectified at point of inspection. This was observed by inspectors at the time of inspection. • The Social Care Manager will conduct a more thorough weekly review of the Significant event log is to ensure accurate information is captured on the official SEN log. • The Social Care Manager will complete workshops with the staff team on the Significant Events Notification process. Due to the nature of the service the workshops will be completed over two meetings to include all staff. The workshop will be recorded and circulated to all staff for future guidance and reference. Workshops will be completed by 6th May 2025 • The Social Care Manager will ensure review of daily logs to identify any missed Significant Event Notifications as promptly as possible. This will ensure notification as soon as possible. 	
Proposed timescale:	Person responsible:
6th May 2025	Centre Manager

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.	
<ul style="list-style-type: none"> • The Social Care Manager has undertaken an audit to ensure all agency staff working in the centre have completed all three modules of Children First training. All agency staff working in the centre have completed all three modules of children’s first training. • 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 	

<p>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.</p> <ul style="list-style-type: none"> The Social Care Manager has established a new Visitor log which ensures it tracks who visits the Centre, the purpose of their visit and the checking of identification. This was completed immediately following inspection and is in place since. (Complete) 	
<p>Proposed timescale:</p> <p>Completed</p>	<p>Person responsible:</p> <p>Centre Manager</p>

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
5.1	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.	Not Compliant	Orange	3 rd Quarter 2025
5.2	The registered provider ensures	Not Compliant	Orange	30 th April 2025

	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.			
3.3	Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice	Substantially Compliant		6 th May 2025
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not Compliant	Orange	Complete

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