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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:	South West
Type of inspection:	Unannounced
Date of inspection:	8 - 9 July 2025
Centre ID:	OSV-0004182
Fieldwork ID	MON-0047135

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 service provides respite care to children placed in the care of the Child and Family agency, Tusla. Respite is provided at weekends, on occasional weekdays and during school holidays. Children can avail of 21 days respite in the year, however, this can be extended in consultation with the child's social worker. The service is open to children of different ages, up to 18 years of age. This includes children who have experienced earlier childhood trauma and children with learning difficulties or disabilities. Priority is given to supporting foster care placements under pressure or at risk of breakdown. Where appropriate, respite can support specific interventions such as, independent living skills, self-care, and personal and social development. The key philosophy of the service is empowerment through partnership and a collaborative approach is used to support children to realise their potential for positive change. The service facilitates sibling access, which is planned for in collaboration with the relevant social workers.

The values of the service include

- Dignity and respect,
- providing a compassionate and collaborative service,
- partnership and participation,
- promoting uniqueness and,
- promoting family unity.

The service is located in the outskirts of a large town with good access to public transport and local amenities. The house has four bedrooms which are available to children staying for a respite break.

The service incorporates an assessment service also to children and families on a residential/outreach basis.

Number of children on the date of inspection	0
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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
8 July 2025	09:30hrs to 17:30hrs 09:00hrs to 17:00hrs	Bernadette Neville Catherine Linehan	Lead Inspector Support Inspector
9 July 2025	09:00hrs to 17:00hrs 09:00hrs to 17:00hrs	Bernadette Neville Catherine Linehan	Lead Inspector Support Inspector

What children told us and what inspectors observed

Inspectors carried out an unannounced inspection focused on the safeguarding of children availing of respite care at the centre. The centre had capacity to provide respite for up to six children. On the day of the inspection, there were no children availing of respite. However, inspectors spoke with some children through video call, following the inspection, and they provided valuable insights in relation to their experience of the service. At the time of the inspection there were 46 children registered to avail of respite care, with a further 17 referrals in progress.

The centre is a large two-storey building, on the outskirts of a large town. There were good access links to the town and to a range of recreational amenities, which the children availed of.

Inspectors spoke with three children to get their views on the service and they all spoke positively of their experience of attending respite in the centre. The children were very excited about the activities planned for their stay in the centre and happily listed these for the inspectors. Children told inspectors that one of the best things about the centre was the "staff". They liked that "we get to pick what we do", and "staff listen to us". They felt safe in the centre and did fun things such as going to the funfair and playing games. Children told inspectors that they got to spend some time on respite stays with their siblings and having the opportunity to spend time together as a sibling group was important to them, however they said the time together was too short.

One change the children said they would like to make is to remove cameras located around the centre. They told inspectors they didn't like them and that they "look at everything, they look at us". The children said the cameras were "the first thing we saw" when they went to the centre and that they feel "nauseous" and "anxiety" with the cameras in place. One child told inspectors they had asked for the cameras not to be used but were told "no" by staff. The issue of children's concerns about cameras in use inside the centre was addressed by inspectors with the management team and further information is outlined within the relevant sections of this report.

Inspectors also spoke with professionals and foster carers. Professionals were positive about the staff and the care provided to children. They spoke about children having a "good relationship with the team", "(staff member) knows them". One professional commented that the child "gets to be herself", that staff "see the vulnerability" of the child, and that "they get who she is". They reported

there was good communication with the staff team and that information was shared with them in a timely way.

Foster carers were also positive about the care provided to the children. They told inspectors children loved going to the centre, “she counts down to her time there”, “everyone I’ve met have been lovely”, “they’re that good they know when she isn’t happy”, and “always asking for more (family) access”. Foster carers also noted there was good communication with staff in relation to information sharing when children returned to their care. Overall, the service was valued by foster carers who told inspectors there was a need to increase the availability and access to respite for the children in their care.

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 young people with regards to their safeguarding needs.

Capacity and capability

The centre was last inspected in June 2023. Seven standards were assessed and the service was found to be compliant with six standards and substantially compliant with one.

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

- One standard was compliant
- Three standards were substantially compliant
- Five standards were not compliant

Overall the care provided to children in the centre was of good quality and child centred. Children experienced positive relationships with staff and were given opportunities to talk about matters that were important to them, such as difficulties in close relationships and placement moves. Children were kept safe and there were systems in place to oversee the quality of care provided to children. Risks were being appropriately managed. However, there was a need for an increased focus on safeguarding across some aspects of service delivery to ensure the service was fully up-to-date with best practice in the area of safeguarding and to continue to be responsive to the emerging and complex safeguarding needs of children requiring respite.

Incidents were appropriately identified and managed in the centre. Staff demonstrated a knowledge of their reporting responsibilities, in line with *Children First: National Guidance for the Protection and Welfare of Children (2017)*.

Systems in place for the internal review of incidents and for the implementation of learning, however, needed to be strengthened.

Improvements were required on the management and oversight of risks. There was a risk management framework and supporting structures for the identification, assessment and management of risk in line with Tusla's organisational policy. Managers maintained a risk register, however the management of the risk register, specifically the review of risks, was not in line with the provider's national policy. There were significant gaps in staff training in relation to risk management, which had not been identified in the service training needs analysis. Both managers and staff required updated training on risk management.

The recruitment of agency staff was not in line with the provider's recruitment policy and there was a need for greater oversight of the recruitment of staff to ensure compliance with safe recruitment practices.

There was the absence of safeguarding training in key areas of practice including, child sexual exploitation and trafficking, which had not been completed by any staff and were not included in the centres training needs analysis (TNA).

Safeguarding specific training is important in ensuring the service remains responsive to the emerging and changing safeguarding needs of children.

Furthermore, national safeguarding policies and procedures were not up-to-date. Improvements were required to ensure that policies, procedures and guidance for staff are updated regularly as required and that they take account of developments in practice and potential risks relating to the safe care of children.

Standard 3.3

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

This inspection found that incidents were effectively identified and managed in line with the national standards. Reporting procedures, as set out in Children First (2017) were followed. There were internal structures in place for the review of significant event notifications (SEN's), however learning from these reviews was not clearly documented.

Incidents were effectively identified and reported to the children's allocated social worker and other professionals in a timely manner. A record of incidents occurring in the centre was appropriately maintained. Staff were provided with guidelines on the completion of notifications to the child's social worker and Tusla's monitoring office. There was good quality recording of the incident in the SEN's reviewed by inspectors. The views of children were noted and there were clear and appropriate actions recorded. Responses by staff to children were in line with children's individual crisis support plans.

At the time of this inspection, there were no serious safeguarding concerns for children availing of respite care and there had been no incidents of children going missing from care. There were five significant events recorded between January and July 2025. There was evidence of the review of SEN's by the centre manager, although learnings in relation to the incident and the evaluation of staff responses were not recorded in the centre managers review. Inspectors were told by the centre manager that the review of SEN's for the purpose of identifying trends, had previously been completed by a designated staff member, who had specific training in the application of the national approach to behaviour management. At the time of the inspection the post was vacant, however, evidence was provided of one review of SEN's by a panel which included the centre's psychologist.

There was an internal formal procedure in place for the annual review of serious incidents. Inspectors reviewed the most recent internal review and found that there was a strong focus on the actions taken to ensure children's safety and consideration of the outcome of these actions for the child. The learning by staff is referenced in the meeting record reviewed by inspectors but details of what was learned was not clear as no details of the specific identified learning was recorded. In addition it was unclear how the learning was to be applied in practice to improve the service response to significant events.

Although there had been some changes to the staff team in the 12 month period prior to inspection, children had developed good quality relationships with staff. Children, professionals and foster carers said these relationships were positive. Children said they could speak with staff and that they felt listened to. The presence of supportive adults in children's lives acts as a protective factor as they try to manage situations and risks that present. Children said they felt safe in the centre.

Overall, while incidents were appropriately identified and managed there were improvements required in the review of incidents and the documenting and sharing of learning from such reviews. It is for this reason that this standard is 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

The centre had a range of policies and procedures in place to support and ensure compliance with relevant legislation, regulations, national policies and standards to protect and promote the welfare of children. However, the provider, at national level had not ensured that policies, procedures and guidance documents across significant areas of practice directly related to safeguarding children in residential care, were reviewed and updated 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; safeguarding young people online, bullying and restrictive practices¹. In addition, Tusla policies, procedures and guidance documents, intended to guide staff in safeguarding children were not up-to-date and had not been 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

¹ A restrictive practice is the intentional restriction of a person's voluntary movement or behaviour. Restrictive practices include physical and environmental restraint

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. Furthermore, 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 purposes of exploitation.

The centre maintained a tracker for the renewals of garda vetting for staff members working in the centre. There was good oversight of this tracker. The dates for the renewal of garda vetting were recorded as well as actions taken to progress the updating of the renewals. The tracker was included in monthly governance reports shared with the child care manager. At the time of inspection all staff were vetted as required.

The review of mandated reports by inspectors showed staff had a knowledge of their responsibilities as mandated persons under Children First (2017). There were clear mechanisms in place to ensure child protection concerns were reported as required. Professionals told inspectors that there was good communication by staff in relation to the reporting of concerns. There were effective arrangements in place to manage safeguarding concerns that did not meet the threshold for intervention by Tusla social work department. Inspectors noted an example of the management of safeguarding concerns, which showed staff to be proactive in their response, and working directly with the child on developing the skills and understanding to manage particular situations; in so doing keeping the child and others safe.

The provider had a centre specific protected disclosures policy which was aligned to and referenced Tusla's protected disclosure policy and procedure. Inspectors were told that training on protected disclosure policy was delivered through Children First training and managing complaints training. However, as some staff required updated training in both of these training modules, further training in relation to protective disclosures is required.

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 varied significantly, indicating no clear mechanisms for a systematic review of such national policies. Significant improvements were 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 is 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.

There was an experienced leadership team, with systems in place to support oversight, planning and service improvement. However, there was a need for improvement in the auditing, review and oversight of safeguarding practice and an increased focus on reflective practice at team meetings. 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.

A review of the service organogram showed the centre manager had lead responsibility for the oversight and management of the service. The deputy manager reported to the centre manager and had supervisory responsibilities for the placement co-ordinator, social care leaders and social care workers.

The centre manager reported to the Area Manager for Kerry, Tusla Service Area, who had external line management and oversight responsibility for the service. There had been a change in the line management in the weeks prior to the inspection with the local area manager taking on lead responsibility for the governance and management of the service from a child care manager in a different Tusla area. The centre manager told inspectors that the previous external line manager visited the centre on a regular basis and that they were provided with service updates as part of monthly governance reports.

There were sufficient numbers of suitably qualified and experienced staff employed to safely care for the number and needs of children availing of respite care. The full staff team consisted of three social care leaders, 11 social care workers, all of whom had varying degrees of experience and a good mix of skills. At the time of the inspection, two social care workers were not available for shifts on the roster. Three social care leaders had left their posts to pursue the apprenticeship in social work. However, managers had taken steps to address the potential risk this posed and there was an effective workforce plan in place. There was a particular focus on the upskilling of new staff with social care leaders having a key role in their support and supervision. Gaps in the staff roster were covered by consistent agency staff and this meant that children experienced minimal levels of disruption to their care. Having consistent agency staff also meant that there was a knowledge across the staff team of the children's individual profile and their safeguarding needs. The centre had experienced challenges in terms of some of the new staff not being qualified drivers and this was recorded on the centres risk register. This had the potential to negatively impact and limit the range of

activities children could participate in. However, this was mitigated against through the effective review and planning of staff rosters to ensure there was a qualified driver on shift to safely transport children to activities. On call cover was provided by the centre manager and deputy centre manager. Live nights are rotated amongst the staff team.

There were structures in place to support information sharing and planning to meet children's needs, however these needed strengthening to ensure there was greater attention given to the review and development of safeguarding practice. The structures in place included team meetings, social care leader meetings, handovers between staff, and management meetings. Monthly team meetings were generally well attended by staff and there was good sign off of meeting records. Team meetings had standing agenda items and these included updates on respite arrangements, reviews of risk assessments, individual crisis support plans, training and restrictive practices. However, from the review of a sample of meeting records, agenda items were not always discussed and there was an absence of detailed records in relation to reviews completed, including the review of restrictive practices. There was no tracking of decisions made at meetings which meant that progress on agreed actions was not reviewed at subsequent meetings. There were a number of safeguarding agenda items not included in team meetings, such as the review of significant event notifications (SEN's), child protection reports, complaints, governance of the centre, and learning from audits. The use of restrictive practices were not discussed in any of the meetings reviewed by the inspectors. In addition, there was no evidence of reflective practice in relation to safeguarding practice issues.

There were additional monthly meetings attended by social care leaders only. A review of a sample of social care leader team meetings showed there were discussions on the children, their individual plans, completion of respite reports and a review of restrictive practices. However, relevant information or learnings from this meeting were not included as agenda items at general team meetings, meaning there was the potential for relevant information not to be passed on to the social care workers. Managers had identified communication difficulties in staff handovers and were proactive in introducing new recording systems to ensure information was effectively shared.

Staff provided the appropriate supports to children to manage and reduce the identified safeguarding risks, however, there was a need for continued training in key areas such as child exploitation, child trafficking, responding to mental health risks in children, and understanding the impact of trauma and neglect on risk taking behaviour. Safeguarding training was provided to staff in areas such as

Children First (2017), complaint handling, and on the national approved behaviour management technique. However, a review of the training log by inspectors showed there were a number of staff who required updated training in key training modules. This included Children First (2017) and understanding and responding to complaints. There was no record of designated liaison person (DLP) training completed by the centre managers on the training log. Some staff required updated training in the approved behaviour management technique and refreshers were scheduled for September 2025. A training needs analysis (TNA) was completed for 2025 which reflected the learning and development needs of staff. However, safeguarding training in specific areas such as cyber safety, child exploitation were not included in the TNA. Improvements were required in the delivery of both mandatory and safeguarding specific training to ensure staff recognise and are vigilant to emerging safeguarding risks for children. While inspectors saw some visual prompts in the centre in relation to alternative ways of communicating with neurodivergent children, the training records did not show when this training was provided and the level of staff attendance at the training. This is an area for further service improvement given the growing demand on the service and the changing needs profile of children requiring respite care.

Inspectors found there was a lack of comprehensive review of the quality and safety of care and support, including safeguarding practices. There was an annual report for 2025 prepared by the centre manager, which was of poor quality as the report did not provide a review or analysis of the quality and safety of the respite service but rather focused on goals for the service development and challenges to achieving these goals.

There were a number of auditing systems in place including external oversight of the service by Tusla's practice assurance and service monitoring (PASM) team. The centre had been audited by PASM in July 2024 and were found to have strong governance and effective oversight systems in place to support compliance with legislation and policy. This inspection noted improvements were required in the quality of audits and the sharing of learning from audits with staff. There was a team approach to auditing the service with social care workers, social care leaders and managers having distinct areas of service delivery to review. Audits of children's files were comprehensive and effective but did not show evidence of oversight by managers. The review of monthly management audits by inspectors demonstrated a consistent focus on evaluating the quality of care and support provided to children. However, management oversight of these required improvement. There was a need for clear mechanisms for discussing and communicating findings from audits with staff to aid learning and strengthen safeguarding practice.

Risks were being managed appropriately but improvements were required in the recording and tracking of the monitoring and oversight of registers. There were risk management structures in place. These included a risk register, logs of reportable incidents such as SEN's, child welfare concerns and a register of restrictive practices. Registers reviewed by inspectors did not always indicate the planned review dates or the outcome of the review. Oversight by the centre manager needs to be more clearly evidenced to ensure risks and safeguarding concerns are being responded to in a timely manner and the analysis of trends completed.

The management of risk in the centre was governed by Tusla organisational risk management policy and the centres own risk management policy and framework, both of which provided clarity on the identification, analysis and response to risks. However, improvements were required in relation to the review and reporting of risks on the risk register. There were clear descriptions of the identified risks; the potential impact and control measures to mitigate the risks were also clearly recorded. All risks were risk rated but not all risks had a review date included, with many noted as ongoing. This is not in line with the provider's national policy which indicates at a minimum, the risk register should be reviewed on a quarterly basis. In addition, risks associated with the location of a photocopier, which had first been identified in 2008 and included also in HIQA inspection in 2023 and PASM audit in 2024, had remained on the risk register due to the absence of an effective response plan. Risks on the risk register were not routinely reported on in monthly governance reports or at the service development oversight group (SDOG) meetings. Managers and staff would benefit from updated risk management training.

Individual risk assessments were of good quality and contained relevant information to indicate children's areas of vulnerability. Impact risk assessments were completed to inform decision making in terms of matching children together when on respite. This supports effective and safe planning. There were clear details in relation to the children who could be placed together and regular reviews were completed to ensure the continued safety of children. Social workers told inspectors there was good matching of children on respite. However, the risk assessments did not record the risk profiles of each individual child and the rationale for the matching of children on respite was not recorded.

Tusla has a 'Need to know' risk escalation policy and procedure which is a process for the escalation and notification of reportable events such as serious incidents. The centre had not made any such reports in the 12 months preceding the inspection.

This inspection found some concerns in relation to the safe recruitment of staff. The majority of Tusla and agency staff files contained all the necessary information to indicate safe recruitment practices. These included up-to-date vetting by An Garda Síochána, relevant qualifications on file and identity checks completed. However, issues were identified in relation to the verification of references for agency staff. Assurances were sought following the inspection. The provider submitted a satisfactory response outlining a service improvement plan aimed at increasing the effectiveness of oversight systems in place with regard to ensuring the safe recruitment of staff engaged in work in Tusla services.

Overall, although there were structures in place to monitor the service against the national standards, there was no evidence of findings from audits being discussed at team meetings or included in monthly management reports. There was a lack of analysis of the performance and quality of the service to inform service improvement plans. Oversight of quality assurance systems required strengthening. The review of risks on the risk register was not in line with the provider's national policy. 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 processes. It is for this reason that this standard is judged to be not compliant.

Judgment: Not compliant

Standard 5.3

The residential centre has a publically available statement of purpose that accurately and clearly describes the service.

This standard was included in the inspection due to deficits in the statement of purpose reviewed. The provider had a publically available and up-to-date statement of purpose, however it was not in line with the requirements of the national standards or Tusla national policy.

The centres statement of purpose was on display in the centre along with child friendly information explaining the purpose of respite and the care to be provided by staff. Key information was included in the statement of purpose; including the aims and the values underpinning the service as well as the staffing structure and profile of children the service cared for. Staff were aware of the purpose and function of the service. However, the statement of purpose did not adequately describe how the service provided for the specific care and support needs of children and the arrangements in place for the wellbeing and safety of children

placed in the centre. The model of care was not outlined in the statement of purpose.

Changes were required to the statement of purpose to ensure compliance with the national standards and Tusla national policy. The statement of purpose was sparse in detail and did not have the required information. It is for this reason that this standard is deemed not compliant.

Judgement: Not compliant

Quality and safety

Children were cared for by a committed staff team, who recognised their individual needs and promoted children's participation in the planning of activities when on respite. The safety and wellbeing of children was at the centre of the care provided. However, children's rights to privacy and dignity was not promoted as they were monitored through the use of close circuit television (CCTV) inside the centre. The monitoring of children's movements, via the use of CCTV, was identified as a concern in the previous HIQA inspection despite this, no improvements in practice were achieved. CCTV continued to be used in the centre, in the absence of the required risk assessments and regular reviews, which was not in line with the provider's national policy. In addition, the rationale for the use of CCTV was not identified, documented and included in the centres restrictive practice log. Inspectors found that there was insufficient recognition by the centre's management team, of the impact of monitoring children's movements on their fundamental rights.

Children were provided with information about their rights and a child-centred approach was taken in respect of their safeguarding needs. They were helped with developing important life skills such as problem solving, managing conflict in relationships and personal care. Children said they could talk to staff if they had a concern or worry and they described having positive relationships with the staff team.

Children's identified needs informed their placement. Comprehensive information was provided to the manager about children's needs, behaviours of concern and care history. This information was used to inform individual risk assessments, which inspectors found to be detailed in their record of the safeguarding risks and actions required to manage or respond to these risks. However, there was room

for improvement in relation to management oversight of risk assessments and the review of learnings from these by the staff team.

Children were provided with opportunities to learn life skills to keep themselves safe appropriate to their age and stage of development. Children told inspectors they could talk to staff if they had worries. Staff were responsive to the needs of children and there was good engagement between staff and children in the direct work undertaken. However, the service did not operate a keyworker system and as such was not in line with the national provider's policy on child centred care.

Risks in relation to the layout of the building, identified in the previous HIQA inspection in 2023, remained unresolved.

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, there were mixed findings in relation to the promotion of children's rights by the provider. Although there were structures in place to support children's right to identity, to make choices, and to participate in decisions impacting on their lives; inspectors found that children's right to privacy and dignity was being negatively impacted by the continued use of CCTV in the centre. The continued use of CCTV within the centre constituted an institutional restrictive practice, however this was not recognised as such and not included in the centre's restrictive practice log. There was little evidence of the review and analysis of the use of CCTV in respect of the impact on children's right to privacy and dignity. Sufficient consideration had not been given to the right of children to live in an environment which is least restrictive and in which their rights are respected and promoted. An urgent compliance plan was issued following the inspection in respect of the continued use of CCTV as a restrictive practice. Assurances received were not satisfactory and further assurances were sought from the external line manager for the service. Adequate assurances including detailed actions which were taken to address the non-compliances identified, were subsequently accepted by HIQA.

Children were provided with child friendly information booklets which included details in relation to their rights. The booklet was available in English and other languages and as such was accessible to all children availing of the service. Staff spoke to children about their rights when they attended for respite. Inspectors found good examples of children being supported and encouraged to participate in the planning of activities during their respite stay. The right to engage in play was promoted and supported through the provision of a range of toys and games, some of which were chosen to meet the specific needs of children with sensory or additional needs.

Children were encouraged to bring personal possessions and belongings to the centre. There was sufficient storage space in children's bedrooms, some of which could be secured, to keep personal belongings safe.

Children's identity was promoted through the provision of sibling respite. Maintaining relationships with siblings is especially significant given the number of children in care who grow up in separate homes and do not enjoy shared memories of their childhood. Children's right to their family identity is nurtured through their continuing relationships with siblings. Inspectors found that sibling respite was planned for and children were involved in deciding how they would spend their time together. There was a focus on developing memory books with children so as to record their positive experiences on respite.

The centre had a clear complaints process in place which was explained to children at the point of admission and reiterated at children's house meetings. There were additional information posters on display in the centre advising children of their right to make a complaint and the process involved. Despite having structures in place to support children to exercise their rights, children who spoke with inspectors did not experience the complaints process as open and engaging. One child described a lack of engagement with them when they made a complaint about the use of CCTV in the centre and said that when they asked for cameras to be turned off they were simply told 'no'. The child did not experience the complaints process as participatory. This complaint had not been recorded on the centres complaints register.

The need to improve the centres complaints process was also identified by some foster carers who completed yearly service feedback forms and who spoke to inspectors. In addition, there were gaps in staff training in respect of mandatory training on managing complaints. Assurances were sought following inspection on the procedures in place for the recognition, management and response to complaints by children and adequate assurances were provided.

Children were encouraged to engage in an exit interview to share their experiences and provide feedback to inform service delivery. Having such a structure in place showed an openness of the service to create additional opportunities to listen to children. One child left the service in 2024 and an exit interview was completed.

The use of restrictive practices was not clearly understood by management and staff and there was a lack of recognition and management of their associated risks. Inspectors found the prolonged and universal use of CCTV in the centre constituted an unnecessary and disproportionate restrictive practice, and impacted on children's right to privacy. The use of CCTV in the centre was not recognised as a restrictive practice or recorded as a restrictive practice in the centres restrictive practice log. There were no individual risk assessments completed to validate the need for internal CCTV in the centre. None of the professionals spoken to by inspectors were aware of the use of CCTV or the number of cameras in the centre. Children who met with inspectors said they did not like being "watched" and that they had asked for the cameras to be removed. The use of CCTV in the centre had been highlighted in the previous HIQA inspection in 2023 and a commitment given to review the need for appropriate risk assessments to be completed. The CCTV policy was reviewed following that inspection and was further reviewed in October 2024, and on both occasions no changes were made to the policy. However, the policy did not sufficiently detail the purpose and aim of the monitoring, or the reasons why CCTV was the best way of safeguarding children. Consent to the monitoring of children's movements had not been obtained from children or professionals. In addition, staff had not received regular and up-to-date training on handling information gathered through monitoring. An urgent compliance plan in respect of the continued use of CCTV was issued to the centre following inspection, however the response received did not sufficiently assure inspectors and further assurances were sought from the external line manager with responsibility for the centre. Adequate assurance were provided and clear actions to address risks associated with the use of CCTV, implemented following this inspection.

At the time of inspection there were six restrictive practices recorded on the centre's restrictive practice log, four of which had been in effect since 2022, the remaining two were in place since early 2025. All of the restrictive practices recorded were environmental restrictive practices such as limiting access to certain foods or drink or the locking of main doors to ensure the physical safety of specific children. The log did not indicate when the restrictive practices were reviewed or the rationale for their continued use. There was some evidence of the review of restrictive practice at social care team meetings, however, restrictive practices were not included as a standing agenda item in team

meetings. Effective oversight and monitoring of restrictive practices supports good safeguarding practice. The log did not record if the restrictive practices were discussed with children. From a review of children's files, inspectors found there were additional restrictive practices in place for children that were not identified as restrictive practices and recorded on the centres restrictive practice log. These related to restrictions on unsupervised time and increased supervision for some children. Furthermore, the centre maintained a list of what were noted as restrictive practices which were continually in place in the centre, some of which were general safety measures for ensuring children's safety. These restrictive practices were not included on the centres restrictive practice log and there was no evidence of routine reviews taking place. This was not in line with the national standards or the provider's national policy whereby restrictive practices are in place for the shortest period of time and when deployed use the least invasive practices. There is a requirement for a clear rationale for each restrictive practice and for restrictive practices to be tracked and reviewed on a frequent basis, to ensure compliance with the provider's national policy.

Overall, sufficient consideration had not been given to the impact of the use of CCTV on children's rights to privacy and dignity. There was poor oversight and monitoring of restrictive practices. The review of restrictive practices was not in line with the provider's national policy and staff had not received training in restrictive practices. It is for this reason that the standard is judged to be not compliant.

Judgment: Not 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 that took into account their safeguarding needs. Children were provided with opportunities to participate in and contribute to decisions made regarding their day-to-day care and activities. The centre, however, did not operate a keyworker system, in line with Tusla national policy.

Children were given information on the care provided in the centre and the range of choices children could be involved in making. These included activities to engage in, meal planning and preparation, hobbies or interests children wished to pursue. Children actively participated in the planning of respite activities, with individual preferences recorded on each child's activity planner. Children told

inspectors they liked the range of “fun things” they did on respite, and that they liked being involved in the planning of activities.

Children’s right to express their views and to make choices on the day-to-day delivery of the service was facilitated through attendance at house meetings. Children were encouraged and facilitated to express their views and opinions through these house meetings and individual engagement with staff. Children were supported to exercise choice and make requests in relation to their preferred activities. Children were given the opportunity to speak privately with staff outside of the house meetings when a more informal approach was required as indicated by the specific needs of the child. This showed a responsiveness and sensitivity to children’s individual privacy needs. Inspectors noted there were some discussions at the house meetings with children regarding the national advocacy service and Tusla ‘Tell us’ complaints process. Additional information on national advocacy services was accessible to children and on display in some areas of the centre.

The provider’s national policy on key working as well as the United Nations Guidelines for the Alternative Care for Children², require centres to provide children with access to a trustworthy key worker who will be available to support children and discuss any confidential matters. The role of the keyworker is to build a relationship to support the child’s participation and engagement in care planning, to coordinate the delivery of the child’s care and to advocate for and on behalf of the child. Having a relationship with a significant adult is a protective factor for children who have experienced trauma in their familial relationships. The centre does not operate a keyworker system and children are encouraged to develop relationships with all staff. A link worker is assigned to each child and has responsibility for the maintenance of the child’s file, the review and updating of care plans and placement plans. The link worker also completes a review of respite reports to identify themes to inform the work with the child. Children are not told who the link worker is. There were individual staff photos on display in one part of the centre to help children become familiar with the team and to assist with relationship building.

Overall, children were consulted about and supported to make decisions regarding their activities when on respite. They were facilitated to exercise choice and control across a range of daily activities, and their choices and decisions respected. Children were provided with information on independent advocacy services. The centre did not operate a keyworker system. While an alternative system was implemented in the centre, the role of the link worker did not fully

²The UN guidelines for the Alternative Care of Children aims to enhance the protection and well-being of children deprived of parental care or at risk of losing it, ensuring that alternative care is appropriate and respects children’s rights.

fulfil the role requirements of the keyworker, as outlined in national policy. It is for this reason that this standard is judged to be substantially compliant.

Judgment: Substantially compliant

Standard 2.2

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

Regulation 23:

Care Plan

Regulation 24:

Supervision and visiting of children

Regulation 25:

Review of cases

Regulation 26:

Special review

This inspection found that children received care and support based on their individual safeguarding needs which aimed to maximise their safety, wellbeing and personal development. Placement plans were informed by referral information and were focused on the management of safeguarding risks and the supports required by children to keep safe.

There were effective oversight systems in place in relation to children's care plans. Identified link workers were responsible for the maintenance of children's files and the review and updating of care and placement plans. Regular file checks were completed to ensure all the required documents were on file and this was further supported by file audits completed every three months. Care plans were tracked as part of the monthly statistics and reported on in monthly governance reports. There was an escalation policy in place detailing the procedure to be followed in response to children's care plans being absent or out of date. Statistics for the month prior to inspection showed there were 31 care plans in date, 14 were out of date but had been requested. Of the sample of children's files reviewed inspectors found all children availing of respite had up-to-date care plans.

Risk assessments were of good quality and contained all key information, however there was no evidence of oversight of the ongoing review of individual risk assessments by centre management. Risk assessments were completed prior to children availing of respite care and were informed by information shared by the

child's social worker. Each identified risk was risk rated and measures to mitigate the risk were recorded. The initial review of risk assessments was completed following the child's first admission to respite and thereafter at regular intervals by social care leaders or social care workers. The sample of risk assessments reviewed by inspectors recorded key details in relation to past and present safeguarding concerns and these informed the intervention strategies staff put in place to meet children's needs. Risk assessments were reviewed regularly by social care leaders and social care workers.

Strategies for managing children's high risk behaviours were recorded in children's individual crisis support plans (ICSP). There were clear intervention strategies in place and these were appropriate to the identified safeguarding risks.

Professionals told inspectors that children received individual support that took account of their specific needs. All children's files reviewed by inspectors had an up-to-date ICSP. There was some evidence of children's plans being reviewed at team meetings. Inspectors noted that one child's ICSP was not updated following a significant event. Although a record of the event and the associated risk were recorded elsewhere on the child's file, by not updating the ICSP there was the potential for the information to be missed by staff.

There was evidence of the identified safeguarding risks being addressed and responded to in the direct work with children. Staff provided support and guidance to children across a range of areas including personal care, the development of social skills, maintaining positive, safe relationships, and road safety. There were good examples of children being helped to engage in problem solving to manage potentially unsafe situations. The provider had developed additional resources to support children to recognise and name their feelings when in unsafe situations and strategies to use to keep safe. Detailed respite reports were completed and shared with foster carers and social workers. This ensured there was effective and ongoing collaboration in relation to risk management and safeguarding practices.

Overall, children's needs were assessed prior to admission and informed the development of placement plans and individual support plans. There were clear strategies in place to respond to risk taking behaviour and these were implemented by staff in order to meet the care and support needs of children. It is for this reason that this standard is judged to be compliant.

Judgment: Compliant

Standard 2.3

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

Regulation 7:

Accommodation

Regulation 12:

Fire precautions

Regulation 13:

Safety precautions

Regulation 14:

Insurance

Overall, children were cared for in a homely environment that was child centred and promoted their wellbeing and safety. However, issues remained in relation to the layout and use of space within the building, particularly the location of the centre's photocopier, which were raised in the previous HIQA inspection in 2023. There was no emergency evacuation plan on display on entry into the centre. This was raised with the centre manager and resolved prior to inspectors completing the inspection.

The centre is a large, two-storey building located close to a large town, with easy access to public transport and a range of local amenities such as shops, schools and recreational facilities. There were six bedrooms, four of which were used by children when on respite and one family room for parents who attend for access with their children during respite. There was one bedroom available for staff on overnight shifts and four staff offices. Children's bedrooms, a staff bedroom and some staff offices were located on the upper floor while the living, dining, playroom and other communal spaces and staff offices were located on the ground-floor level. There were four bathrooms. Children's bedrooms were appropriately decorated and had sufficient space for children's personal belongings. Children were encouraged to bring personal items with them when attending the centre. The centre was clean and well maintained.

There was an outdoor space to the back and side of the house. The areas had grass and were well kept. There was play equipment such as a trampoline, slides and football net, all of which were in good condition, secured and well maintained. There was an additional secure, well maintained garden fence around the lawn area to ensure the safety of young children.

The indoor communal areas were bright, clean and tidy. There were a number of areas children could spend time in relaxing, playing, watching TV or cooking, all of which were well furnished and clean. There were colourful murals on the wall of

the playroom and a range of toys and arts and crafts material stored safely in labelled boxes. There was a good supply and range of children's books and children could access these easily. Potentially dangerous play items such as pool table balls were removed when risks were identified. This ensured all children were kept safe. Maintenance issues were addressed in a timely way and this ensured the centre was free from hazards for children.

There was CCTV in operation, with cameras located both inside and outside of the building. There was appropriate signage on display and additional information provided regarding Tusla policy in relation to the management of information obtained through CCTV.

The centre had three cars. Inspectors viewed two of the cars and found them to be clean, well maintained, with tax, insurance and NCT in date. Both cars had a first aid box and breakdown kits. All cars were serviced regularly.

Staff completed monthly health and safety audits. There was an up-to-date safety statement. Health and safety meetings were held on a monthly basis. Inspectors reviewed a sample of the health and safety meetings and found improvements were required in the recording of the meeting, for example, the outcome of a review of the weekly and monthly audits were not recorded. Also, it was unclear who attended the meetings as this was not recorded.

Inspectors found some improvements were required in relation to fire safety practice in the centre. The review of the staff training tracker showed most, but not all staff, had completed mandatory training in fire safety awareness. There were a number of staff, including the centre manager, that required updated training and two staff had not received any fire safety training. There were adequate fire safety arrangements in place in the centre, however the continued placement of the organisation's large printer within a corridor used for family meetings and conferences among other activities, breached fire regulations and disability access requirements. This was identified as an organisational risk as far back as 2008 and there had been no effective plan put in place to eliminate the risk.

Fire safety equipment was serviced regularly. There had been nine fire drills completed in the previous nine months and these were well attended by children. Time taken to evacuate the building during a fire drill was recorded. However, one of the children's files sampled by inspectors showed they had not participated in a fire drill in 16 months. This is not in line with the provider's policy. This gap had been identified and was completed during the child's next respite stay. There was a policy in place regarding personal emergency evacuation plans (PEEP). Plans

were drawn up prior to children's first admission to the centre and completed in line with individual risk assessments. Personal emergency evacuation (PEEP) plans in relation to the sample of children reviewed were up-to-date, however, the date the plan was last reviewed was not recorded on the plan. There were fire evacuation plans on the inside of children's bedroom doors. Daily and weekly fire checks were completed by staff. The centres statement of purpose did not provide information on the fire precautions and associated procedures in the event of a fire, as required under Tusla's national policy. The centre had an up-to-date fire certificate.

Overall, the centre was homely and child friendly on the day of inspection but risks identified in previous HIQA inspection in 2023 have not been resolved. Some staff required updated training on fire safety. It is for this reason that the standard is judged to be not compliant.

Judgment: Not 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 safeguard children from abuse and neglect and to protect their welfare. Staff adhered to the requirements of Children First (2017) in the reporting of concerns. The centre had a policy and procedure on protected disclosures, which was aligned with the national policy. However, staff required updated training on protected disclosures.

The provider had policies and procedures in place to protect children from all forms of abuse and neglect, in line with Children First and relevant legislation and standards. Staff were provided with information in relation to the safeguarding needs of the children and, through their direct work, demonstrated a knowledge of the requirements for reporting specific concerns. There was evidence of children being supported to develop the skills and awareness needed for self-care and protection. Children were provided with information, on admission and throughout their time in the centre, on who to direct any safeguarding concerns to. Staff showed an understanding of children's individual vulnerabilities based on their care histories. Children told inspectors that they felt safe and inspectors found that staff worked in partnership with children, foster carers and social workers to promote the children's safety and wellbeing. There was an up-to-date safeguarding statement on display in the centre which was in line with Children First.

The provider was not fully compliant with Children First as some staff required updated Children First training. In addition, training available within Tusla on specialised topics relating to safeguarding children, such as online exploitation, coercive control or bullying, had not been undertaken by staff in the centre. There was a lack of up-to-date knowledge on practice standards in specific areas of safeguarding children in care, and staff required appropriate training to ensure they are knowledgeable about developments in societal risks to children and how to recognise and respond to the possibility of all forms of abuse.

There was a tracking system in place for the notification of child protection concerns to Tusla. Written guidance was provided for staff on the completion of child protection and welfare reports (CPWR). The tracker contained all the required information, however the date in which concerns were closed off was not clearly recorded. A review of the tracker showed there were four child protection and welfare concerns reported in respect of children availing of respite care, two of which were under investigation and two were closed. There was evidence of follow up with the child's social worker. The number of CPWR were reported on in monthly governance reports.

The provider promoted a good safeguarding practice in respect of the appointment of the centre manager as designated liaison person³ (DLP) and deputy centre manager as the deputy DLP. A child safeguarding statement was in place and was informed by a risk assessment and supported by specific identified procedures to manage named risks. Additional procedures to safeguard children were listed in the safeguarding statement and included the safe recruitment of staff, the provision of and access to child safeguarding training and information and procedures for the management of allegations of abuse or misconduct against staff. The review of child protection concerns by inspectors showed that staff were knowledgeable about their reporting responsibilities under Children First (2017)

Inspectors found there were effective systems in place for the handover of information to both social workers and foster carers following each respite stay. This ensured that any concerns or issues were raised promptly and supported foster carers to be vigilant in relation to any new and emerging safeguarding issues. There were no episodes of missing children from care in respect of children in the centre at the time of this inspection.

Overall, children availing of respite in the centre reported that they felt safe. Child protection and welfare concerns were properly documented and reported in line with the requirements of Children First (2017). Not all staff had up-to-date training

³ Refers to the person responsible for ensuring that reporting procedures are followed, so that child welfare and protection reports are referred promptly to Tusla.

in Children First and additional specialised training in safeguarding available to Tusla staff to add to their knowledge of the risks and vulnerabilities relevant to children in care had not been undertaken by staff in the unit. It is for this reason that this standard is judged to be substantially compliant.

Judgment: Substantially compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 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
Standard 5.3: The residential centre has a publically available statement of purpose that accurately and clearly describes the service.	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.	Not 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.	Substantially Compliant
Standard 2.2: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
Standard 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Not compliant

Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially 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.

Compliance Plan ID:	MON-0047135
Provider's response to Inspection Report No:	MON-0047135
Centre Type:	Children's Residential Centre
Service Area:	Southwest
Date of inspection:	8-9 July 2025
Date of response:	25.9.2025

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: 3.3	Judgment: Substantially compliant
Outline how you are going to come into compliance with Standard 3.3: Incidents are effectively identified, managed, and reviewed in a timely manner and outcomes inform future practice. Incidents reviewed by the manager will include the recording of evaluation of staff responses. The Manager reviews and signs off on all incidents. • The manager has ensured recording of incidents is included as a regular item at monthly Team Meetings. Incidents have been added as a set agenda item to the team meeting agenda template. Team meeting records have been reviewed by centre management with clear guidance on headings to ensure records are clear. This is to ensure staff responses to incidents are recorded accurately and in line with the young person's individual support plan and any risk assignments in place.	

- The manager will consistently review all incidents as they occur as part of the governance system and as part of the monthly management audit system to evaluate staff responses, to ensure they were appropriate and safe. A record of these reviews will be maintained and available for monitoring.
- Where any issues arise, the manager will discuss them with individual staff to ensure learning is identified and recorded in supervision.
- Where responses are deemed not to be appropriate, the young person's social worker will be notified, and a session will be completed with the relevant young person by an appropriately assigned Social Care Worker or Social Care Leader.
- After the incident, the staff member concerned will receive supervision and practice mentoring to support insight into practice issue and development of skills and a record maintained.
- If staff responses pose a child protection and welfare concern reporting through Children's First will be carried out immediately.
- If it is deemed necessary, appropriate human resources procedures (HR) will be implemented to address practice issues.
- Social workers also receive notification of all incidents as an additional safeguard.

The Manager receives monthly supervision from the Area Manager and will ensure that all incidents are discussed and to establish next steps.

The documentation and sharing of learnings from reviews will be presented to the team in regular Team Meetings and any change in practice will be clearly recorded and disseminated to the Team. Service Development Oversight Group Meetings (SDOG) occur monthly, within which key service issues are addressed and outcomes from these are delivered at designated bi-annual team days. Learnings and outcomes from these meetings are saved onto a learning and development shared file, which all team members have access to. This file includes in-service trainings, shared articles, learning tools and tools for working with families.

Proposed timescale:

Immediately

Person responsible:

Service Manager

Capacity and Capability: Leadership, Governance and Management	
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 centre operates a training tracker for all staff, the governance of this tracker has been amended to include recording training on the weekly Social Care Leader (SCL) audit, which will then be included in the monthly management audit of all trackers and registers on the second Thursday of every month. The two staff members from the social care team who had one module outstanding in children's first training completed the final module on 10.9.2025. The third staff member fully also updated their training on 10.9.2025. Training for the full staff team around criminal exploitation; labour exploitation; sexually coerced extortion and child trafficking for the purposes of exploitation was delivered on 25.9.25. The Staff Team are actively supported and encouraged in Supervision and at Team Meetings to undertake any relevant trainings available within Tusla. Child exploitation, including sexual, labour and criminal is added to all relevant planning, focus and report templates for consideration as a potential area of concern for a child availing of the service. Review of policies, procedures, protocols, and guidance related to safeguarding children is added as a set agenda item to Team Meetings. Mechanisms for systematic review are based on emerging themes with existing and upcoming cases to ensure appropriate response to the presenting need of the child. These emerging themes are added to the management and Social Care Leader audit systems to ensure the appropriate response is embedded in practice. Review of National Policies is scheduled to be completed by the end of Q4 2025. The review of current policies was undertaken by the centre management on 25.9.2025. These reviewed policies will be disseminated to the social care team systematically in team meeting forums in the coming months. The social care team have been requested to read the updated policies in the interim and sign that they	

have done. Sign offs will be audited in social care leader meeting audits and by centre management on the second Thursday of every month in the management audit of all systems and trackers in the centre.

Assurances are provided monthly to the Area Manager in governance reporting and monthly supervision which includes staff training, incidents, and auditing.

Proposed timescale:	Person responsible:
Immediate for review practices & mandated training.	Service Manager
25.9.25- for training on exploitation.	Service Manager
National Policies update – Q4 2025	Children's Residential Services

Standard: 5.2	Judgment: Not compliant
Outline how you are going to come into compliance with Standard 5.2: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe, and effective care and support. Findings from audits are discussed at Team Meetings with any learnings, actions or gaps now clearly outlined and will be included in the 2026 service improvement plan. These findings will also be evidenced in Social Care Leader Audits, Management Audits and will be reflected in Governance Reports. Analysis, performance, and quality of service through audit, data, feedback, and review systems are now evidenced and used to inform service planning. Systems to evidence this have been strengthened and are overseen by the service manager as follows:	

- Weekly Social Care Leader audits are reviewed and signed off on by centre management, monthly on the second Thursday of every month.
- Discussion occurs between Social Care Leader and management on issues arising in monthly Social Care Leader meetings and supervision and these are addressed promptly.
- Monthly audits are carried out by the centre manager on the second Thursday of every month to analyse the performance of the service.
- The findings from the audits are reviewed by the management team and any learning or actions required to drive service improvement are put in place.
- Regular monthly supervision is carried out with all of the staff team that contributes to information and review of staff performance.
- Regular monthly staff Team Meetings and Management Meetings are forums which contribute to the analysis of performance of the service.
- A new monthly meeting between management and the Social Care Leader team has been added to the scheduling, commencing November 2025. This meeting includes review of all systems, including but not exclusively live risk; all updated Individual Crisis Management Plans (ICSP); Absence Management Plan (AMP) and Risk Assessments that have been signed off by Social Care Leaders; review of audit to identify themes/areas that need to be addressed; restrictive practice; feedback from children/families and tracking of training; feedback from Service Development Oversight Group.
- The Team Meeting agenda has been reviewed and replaced with a new format that includes items from Social Care Leader Meetings; significant event notifications; policy and procedure review; health and safety; live risks; complaints; restrictive practices; Service Development Group feedback learnings from audits and training.
- The recording of Team Meeting minutes has been reviewed, and a new format is in place to ensure that more detail is evident in the minutes and that agenda items are captured under appropriate headings.
- Feedback from parents, young people and key stakeholders is regularly requested which is key in informing the service on the service users' experiences in relation to the quality of care being provided. Any identified actions required to improve performance are captured and actioned and will be evidenced in the 2026 service improvement plan.

The risk register is reviewed on a quarterly basis, and risks are reported on in governance reports.

The manager has now commenced a process to evidence oversight of audit systems on children's files with a monthly review on the second Thursday of every month.

Designated Liaison Person (DLP) Training:

- This training has been completed by DLP and Deputy DLP, 5.11.2025.
- Learnings from this were then brought to the next team meeting on the 6.11.25

The South West Regional HR Team have a central register/tracker of all agency staff working in the centre and this is now being utilised to include an audit of compliance files for agency staff which will ensure all relevant information is in place, this will include reference checks to ensure there are three references on the compliance file that have been validated by the recruitment agency and verified by phone.

The Southwest Regional HR Team will accept Statements of Employment as an alternative form of verification. This will ensure that validation of employment history can continue in cases where previous employers may have a company policy that prevents them from issuing formal references. Tusla's Recruitment Policy is currently under review and Centre policies will be updated to reflect any National changes.

- The link between Social Care Meetings and Team Meetings are now a standard item on the Team Meeting agenda, ensuring information from Social Care Leader Meetings is included in staff Team Meetings.
- The standard of the annual report is being improved through a series of planned meetings with Practice Assurance and Monitoring Team (PASM) and feedback at draft stage with key stakeholders. The quality of the 2026 annual report will be significantly improved.
- The quality of Team Meetings has improved through a review of the process with the staff team and learnings from systems used in other residential centres. A new agenda template has been produced which includes key standard headings as outlined above. A review of the information recorded in team meeting minutes has occurred by centre management to ensure information discussed is fully captured and under clear headings. This will be reviewed quarterly by centre management to measure its effectiveness and apply any necessary changes.
- A standardised team meeting agenda and team meeting record has been introduced. The team meeting minutes now record a brief overview of what was discussed, actions identified, who will complete the action and the timeline. Team meeting records are reviewed by centre management before final distribution.

- The system for the review of registers is part of the weekly Social Care Leader audits, including the register of restrictive practices and logs of SEN's, and child welfare concerns. Registers are reviewed by the management team on the first Thursday of every month to ensure they are up to date and accurate. Any issues identified are addressed with relevant personnel and/or social work department and brought to management and Team Meetings for learning
- The risk assessment in relation to the location of the photocopier has been updated and the Manager engaged with regional Quality Risk Service Improvement (QRSI) and Health and Safety Office on the 6.11.2025, for a review of the risk assessment and safety plan, following which it will be re-escalated to Area Manager.

Assurances are provided monthly to the Area Manager in governance reporting and monthly supervision which includes staff training, incidents, and auditing.

Proposed timescale:

Immediately

Update of Recruitment Policy – Q3

Person responsible:

Service Manager

Regional HR

Standard: 5.3

Judgment: Not compliant

Outline how you are going to come into compliance with Standard 5.3:

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

The statement of purpose and function is currently under review by Service Manager and Area Manager. This will be finalised by end of November 2025.

Proposed timescale:

End of November 2025

Person responsible:

Service Manager

Quality and Safety: Child-centred Care and Support

Standard: 1.1

Judgment: Not 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.

Actions outlined in the urgent compliance response have been progressed. All children attending the centre for respite have received a risk assessment to determine if the use of CCTV is assessed/determined to be a necessary and proportionate restrictive practice. The use has been discontinued for 32 children and remains in place for four sibling groups where it has been determined the risk warrants its use. In these cases, consultation has been sought from the Psychologist attached to the service, as well as the children's social worker and foster carers.

The use of CCTV will be reviewed prior to each admission, along with Individual Risk Assessments and Individual Crisis Support Plans (ICSPs) in these cases to ensure this restrictive practice is in use for the shortest duration necessary. Áirne Villa is actively working towards reduction or removal during these reviews, by the assigned social care worker/link worker in consultation with the social care team, centre management, foster carer/parent and assigned social worker.

All children, foster carers and social workers have been involved in the discussion and review around the use of CCTV in the centre and its relevance to the child/children they care for/work with.

Information around CCTV use and how it is risk assessed, and its function is included in respite information and consent forms, and a child friendly visual has been produced for children.

Mechanisms have been activated to ensure CCTV is routinely discussed with children prior to admission.

An external review group with representation from Regional GDPR and FOI Manager; QRSI and representation from Child Protection; Fostering; Áirne Villa (Social Care and Management) has been established to provide objective and independent consultation and review of practices re: CCTV use within the centre. Progress is underway around the development of a policy on the use of CCTV within

the centre which will be inclusive of the findings and recommendations from this review group.

- A draft policy on the use of CCTV in the service has been produced and will be circulated to the review group and finalised by the end of November 2025. This will be added to the team meeting agenda for discussion on the 11th December 2025.

The complaint in relation to CCTV from one child has been received and responded to and is now closed. It was added to the centre complaints register.

- Children are made aware in several forums of their right to make a complaint. These include booklets and information relating to the service, admission process, house meeting and on signage on display throughout the centre. In the event of not wishing to make a complaint, children are encouraged to list any dissatisfactions they may have, so that the Centre can respond to these and ensure they feel heard. Efforts to ensure their voice and views are captured are continued with the introduction of suggestion box (an idea which was implemented following a child's feedback); exit interview; individual work sessions and the Centre actively seeks to develop a culture that ensures children have the opportunity to complain and have their voices heard at all times while engaging with the service.
- Complaints is a standard theme reviewed by PASM as part of their ongoing monitoring. The centre regularly liaises with PASM for guidance and support to ensure young people are aware of their right to make complaints.

All restrictive practices are now inputted onto each child's risk assessment, including those related to unsupervised time and increased supervision for some children. All restrictive practices will be reviewed on every child's risk assessment prior to admission to ensure the restrictive practice is proportionate and active reduction of restriction is in place. All restrictive practices are now inputted into a restrictive practice log, tracked, regularly reviewed, and only used where assessed as necessary by relevant parties.

- The system for the review of registers is part of the weekly Social Care Leader audits, including the register of restrictive practices and logs of SEN's, and child welfare concerns. Registers are reviewed by centre management on the first Thursday of every month to ensure they are up to date and accurate. Any issues identified are addressed with relevant personnel/social work department and brought to management and Team Meetings for learning.
- The risk assessment in relation to the location of the photocopier has been updated and the Manager engaged with regional Quality Risk Service Improvement (QRSI) and Health and Safety Office on the 6.11.2025, for a review of the risk assessment and safety plan, following which it will be re-escalated to Area Manager.

- Team meeting agenda format has been reviewed with a new format in place to include items from Social Care Leader Meetings; significant event notifications; policy and procedure review; health and safety; live risks; complaints; restrictive practices; Service Development Group feedback learnings from audits; training.
- Individual work is completed on a regular basis with young people who are attending the service where risks are identified, and restrictive practices are put in place for the safety and support of the young people that ensures their views are captured and they understand the rationale for the implementation.

Training on restrictive practices was delivered by Niamh O'Connell (Social Care Leader) to the staff team on 6.11.25.

Training on the handling of information gathered by CCTV and monitoring was delivered to the staff team on 25.9.2025.

Training on complaints was delivered to the full team on 25.9.25 (local resolutions) and the 16.10.25 (managing complaints).

The Manager provides monthly data regarding the use of CCTV for children accessing the centre to the Area Manager in monthly supervision and monthly governance report.

Proposed timescale:	Person responsible:
Immediately	Manager
Training on restrictive practices & – Immediately	Manager
Training on handling of information gathered by CCTC and monitoring – 25.9.2025	Manager
Training on complaints – 25.9.25 & 16.10.25	Manager
Final Policy on CCTV from review group – end Q4	Manager

Standard: 1.3	Judgment: Substantially compliant
Outline how you are going to come into compliance with 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 are made aware of the 'Empowering People in Care' EPIC Advocacy group through key working and link working systems within the different service areas. Link workers ensure through file review, audit, and placement planning that this occurs during admissions. There are leaflets available in the house and EPIC have attended the centre. An EPIC worker attended the centre and provided a briefing to the staff team on the 16.10.25. Children attend their Care reviews and are included in the planning of their daily routines. They are consulted daily regarding decisions about their care. They are kept informed in a child-friendly manner of their rights and how to make a complaint. When incidents occur, the team discuss the incident in an appropriate manner with the child and reflect and support them as appropriate. Display signage around the centre such as UNCRC posters, child friendly safeguarding statement; Tell Us (Complaints Policy); Residential Standards and many other relevant child friendly information leaflets are available for children. The keyworker or link worker ensures that these are explained to children attending the centre, either directly or ensures a member of the team working with the child on admission undertakes the task, using well established communication systems in place. The recording of all the above strategies has been strengthened with the oversight and monitoring increased by the management team. The Service is open to learning, developing, and improving, to ensure that the rights of the young person are met within the context of the United Nations Guidelines for Alternative Care for Children and access to an assigned keyworker in a meaningful way for children accessing respite services at Áirne Villa. The management team initiated discussion with the staff team on 6.11.25 to begin the process of progressing this. Recognising that the key worker is a staff member who oversees the child's file and ensures individual work and actions from the child's placement plan is complete, they are an additional advocate for the child's rights at Team Meetings. They do not necessarily always have to be rostered on to directly work with the child, however, efforts will be made to roster them where possible and practicable.	

The current role of link worker within the centre fulfils much of this this criterion, however, there are scheduling matters that would require further consideration.

This has been added to the agenda of the team meeting on 11.12.2025 and discussion with young people will occur over the next four weeks to illicit their views. While the service is outside of CRS governance, a discussion with respite services within CRS will occur on their keyworking procedure. Findings from these forums will be brought to the Service Development Oversight Group (including the Area Manager) to discuss the feasibility of operating a key worker system that is meaningful and achievable in the first quarter of 2026.

Proposed timescale:

Immediately

Keyworker – Q1 2026

Person responsible:

Service Manager

Service Manager

Quality and Safety: Effective Care and Support

Standard: 2.3

Judgment: Not compliant

Outline how you are going to come into compliance with Standard 2.3:

- The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.
- Fire training for the four staff who required it has now been scheduled to be completed by Friday 14.11.2025.
- All fire drills for children are up to date and within national policy. Evidence of this is recorded on the relevant file and available for review. A tracking system has been implemented within the weekly SCL audits for fire drills and will be reviewed on the second Thursday of every month by the management team for oversight and governance.
- Plans to progress an extension to the building which will address space issues, and health and safety matters are in underway both regionally and nationally. The Manager prepared a business case to support funding for the

temporary re-location of the services while the extension is progressed which was presented to Tusla's National Board in September 2025. Tusla's Southwest Regional Estates Manager is actively pursuing option appraisals following advice from the board and reverted to both the Area Manager and the centre manager in October 2025 to advise that the board had sought further negotiation re: purchase or price rental options with the property owner.

- Tusla's Estates Regional Project Manager, has advised that negotiations remain underway with the property owner to re-locate the service to initiate extension works to the premises. She will be meeting with the Area Manager and Regional Chief Officer on the 10.11.25 where the extension at the centre is an agenda item. She is due to return to the Tusla National Board with a new pricing proposal in November 2025.
- Alongside this, plans are prepared to go to tender with a view to progressing towards starting the project Q2 2026.
- A meeting took place with the management team and the regional health and safety officer on 5.11.2025 to review health and safety procedures and systems in the centre.
- The monthly Health and Safety Meetings will include the outcome of the review of weekly and monthly audits and clearly record who attended the meeting.
- Personal Emergency Evacuation Plans (PEEPs) are reviewed prior to each admission along with Individual Crisis Support Plans (ICSPs) and Risk Management plans and any changes necessary are applied. The date of these reviews is logged in children's files and included in SCL audit.
- PEEPs are also reviewed annually, alongside all ICSP, Risk Management Plans, Absence Management Plan for all children attending the centre.
- The risk assessment in relation to the location of the photocopier has been updated and the manager linked with regional QRSI and health and safety on 6.11.2025 for a review of the risk assessment and safety plan, following which it will be re-escalated to senior management.

Proposed timescale:

Fire training – November 14th, 2025

Update on re-location – End November 2025

Person responsible:

Manager

Southwest Tusla Estates Manager and Area Manager

Extension estimated to commence Q2 2026	Southwest Tusla Estates Manager and Area Manager
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Quality and Safety: Safe Care and Support	
Standard: 3.1	Judgment: Substantially compliant
Outline how you are going to come into compliance with Standard 3.1: Each child is safeguarded from abuse and neglect, and their care and welfare is protected and promoted. The two staff members who had one module outstanding in children's first training completed the final module on 10.9.2025. The third staff member has fully updated their training also Training for the staff team around criminal exploitation; labour exploitation; sexually coerced extortion and child trafficking for the purposes of exploitation was provided to the full team on 25.10.25. Staff are actively encouraged and supported to access relevant trainings delivered by Tusla on HSELand. Child exploitation, including sexual, labour and criminal is added to all relevant planning, focus and report templates for consideration as a potential area of concern for a child. - Protected disclosure training is scheduled the team for the 11.12.2025. - The system for the review of registers is part of the weekly Social Care Leader audits, including the register of restrictive practices and logs of SEN's, and child welfare concerns. Registers are reviewed by the management team on the first Thursday of every month to ensure they are up to date and accurate. - Any issues identified are addressed with relevant personnel/social work department and brought to the management and Team Meetings for learning. Assurances are provided monthly to the Area Manager in governance reporting and monthly supervision which includes any concerns in relation to criminal labour and child sexual exploitation.	

Proposed timescale:	Person responsible:
Immediate – Children’s First	Manager
25.10.25 for training on exploitation.	Manager
11.12.25 – training on protected disclosures.	Manager

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	31 December 2025
5.2	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in	Not compliant	Red	31 October 2025

	place with clear lines of accountability to deliver child-centred, safe and effective care and support.			
5.3	The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Not Compliant	Orange	30 November 2025
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.	Not compliant	Red	31 October 2025

1.3	Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.	Substantially compliant	Yellow	Quarter 1 2026
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Not compliant	Orange	Quarter 2 2026
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially compliant	Yellow	11 December 2025
3.3	Incidents are effectively identified, managed and reviewed	Substantially compliant	Yellow	Immediately

	in a timely manner and outcomes inform future practice.			
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