



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

Name of provider:	The Child and Family Agency
Tusla Region:	South
Type of inspection:	Unannounced
Date of inspection:	28 and 29 October 2025
Centre ID:	OSV-0004184
Fieldwork ID	MON-0048692

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 aim of the centre is to provide a residential setting wherein children and young people live, are cared for, supported and valued.

Our objective is to provide a high standard of care and interventions to enable the young person to address their life experiences, to develop alternative skills and coping strategies to live safely in their community. This is achieved through a supportive, nurturing and holistic living environment that promotes wellbeing, safety, rights, education and community involvement.

The centre provides medium to long term placements which incorporates 24/7 staffing support. It has capacity for four children of all genders between the ages of 13 – 17 years upon admission. Only in circumstances where all other options have been explored and exhausted may care be provided for children of 12 years or under as per *The National Policy on the Placement of Children aged 12 years and under in the care or custody of Tusla*. The delivery of this programme of care is underpinned by statutory care planning and individually assessed needs.

The care provision and practices of the staff team are underpinned by a wellbeing informed approach alongside an understanding and regard for the impact of trauma and attachment issues have had on the young people and their resultant behaviour.

An outcomes framework is implemented in the centre as a means of measuring how the care experience is impacting on the young person's wellbeing.

The following information outlines some additional data of this centre.

**Number of children on
the date of inspection**

2

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 summarise 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
28 October 2025	10:00 hrs to 18:00:00 hrs	Sharron Austin	Lead Inspector
29 October 2025	09:00 hrs to 17:30 hrs	Sharron Austin	Lead Inspector

What children told us and what inspectors observed

This was an unannounced inspection focused on the safeguarding of children living in the residential centre. At the time of the inspection the centre had reduced its capacity from five to four children. There were two children living in the centre who were admitted in the previous two months. A plan was progressing for the admission of another child at the time of the inspection.

Listening to the voice of children is a key component of the inspection process, as it enables inspectors to gain insight into their lived experiences and assess the quality and impact of the care and support provided. The inspector spoke with both children who were both very positive about living in the centre and about the staff that cared for them, even naming who their favourite key worker was. They both knew about their care plan, however, one child was a little unclear about their child-in-care review meeting but told the inspector they had filled out a form for it. They talked about their routines, hobbies and interests, as well as their key workers and school. Both children spoke about their Guardian ad Litem¹ and social workers and one child spoke about an upcoming visit with an allocated aftercare worker. The inspector also observed staff facilitating the children's activities and appointments each day.

The inspector observed very relaxed and positive interactions between the children and staff that demonstrated a respectful and supportive environment, given the age difference between the two children, one child under the age of 12 and the other an older teenager. One child created many opportunities to engage with the inspector through pure curiosity by wanting to meet and chat as soon as they returned from their pony camp activity on the first day, to 'popping in' to see what the inspector was doing several times across both days, or to inform the inspector that "*you need to be quiet when downstairs as the babies (their dolls) were asleep*", or to tell the inspector something about staff or what they were doing.

The other child told the inspector about their recent work experience and how staff were supporting them to find another work experience placement. They also said that they liked to spend time alone in their room listening to music or reading and that staff facilitated this. The inspector observed more informal interaction with staff for this child given their age, engaging in conversation, preparing food and playing cards, in a comfortable manner.

¹ A court appointed advocate for a child in specified court proceedings.

The children spoke well of staff and made the following comments:

- “love living in the house and don’t want to leave”
- “like living here, but don’t like it when things are not left where they are supposed to be” [in the kitchen]
- “want to see more of my brothers and sister”.

Overall, both children were very engaging, enjoyed the company of staff, felt safe and liked living in the centre. The inspector found that children’s needs and identity were respected and safeguarding practices aimed to promote children’s wellbeing, protect them from harm and considered their specific needs and vulnerabilities. They knew who they could speak with or make a complaint to if they were unhappy about something. They were given information in relation to all aspects of how they would be cared for in the centre, as well as external advocacy services. Individual support work completed with each child was appropriate to their age and needs and included conversations about how to stay safe and protect themselves.

The centre was a two storey detached building located on the outskirts of a large town with access to local amenities, such as school, shops, community recreational facilities and public transport. The layout and design of the house provided adequate individual and communal living space. Each child had their own bedroom and one child showed the inspector their room which they were supported to personalise and had age appropriate toys, games and books. From their bedroom window, the inspector could see the fairy garden that the child had made with staff, and the child told the inspector about the notes they had written to the fairies and what they replied. The inspector could not help but notice that age appropriate toys, hobbies and other items could be found in all the communal spaces and out in the garden, which was that for a typical young child who was interested in so many different things. This resembled a warm and homely environment where children were valued and cared for.

The inspector also spoke with two social workers and a parent. All spoke positively about the managers and staff and the care provided to the children. The external professionals were satisfied that the children were safe and the centre was meeting their respective needs and following up on any identified actions. They were kept informed of all significant events and that communication with managers and staff was good. The parent also spoke positively about the child’s placement and was kept informed by the child’s social worker and said “anytime I see them, they’re happy and get to go on activities”.

The next sections of the report will identify findings from the inspection under specific standards, looking at the overall leadership and governance of the centre and how this impacts on the overall quality and safety of care provided to children.

Capacity and capability

This centre was last inspected in March 2024 when HIQA found that of the 12 standards assessed, five were compliant, five were substantially compliant and two were not compliant.

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

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

The governance and management systems in place promoted safe care practices and children were provided with good quality care. However, the national suite of policies, procedures, protocols and guidance across significant areas of practice directly related to safeguarding children in residential care were overdue for review.

Risk management systems were in place for the identification and assessment of risks. Risks assessments were of good quality and contained appropriate and adequate measures in response to identified risks and were reviewed. Incidents were identified, managed and reported in a timely manner. The centre had effective arrangements in place for the external oversight, review and learning from centre incidents. However, internal auditing systems to effectively consider safeguarding risks and concerns were not fully implemented, and centre records lacked sufficient detail in relation to the learning outcomes.

Staff were knowledgeable of safeguarding legislation and their responsibility as mandated persons *under Children First: National Guidance for the Protection and Welfare of Children* (2017) and there were clear mechanisms in place to ensure child protection concerns were reported as required. Staff worked closely with children's allocated social workers and guardian ad litem to manage situations which did not meet the threshold for social work intervention.

Improvements were required in relation to safeguarding training and support for staff as not all staff had completed Tusla's child sexual exploitation and trafficking training, so as to ensure the service remains responsive to the emerging and

changing safeguarding needs of children. As identified in the previous inspection in 2024, inconsistencies and gaps in the supervision of front-line staff continued and actions to review the staffing rota so as to align with other residential centres were still in progress. The centre's purpose and function changed to mainstream residential care in July 2025 from providing care to separated children seeking international protection for the previous eight years. The centre's statement of purpose required improvement to ensure it accurately reflected the change in service provision as it continued to reference a specific group of children that it had previously cared for. There was no annual review of the service undertaken, given the significant changes to the centre's statement of purpose, no consideration was given to a review of service provision so as to collate learnings and drive continuous improvement for the centre's revised statement of purpose and function.

Safe recruitment practices were in place as the inspector's review of Tusla staff and agency staff personnel files found they were of good quality and contained all required information.

Standard 3.3

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

The centre had systems in place for the identification, management and review of incidents. Incidents were discussed and reviewed at team meetings and placement support plans were updated to reflect any learnings and outcomes to safeguard children effectively. Policies and procedures were in place for the notification, management and review of incidents in line with the standards and national policy. While there was appropriate external oversight of significant event notifications (SENs), internal auditing systems to consider all safeguarding risks and concerns were not fully established and learning outcomes for staff from incident reviews were not clearly recorded.

A register of all significant events was maintained, however, the lack of detail recorded in the current register made it difficult to ensure robust oversight of same. In acknowledgment of this, managers showed the inspector a newly devised electronic register specific to each child which captured key information in relation to all significant events. This new format had been developed so as to ensure more robust oversight of events and was due to be discussed with the team in the next staff meeting after the inspection and be implemented with immediate effect.

There had been only one episode of missing from care in relation to the current children residing in the centre which was effectively managed. A review of the significant event record in relation to this showed that staff followed the required protocol in line with the child's absence management plan and notified the appropriate authorities as required.

The inspector reviewed a sample of other significant events records pertaining to the children currently living in the centre and found that significant events were comprehensively recorded, reported and responded to. The records demonstrated appropriate steps taken by staff to manage the respective events and relevant persons, such as the child's social worker and guardian ad litem were notified in a timely manner. The centre manager told the inspector that all significant event records were reviewed by them prior to sign off, and where they were not satisfied with the quality of the record, this would be returned to the author of the report for follow up. External professionals who spoke with the inspector confirmed this and reported that there was good communication with the centre as they were informed of all significant events in a timely manner, and were satisfied that incidents were appropriately managed and reviewed, and that children's safety was paramount.

An external significant event notification review group (SENRG) met regularly to review significant events across a number of residential centres within the region. Where required, significant events which occurred in the centre were selected for presentation in this forum. The inspector's review of a sample of the minutes of these meetings demonstrated that a number of significant events for this centre had been reviewed recently. The review group noted some follow up actions and queries where a record lacked sufficient detail or management oversight. The SENRG also posed questions for consideration, for example, was there a corresponding SEN or child protection and welfare referral form for another child identified in the SEN record. Where good follow up was evident from the review of an SEN, this was also noted, for example, staff's discussion with the child in relation to safe internet and social media usage. These meeting minutes were kept in the staff team meeting folder and were available for staff to read. The centre manager assigned any follow up actions or queries from the SENRG to a social care leader, for follow up and to be implemented. A sample of staff team meeting minutes reviewed by the inspector referenced sufficient detail of learning for staff from reviews of significant events. However, the minutes lacked sufficient detail in relation to the staff's actions or recommendations arising from these reviews and subsequent learnings.

While there was appropriate external oversight of significant events, internal auditing systems to effectively consider all safeguarding risks and concerns were not fully implemented, and centre records lacked sufficient detail in relation to the learning outcomes. For these reasons, this standard was judged to be substantially compliant.

Judgment: Substantially compliant

Standard 5.1

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

Regulation 5:

Care practices and operational policies

The residential centre had systems in place to ensure compliance with *Children First: National Guidance for the Protection and Welfare of Children*, 2017 and the *Child Care (Placement of Children in Residential Care) Regulations*, 1995.

Managers were clear that practice in the centre was underpinned by legislation and staff provided care in line with legislation, regulations and national standards. However, national policies and procedures to guide the safe care of children in residential centres were still under review at the time of the inspection.

Staff and managers provided safe and effective care to children in the centre in line with national policies and procedures. However, the suite of national policies were overdue for review but continued to inform significant areas of practice within the centre. The duration of time overdue for review varied significantly, with some years overdue, indicating no clear mechanism for a systemic review of such national policies. This has been a general finding of children's residential centre inspections completed by HIQA to date in 2025. In light of this finding, HIQA has received a national response, outlining that these policies and procedures were currently under review and would be completed by end of quarter three 2025. At the time of inspection, this was still outstanding.

Safeguarding concerns which were known and identified as part of the collective risk assessment prior to admission were communicated and planned for. The centre had a safeguarding statement in place and on display on the ground floor. The centre manager was the designated liaison person (DLP) and the deputy centre manager acted as DLP in their absence. Staff who spoke with the inspector were knowledgeable of safeguarding legislation and their responsibility as mandated persons under Children First (2017). They were familiar with reporting

procedures and there were clear mechanisms in place to ensure child protection concerns were reported as required. Staff worked closely with children's allocated social workers and guardian ad litem to manage situations which did not meet the threshold for social work intervention. There were risk assessments in place for each child and weekly staff meetings to review approaches taken with children to ensure their safeguarding needs were met. A review of centre records showed that staff were proactive in their response to identified risk, and completed individual work or discussions with the children so that they understand how to keep themselves and others safe.

The governance and management systems in place promoted safe care practices and children were provided with good quality care. However, the suite of national policies, procedures, protocols and guidance across significant areas of practice directly related to safeguarding children in residential care were still under review. It is for this reason that this standard was judged to be not compliant.

Judgment: Not compliant

Standard 5.2

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

Regulation 6:

Staffing

The residential centre had clearly defined governance and management structures in place to oversee the delivery of care. There was a shared understanding on what was appropriate and safe practice among the managers and staff and this was demonstrated during interviews and observations during the inspection. The centre had adequate numbers of skilled and experienced staff to cater for the needs of the children at the time of the inspection. As identified in the previous inspection in 2024, inconsistencies and gaps in the supervision of front-line staff continued and actions to review the staffing rota so as to align with other residential centres nationally were still in progress.

The centre's purpose and function changed to mainstream residential care in July 2025 from providing care to separated children seeking international protection. No consideration was given to a review of service provision so as to collate learnings and drive continuous improvement for the centre's revised statement of purpose and function. The centre's statement of purpose required improvement to ensure it accurately reflected the change in service provision as it continued to

reference a specific group of children that it had previously cared for. Inspectors were informed that in the months prior to inspection, there had been some communication challenges within the team, however these had been acknowledged and were in the process of being addressed. Training was not up-to-date as required and the process for completing analysis of training needs required improvement to ensure the centre manager was fully informed of the needs of the staff in the centre.

A well-established, experienced and appropriately skilled staff team was in place that comprised a centre manager, a deputy centre manager, eight social care leaders, six social care workers and three relief staff. The centre manager reported to a deputy regional manager, who in turn reported to the regional manager for children's residential centres in the Tusla South region. There were clear lines of accountability and delegation of duties. At the time of the inspection, there was a vacant social care leader and a social care worker post. However, the centre manager outlined that a social care leader was currently on boarding and was due to take up the position in early January 2026. Agency staff were used to cover any gaps in the roster, and managers utilised the same agency staff so as to ensure consistent care for the children.

The service operated a 13 week rotational roster that incorporated one wake night and a sleep-in shift. While managers planned and organised the roster to ensure that there were adequate numbers of skilled and experienced staff on each shift, there were insufficient staff on occasions in the previous 12 months when the centre was at full capacity for five children. Staff from other residential centres were used to address shortfalls in capacity, and in some instances, managers had covered shifts. The centre manager reported that staff were very flexible and accommodating when the need arose to cover shifts. This did not appear to be a persistent issue, as demonstrated through a review of the staff rosters. However, given that the centre now had capacity for four children, with a pending admission of another child within the coming weeks, staffing capacity had the potential to become a risk when planning rosters to meet the needs of all children living in the centre.

The inspector reviewed a sample of eight staff files, of which one was an agency worker and found that the required checks had been carried out for the staff whose personnel files were sampled. These checks included garda vetting, references, identification and qualifications. The inspector had queries in relation to a potential one year gap in employment history for two staff. This was followed up and assurances were provided on the two files sampled. Staff had commenced

the CORU² registration process as set out in legislation for social care workers, and some had completed same. Appropriate on-call arrangements were provided primarily by the centre manager and deputy centre manager. These arrangements ensured that staff had access to support and guidance in relation to any concerns that arose out of hours.

Day-to-day communication systems in place included daily handovers, reflection logs, emails, team meetings, social care leader meetings and management meetings. Information about any emerging risks as well as each child's placement plan was shared through these mechanisms, and care records were updated to reflect any changing circumstances or needs for the children, and any actions required in response to this. The inspector observed the handover meeting on the first day of inspection which ensured effective sharing of information about the children and any relevant updates from their care records, as well as shift planning and assignment of duties. The inspector reviewed a sample of staff team meeting minutes and found they were generally well attended, and staff that were unable to attend were required to read the minutes of the meeting. Each child was discussed in detail, which ensured that staff were informed of each child's current presentation and any arising issues.

All staff who spoke to the inspector said they were supported by the centre managers, and that managers were available and approachable when they had any concerns or issues they wished to discuss. However, they had mixed views on the culture within the centre, as they felt it was negative at times. While this had no direct impact on the children, it had led to inconsistent communication. This was discussed at a recent staff meeting and staff said that they had experienced a cultural change since then from managers and more acknowledgement of good practice. During interviews with the centre managers, both acknowledged that communication processes, while open and transparent, could be improved upon in terms of delivery. The centre manager acknowledged that the management team work well together, however, there are occasions where they have very differing views, which for the staff team could be interpreted as being not cohesive or consistent.

Improvements were required to ensure that all staff receive adequate training to support effective safeguarding practices. The inspector found that a training register was maintained by managers, and mandatory training was closely monitored, with the majority of mandatory training requirements being up-to-date for staff. All staff had up-to-date training in Children First (2017). However, a review of these records by the inspector found that of the six training modules

² CORU is an organisation that regulates health and social care professionals

required in relation to the model of care, eight staff had not completed all modules which impacted on their capacity to fully and consistently implement the model of care. In addition, only six staff had completed training in Tusla's child sexual exploitation and child trafficking training. This is discussed further under standard 3.1. A centre wide training needs analysis (TNA) was completed by the centre manager in November 2024, however, this related to the previous cohort of children living in the centre. The staff and managers who spoke with the inspector said that Tusla's Workforce and Development department have requested that each staff member complete an individual TNA online. As such, the centre managers did not know what staff had identified for themselves and how this would ensure a more cohesive identified training need to safely care and support the current group of children.

While the standard in relation to the supervision of staff was not assessed, supervision is a key support for staff to provide guidance and direction in relation to practice. Gaps in supervision were identified in the previous HIQA inspection in 2024, as some staff had not received supervision for a considerable period of time, over six months in a few cases. In this inspection, staff who spoke with the inspector had mixed views on the level of supervision in place, as some were happy with the level and quality of supervision in line with policy. However, other staff said that they had only experienced more regular supervision in line with policy in the previous few months and had experienced changes in supervisors. The centre managers acknowledged that supervision was still inconsistent and not in line with policy, and had a plan to address this.

Risk management systems were in place for the identification and assessment of risks. The centre manager maintained a risk register. The inspector reviewed this and found that it contained relevant risks in relation to the service such as staffing resources as well as potential risks in relation to child sexual exploitation (CSE) and criminal exploitation. Risks assessments were of good quality and contained appropriate and adequate measures in response to the identified risks and were reviewed. In addition, other centre registers were maintained in relation to significant event notifications (SENs), child protection notifications (CPNs), restrictive practices (RPs), missing children from care (MCFC), physical interventions (PIs) and complaints. As discussed under standard 3.3, the oversight of these registers required further improvement due to the lack of detail and regular auditing to effectively consider all safeguarding risks and concerns, so as to drive continuous improvement within the centre.

Internal auditing systems to effectively consider all safeguarding risks and concerns required improvement. Twice yearly governance audits were completed in respect of the provision of care, administration and workforce with an associated action plan. The most recent audit was completed in quarter three 2025 with six actions identified, of which the majority were marked as complete. These audits also assessed if actions from Tusla's Practice Assurance and Service Monitoring (PASM) visit and the last HIQA inspection were completed. Notwithstanding these audits and the acknowledgement for more regular audits of the registers listed above that had yet to be fully implemented, the centre manager had not completed an annual report to review aspects of the service's performance in the previous 12 months. In the eight years prior to this inspection, the purpose and function of the centre was in the provision of care to separated children seeking international protection. The service changed to mainstream residential care in July 2025. Two new admissions had taken place in August 2025 and two of the previous five residents had been discharged to another care placement in September 2025. One of the significant changes for this service was the admission of a child under the age of 12 years alongside an older teenager. This was a missed opportunity to assess what worked well and what required improvement to collate learnings so as to inform practice going forward under the centre's new purpose and function.

While there were appropriate governance and management structures in place to oversee the delivery of care, the inspection found that improvements were required to ensure training was up-to-date, the process for completing analysis of training needs to ensure the centre manager was fully informed of the needs of the staff in the centre, and adequate supervision and supports for staff to ensure effective safeguarding practices. In addition, the centre's statement of purpose required improvement to accurately reflect the change in service provision as it continued to reference a specific group of children that it had previously cared for. An annual review of the service's performance was also required, given the significant changes to the centre's statement of purpose.

Judgment: Not compliant

Quality and safety

The safety and wellbeing of children was at the centre of the care provided. Children were treated with dignity and respect and staff demonstrated a strong commitment to providing a high level of care and support that was based on their individual safeguarding needs, in order to promote their wellbeing and personal development.

Managers and staff promoted a child-centred approach through recognising, respecting and promoting children's rights, including their right to be safe, to be listened to and to participate in decision-making, while taking into account their age, ability and maturity. Children could express their views and opinions through different forums. Statutory requirements in relation to care plans, child-in-care reviews and visiting of children in their placements were met. Children had up-to-date care plans and placements plans. They were consulted with in advance of their child-in-care reviews and were encouraged and supported to attend these if they wished. Future consideration to having review meetings outside of school hours or at a time when the child can attend would demonstrate a positive commitment to the child's rights to participate and have their voice heard, regardless of their age.

Children's placements were supported by comprehensive, clear, and good quality plans that incorporated respective plans in relation to individual absence management, crisis support, routine interventions and behaviour responses. The inspector found that these were aligned to each child's care plan. While the systems in place to ensure children were active participants in the decisions that impacted on their safety, records showed that children were not actively involved in the development of their placement support plans.

Managers and staff operated in line with the requirements of Children First (2017), as child protection concerns were responded to and notified to Tusla in a timely manner. Children were supported to develop self-awareness and skills needed for self-care and protection. They said they felt safe and knew staff were there to support and care for them and they could talk to them if they had any worries or concerns. Staff and managers worked in partnership with the child, the family, the child's social worker and other relevant professionals to promote the child's safety and wellbeing. Risk assessments were completed in response to safety concerns and were regularly reviewed and updated. Restrictive practices were used on occasions where required and children were informed of the rationale for these. However, the continued use of a restrictive practice for one child required further

review to ensure its use was proportionate with the relevant risk assessment and rationale provided.

Overall, children spoke positively about their experience of their care in the centre. Observations of interactions between the children and staff were relaxed, positive, respectful, and considerate to the needs of each child. Similarly, professionals and a parent spoke highly of the level of care provided by the staff team to ensure the children were safe, well cared for and protected from harm.

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

Children's individual needs and identity were respected and they felt safe to express themselves and their identity. They were supported to express their views and were communicated with in a way that took account of their individual needs. Children were treated with dignity and respect at all times. Safeguarding practices aimed to promote their welfare and protect them from harm and were individual to their specific needs and vulnerabilities. However, the continued use of a restrictive practice for one child required review to ensure its use was proportionate with the relevant risk assessment and rationale provided.

Children were informed of their rights and were supported to understand and exercise their rights in a manner that was appropriate to their age, ability and stage of development. One child had exercised their right in relation to complaints and told the inspector about a recent complaint made and how this was reported. The child was awaiting a response to their complaint at the time of the inspection, and understood that the external formal complaints process had defined timelines for responses. Staff and managers were good advocates for children and supported them to understand and make choices about all aspects of their care. Children's specific needs in relation to their family, identity and culture were respected and supported in line with their care plan.

Maintaining relationships with family was promoted and the inspector found that contact with siblings was very important to both children. This contact was well planned for and the children had a say in how they could spend their time

together. It was clear from a review of centre records by the inspector that children's safety and wellbeing was paramount, and staff advocated strongly for each child to ensure they participated in decisions related to their care placement in a manner they understood. Throughout the inspection, the inspector observed very relaxed and positive interactions between the children and staff that demonstrated a respectful and supportive environment.

Risk assessments were completed where safety concerns were present, these mainly related to the children's activities. The assessments took into account all available information about the child, the impact of the risk and the actions required to address these. For one child, this had resulted in the continued use of nightly checks. This was recorded on the centre's restrictive practice register, however, from a review of centre records and interviews with staff and managers, the inspector found that the rationale provided did not support its continued use. As such management oversight and review had not effectively considered the adequacy or impact on the child in the continued use of the restrictive practice as there was no evidence to support that the initial risk to the child was still present. As such the continued use of this restrictive practice impacted on the child's rights and had more to do with ensuring quality of sleep as opposed to a perceived or potential risk. It is for this reason that this standard was judged to be substantially compliant.

Judgment: Substantially compliant

Standard 1.3

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

Children were consulted with, supported to exercise choice and make age-appropriate decisions about their day-to-day activities which were in line with their safeguarding needs. Children's meetings were held on a weekly basis where their views were actively sought, as well as in other forums such as supporting them to prepare for their child-in-care reviews and individual support work.

Children were provided with a child-friendly information booklet on admission that outlined various aspects about the centre, the local area and local sports clubs. It also explained the rules and expectations and how staff would support them during their time in the centre. An advocacy service staff member was invited to visit the centre following each new admission to meet with children, this was planned for the current children following their admission in August. Children were aware of Tusla's 'Tell Us' complaints policy and procedure, and one child had

recently been supported by staff to use this process to address a concern and was awaiting an outcome.

Children were encouraged to express their views and to make choices through attendance at weekly house meetings. Overall, there was generally good attendance at these meetings. A review of a sample of the records of these meetings throughout the previous 12 months showed that meetings had not taken place for a number of weeks in September with no rationale recorded for same, and similarly, some gaps were noted earlier in the year. Despite this, the records did demonstrate discussions on safeguarding, items brought up by individual children in respect of the centre and activities, as well as recognition and acknowledgment of culturally significant events for children. Anything raised in this forum was brought to the staff team meeting for discussion and a staff member was assigned to give feedback to the children.

Each child had two key workers assigned to them. Both children spoke about the developing relationships with these staff and were not shy about telling the inspector who their favourite was, but got on well with all staff. While key workers were assigned, all staff had responsibility to engage in individual support work in line with the model of care. This was both opportunity led as well as planned placement plan actions. A review of the individual support work records showed that conversations were held with both children that was appropriate to their age and needs. This included conversations in relation to education, looking after their health, hobbies and activities, family, independent living, goals for the future and staying safe online, and for the youngest child, this also included safe touch and imaginative play. In addition, from a review of these records, children could safely express their feelings and emotions, as positive and trusting relationships had been formed between the children and staff. The children had a variety of opportunities for age appropriate activities and interests, including, free time outside of the centre, spending time alone, privacy and participation in social and leisure events.

Overall, children were supported and encouraged to exercise choice and make age-appropriate decisions about their day-to-day activities which were in line with their safeguarding needs. An external advocacy service was available to children and a visit was planned for the children following their recent admission.

Judgment: Compliant

Standard 2.2

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

Regulation 23:

Care Plan

Regulation 24:

Supervision and visiting of children

Regulation 25:

Review of cases

Regulation 26:

Special review

The children living in the centre received a high level of care and support that was based on their individual safeguarding needs, in order to promote their wellbeing and personal development. Collective risk assessments were completed prior to each child's admission to ensure the centre had the ability to safely support each child's specific needs. This information was incorporated into the child's care and placement plans, which were up-to-date. While children either attended or were consulted prior to their child-in-care review, they were not actively involved in the development of their placement support plan and no rationale as to why was recorded.

The two children living in the centre had been admitted in August 2025. As one child was under 12 years of age, monthly reviews of their care plan was required. At the time of the inspection, child-in-care reviews had been held for each child in line with statutory requirements and the next monthly review meeting for the youngest child was scheduled that week. On the first day of inspection, the centre had received the updated care plans for each child from their most recent child-in-care review meetings. The children's care plans recognised their individual vulnerabilities and life circumstances, and provided details in relation to the relevant actions and interventions required to guide staff in their care of each child.

An overarching placement support plan (PSP) outlined the supports required to ensure the best outcomes for the child, in line with the centre's model of care. It incorporated respective plans in relation to individual absence management, crisis support, routine interventions and behaviour responses. A review of these plans by the inspector found that they were of good quality and were aligned to each child's care plan. They were reviewed and updated as required. Each child had an up-to-date PSP which looked at all aspects of safeguarding, however, children were not actively involved in the development of this plan and no rationale was recorded as to why, as required in the relevant section in the record template.

This required improvement so as to support the child's understanding and education about safety concerns related to them, and the plans in place to keep them safe.

As part of the model of care, placement support plans should be reviewed every 12 weeks where children, staff and relevant professionals score each child's progress with the identified indicators. As both children were only admitted in August, this timeframe had yet to be reached in order for the scoring element to be completed. Despite this, there was evidence in other centre records such as team meetings, governance meetings and individual support records of discussions in relation to these plans in terms of any progress or challenges, and were updated accordingly.

The care plans and child-in-care review records evidenced that children either attended in person or completed a review report that was shared by their social worker and discussed at the meeting. Both staff and the child's social worker told the inspector that future review meetings for one child would be scheduled to ensure consideration is given to accommodating the child to attend if they so wished. Having a review meeting outside of school hours or at a time when the child can attend would demonstrate a positive commitment to the child's rights to participate and have their voice heard, regardless of their age. Care plans also demonstrated where a parent either attended in person or completed a review form to be shared at the meeting. The record also clearly noted where a parent was invited to attend but had chosen not to attend or complete a review form.

Both children had allocated social workers and a guardian ad litem, and the older child was due to meet an aftercare worker later in the week following a referral to the aftercare service. There was good communication between staff and the relevant professionals working with the children to ensure continuity and adherence to the child's care and placement plans as demonstrated in the records reviewed by the inspector. The children were visited by their social worker and guardian ad litem on a number of occasions since their admission to the centre, and both children confirmed this with the inspector. They both said that they get on well with them and knew they could speak to them if they had any worries or concerns.

The health, wellbeing and development of each child was actively promoted by staff. Each child had a medical examination on or prior to their admission to the centre and their health and development needs were incorporated into their care and placement plans. They were supported and facilitated to attend their preferred general practitioner (GP) and any other medical or specialist services as

required. Some of the activities and interests that the children were involved in or were participating in during the inspection included badminton, walking, swimming and a pony club.

Children were supported by staff to develop safeguarding awareness to identify risks to their safety so as to protect themselves. A review of children's meeting minutes showed that Tusla's safeguarding statement was explained to the previous children living in the centre earlier in the year, and how staff need to protect children from all forms of abuse and harm, and that this was central to how staff work with children in care. In addition, a sample of individual support work records reviewed by the inspector showed that staff actively engaged with both current children either through an opportunity led conversation or to address a placement plan action conversation or activity. These pieces of individual work demonstrated the provision of guidance and advice as well as education on topics such as healthy eating, positive attitudes and behaviours, sleep quality, as well as risks associated with the use of social media and internet safety. Children were also facilitated to attend relevant support services as appropriate to their needs. External professionals who spoke with the inspector said that "staff are very attuned" to the children and were very committed to ensuring their needs were being met.

While each child was assigned two key workers to coordinate their day-to-day care, all staff were responsible for addressing the domains and associated topics within their placement plan that was aligned to the model of care. An improvement required, as recognised and acknowledged by those who met with the inspector related to the good work being done with children that was not consistently reflected within the centre records. Managers reiterated this during interviews as an area for improvement overall.

Notwithstanding that statutory requirements in relation to care plans, child-in-care reviews and visits by external professionals were being met, improvements are required to ensure children are actively involved in the development of their placement support plans, and a clear rationale is recorded if they choose not to be part of its development, so as to ensure the views of the child. For this reason, this standard was judged to be substantially compliant.

Judgment: Substantially compliant
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Standard 3.1

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

Managers and staff operated in line with the requirements of *Children First: National Guidance for the Protection and Welfare of Children* (2017), as child protection concerns were responded to and notified to Tusla through its national reporting portal. Children were supported to develop self-awareness and skills needed for self-care and protection. Staff worked effectively with social workers and other professionals to promote the safety and wellbeing of children. Collective risk assessments were undertaken for each child prior to admission which informed the child's placement support plan. While measures were in place to ensure children were safeguarded in the centre, further improvement was required as the centre had not fully considered the potential for exploitation of one child and not all staff had completed training in child sexual exploitation and child trafficking.

There were policies and procedures in place in line with Children First (2017) and relevant legislation to address safeguarding concerns, but as already identified, these were out-of-date and were being reviewed nationally. The centre had an up-to-date safeguarding statement on display in the centre in line with Children First (2017) and had a protected disclosures policy which staff were aware of and had read.

Staff were appropriately trained in all modules of Children First (2017) and were knowledgeable about their responsibilities as mandated persons and their familiarity with using the Tusla portal for submitting child protection and welfare concerns. Newer staff who spoke with the inspector said that as the Tusla portal process was not part of their induction, they needed assistance to complete the child protection and welfare referral form online. In response to this, managers had included this process in a centre 'step-by-step' guide to assist staff in the completion of this process alongside other relevant duties and responsibilities. However, at the time of the inspection, only six staff had completed training in child sexual exploitation and child trafficking training.

Staff and managers worked in partnership with the child, the family, the child's social worker and other relevant professionals to promote the child's safety and wellbeing. Areas of vulnerability and safeguarding concerns were identified and relevant plans, such as the child's placement support plan and behaviour support plans were updated to guide staff to safely care for each child. Overall, staff demonstrated good knowledge and understanding of the particular safeguarding needs of each child. These included each child's opportunity for age appropriate

limits, including, free time outside of the centre, spending time alone, privacy and social interaction. This was particularly evident for the older teenager.

The centre maintained a child protection and welfare register that included the status of the referrals made to Tusla. There were 12 concerns logged in the past 12 months, all of which were closed. The centre manager told the inspector that they close the referral if there is no requirement for the centre to follow up on, for example, if a specific piece of work was to be undertaken with the child. As such the centre manager did not know if the referral remained open or was also closed to the social work department. As noted earlier in the report under Standard 3.3, the current centre registers lacked sufficient detail for robust oversight and a new format specific to each child had been developed and was due be implemented following discussion with the staff team.

There had been only one episode of missing from care which was effectively managed. Notwithstanding that a significant event record was completed, for the missing from care incident, the potential for exploitation while absent from the centre was not considered and a specific child sexual exploitation (CSE) risk assessment had not been completed. This required further discussion with the staff team so as to ensure all aspects of potential exploitation are given due consideration for this child. In addition, not all staff had completed CSE training. It is for these reasons that this standard was 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
Quality and safety	
Standard 1.1: Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Substantially compliant
Standard 1.3: Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.	Compliant
Standard 2.2: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Substantially compliant
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially compliant

Compliance Plan

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

Compliance Plan ID:	MON-0048692
Provider's response to Inspection Report No:	MON-0048692
Centre Type:	Children's Residential Centre
Service Area:	Tusla South
Date of inspection:	28 and 29 October 2025
Date of response:	16/12/2025

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:	
<p>Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.</p> <p>Significant Event Notification's will be reviewed at team meetings, and any learnings or recommendations will be effectively communicated to the staff team by recording in team meeting minutes. Any actions that require follow up a staff member will be identified with responsibility for these.</p> <p>Management have introduced an internal electronic register specific to each young person. Management also introduced a centre electronic register for governance, oversight and tracking of all Significant Event Notifications in the centre.</p> <p>Team meetings will reflect review of Significant Event Notification's, recommendations and agreed actions. A staff member will be assigned to follow up on actions.</p>	

Proposed timescale: 11st December 2025	Person responsible: Social Care Manager
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Capacity and Capability: Leadership, Governance and Management	
Standard : 5.1	Judgment: Not compliant
<p>Outline how you are going to come into compliance with Standard 5.1:</p> <p>A number of Tusla Policies and Procedures were due for update this year. The following Policies and Procedures have been reviewed and the update on this is outlined below.</p> <p>1. National Policies and Procedures for General Residential Centres</p> <ul style="list-style-type: none"> • Suite 1- Child Centred Care and Support - Approved 25th of September 2025 • Suite 2- Effective Care and Support Services- Approved 25th of September 2025 • Suite 3- Safe Care and Support - Approved 25th of September 2025 • Suite 4- Personal Development, Health and Wellbeing - Approved 25th of September 2025 • Suite 5- Management, Governance and Quality Assurance- To be heard at next National Policy Oversight Committee Meeting on the 23rd of October 2025 • Suite 6- Responsive Workforce Policies and Procedures- To be heard at next National Policy Oversight Committee Meeting on the 23rd of October 2025 <p>Some minor amendments need to be included in these documents and additional policies on use of restrictive practice. The suites will be issued to all Children's Residential Services in December 2025.</p>	

2. Joint protocol with An Garda Siochana

The Missing Child in Care (MCIC) Joint Protocol was reviewed, and a final draft was prepared for sign off for Q3 2025. Some challenges arose in terms of sharing the Joint Protocol with 3rd parties and this matter is currently under consideration with An Garda Siochana.

3. Tusla Child Sexual Exploitation Procedure

There is a review of the Tusla Child Sexual Exploitation Procedure currently underway in collaboration with other stakeholders including An Garda Siochana. Policies and Procedures regarding Child Trafficking and other forms of exploitation are being considered by this group as part of this review. The social care staff in the centre will continue to adhere to and implement the Tusla Child Sexual Exploitation Procedure in the interim and report concerns related to child sexual exploitation.

4. Tusla Complaints Policy- Tell Us

Currently under review with consultation due in of Q1 2026.

5. Tusla Recruitment and Selection Policy

Reviewed and approved by the National Policy Oversight Committee in September 2025.

6. Tusla Protected Disclosures Policy

Reviewed and approved by the Tusla Board in April 2025.

Tusla has a system and process in place for the review of policies and procedures. The National Policy Oversight Committee (NPOC) review proposals for initiation of any new policies and procedures, review and approve submitted documentation and set review timelines for same.

Following the review of the National Policies and Procedures for General Residential Centres additional policies and procedures required have been identified and proposals put forward to NPOC to progress these with support from the National Policy Manager for Alternative Care.

The centre manager has implemented an additional monthly electronic auditing system since the 25th November 2025 for risk management, complaints, child protection concerns, Restrictive practice, Significant Event Notifications, Training Audit, Garda vetting, Physical intervention, MCFC (missing child from care), health and safety, maintenance/house/car, medication. This will be recorded and evidenced on a electronic file and will address any actions identified for follow up.

Proposed timescale:

March 31st 2026

Person responsible:

National Policy Oversight Committee

Standard : 5.2	Judgment: Not compliant
Outline how you are going to come into compliance with Standard 5.2:	
<p>The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p> <p>The statement of Purpose and Function was updated on the 24th November 2025. This will be communicated to the team on the 4th December 2025 at the next team meeting. The statement of purpose and function will be readily available to team for reading. - Completed.</p> <p>Centre Management have commenced addressing the deficits in training.</p> <p>All staff have now completed Child Exploitation Training.</p> <p>Management will be completing a training needs Analysis for 2026 in consultation with staff to identify what training requirements are needed for 2026 to support the young people in our care.</p> <p>Management have requested that supervisors plan for the next three months supervision sessions for their supervisees and input the dates in the Supervision Register for 2026. Management will carry out an audit on supervision in Q1 2026 to ensure compliance with supervision policy and that all staff are supported in the workforce.</p> <p>An annual review of the service is planned for 11th of December 2025 to review what worked well and what is required to improve the service.</p>	
Proposed timescale:	Person responsible:
31st March 2026	Social Care Manager

Quality and Safety: Child-centred Care and Support

Standard: 1.1

Judgment: Substantially compliant

Outline how you are going to come into compliance with Standard 1.1:

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

Focus group set up within the centre with a person from each grade attending. The purpose is to establish clear understanding of the rational for Restrictive practices and impact on the Young Person and their rights.

At team meetings we will discuss, review the process, establish as a team the need to close off risk assessments and restrictive practices, in a timely manner to ensure they are not in place for longer than necessary. Restrictive Practices Policy is also being reviewed with all staff. The focus group will promote the culture of introducing the least restricted option for the shortest amount of time.

Risk assessments and Restricted Practice are a standing item at weekly team meetings. Where risk is no longer evident, risk assessments and restricted practices are now being closed in a timely manner. At staff meetings we will discuss the review process and establish as a team the need to close off risk assessments and restrictive practices in a timely manner to ensure they are not in place for longer than necessary.

Management will now have governance and oversight of all restricted practices by new digital register.

Proposed timescale:

31st March 2026

Person responsible:

Social Care Manager

Quality and Safety: Effective Care and Support

Standard: 2.2

Judgment: Substantially compliant

Outline how you are going to come into compliance with Standard 2.2

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

Each child will be facilitated to participate in their Placement Support Plan, and their view will be taken into recorded.

Each child will be supported to develop the skills, awareness and knowledge of how to protect and promote their own social development as well as their physical, mental and emotional health and wellbeing and protect themselves from harm. Placement support plan will reflect identified areas of concern individual to each child.

Staff will discuss the updated placement support plan in a child friendly manner where required and record that the Young Person was involved in the placement support plan.

Proposed timescale:

30th January 2026

Person responsible:

Social Care Manager

Quality and Safety: Safe Care and Support

Standard : 3.1	Judgment: Substantially compliant
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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.

All staff except one staff have the training in Child Sexual Exploitation completed by 26th of November 2025. The one remaining staff will have this completed by the 12th of December 2025.

Meeting scheduled with Implementation Officer on 24th January to plan and discuss onsite training in the new year of 2026, to discuss

1. Child Sexual Exploitation, Criminal & Sexual
2. Safeguarding policy.

Management will deliver an input on Child Sexual Exploitation and go through the procedure/checklist with staff. In addition to this management will go through Children Residential Service flow chart for Children Residential Service staff to be aware of the procedure and protocol of same. This will be delivered at staff meeting 8th of January 2026 to ensure all aspects of potential exploitation are given due consideration for young people.

Proposed timescale: 30th March 2026	Person responsible: Social Care Manager
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Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standard(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	March 31 st 2026
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	Orange	March 31 st 2026
1.1	Each child experiences care and support which respects their	Substantially compliant	Yellow	March 31 st 2026

	diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.			
2.2	Each child receives care and support based on their individual needs in order to maximise their personal development.	Substantially compliant	Yellow	January 30 th 2026
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially compliant	Yellow	March 30 th 2026
3.3	Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially compliant	Yellow	11 st December 2025

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