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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 East
Type of inspection:	Unannounced
Date of inspection:	18 March 2025
Centre ID:	OSV - 0004190
Fieldwork ID	MON - 0046645

Safeguarding

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

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

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

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

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

About the centre

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

Our aim is to provide a residential setting wherein children and young people live, and are cared for, supported and valued. We provide placements for up to four young people. These young people are aged between 13-17 years upon admission to the centre and referrals are open to all genders.

The objective of the service is to provide a high standard of care and support in accordance with evidence based best practice, in a manner that ensures each child's safety and wellbeing enables them to access the supports and interventions necessary to address the circumstances of their admission to the unit. This is achieved through a supportive, nurturing and holistic living environment that promotes wellbeing, safety, rights, education and community involvement.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	4 Young People
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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
18 March 2025	10:00 to 18:00	Nicola Rossiter	Lead Inspector
18 March 2025	10:00 to 18:00	Sharron Austin	Support Inspector
19 March 2025	09:00 to 16:00	Nicola Rossiter	Lead Inspector
19 March 2025	09:00 to 16:00	Sharron Austin	Support Inspector

What children told us and what inspectors observed

This was an unannounced inspection which focused on the safeguarding of young people living in the centre. The centre was operating at full capacity and there were four young people living in the centre at the time of inspection, aged between 14 and 17. Inspectors found that young people received child-centred care appropriate to their individual needs from an experienced staff team who prioritised their safeguarding needs. Inspectors spoke with all four young people living in the centre at the time of the inspection. Listening to the young people as part of this inspection provided inspectors with an opportunity to understand their experience of living in the centre. Further to this, inspectors spoke with one parent, three social workers and one guardian ad litem (GAL) to capture their views on the care being provided to the young people living in the centre.

The centre is a single storey building located on a large site in a rural village, with access to local shops and amenities. The centre was purpose built as a residential centre over thirty years ago, and no structural changes had been made since it was built. There was large green area surrounding the centre. The overall design and layout of the centre was poor with regards to lighting, a narrow hallway and the size and design of the kitchen. While there was strong evidence of efforts by the staff team to create a welcoming and vibrant space, the overall homeliness of the centre was impacted by the layout and all young people who lived in the centre commented on the poor design of the house during conversation with inspectors. One young person commented "it's not like a normal house" while another young person expressed frustration and made derogatory comments about it, making particular reference to the lack of power points in the bedroom which impacted on where their bed could be located. In further conversation with the young people in the centre, they were all aware of previous plans for the centre to be renovated and that this had not occurred due to lack of funding. Young people expressed disappointment regarding the cancellation of the planned refurbishments. One professional who spoke with inspectors described the building as feeling "more like a facility than a home" due to the layout; however, stated the young people were well cared for.

The walls were decorated with pictures, the pictures contained quotes about positivity and kindness. Inspectors observed the interactions between staff, management and the young people to be kind and respectful. Staff were knowledgeable about each of the young people living in the centre and their journey through care.

Some of the children living in the centre had been there for almost two years while others had moved in more recently. Inspectors found that all young people were actively engaged in an educational programme and were also engaging in

extra-curricular activities in the community. Each young person met with inspectors individually and expressed mixed but mainly positive views about the centre, the staff and the care they received.

Some examples of what young people told inspectors included:

- "I love living here, there's nothing I don't get"
- "I have nothing to complain about, it's all good here"
- "I get along with all the staff, especially my key workers"
- "It's fine here, the staff are pretty cool"
- "The new manager is good, [manager] makes decisions and is not afraid to spend money"
- "I feel like the staff are always watching me"
- "I don't want to live here, I'm waiting to talk to my social worker"

Young people told inspectors they were provided with information about the centre when they came to live there, including information about the managers, staff, house rules, and young people's meetings. Young people were aware of their rights and had been introduced to an advocacy service after admission. Some young people listed some of their rights, that they were familiar with and understood the complaints process in the centre. Inspectors found evidence of a young person making a complaint when reviewing their case file. Young people said they would feel comfortable to speak with staff if there was something they needed support with or if they were feeling upset. One young person stated they would talk to their parent in the first instance but would also feel comfortable to talk to staff.

Two young people invited an inspector to view their bedroom. The rooms were side-by-side and were opposite the bathroom. Each had a double bed in their room and the inspector observed that both rooms were personalised and provided adequate space for personal belongings. Young people were observed to be supported in expressing their religious beliefs and in attending religious ceremonies.

Feedback from external professionals was positive. All professionals praised the willingness of the staff team to facilitate an individual programme of care specific to the needs of each young person. All professionals stated that they were satisfied that safeguarding concerns were addressed and all young people were receiving a high standard of care.

Some examples of comments from professionals included:

- "Staff are very in tune with [young person]"
- "The communication is absolutely brilliant"
- "I'm beyond satisfied with how safeguarding concerns are dealt with"
- "Staff go above and beyond for [young person]"

- “Communication is very thorough and clear, especially from management”
- “Quality of care is excellent”
- “Good gender mix of staff, staff are very nurturing”
- “Staff are very willing and open to support and respond to [young persons] individual needs”.

All professionals who spoke with inspectors stated they were satisfied that young people’s rights were promoted and protected and gave examples of this; including access to education and activities of interest to young people, along with encouraging participation at review meetings and respecting their wishes regarding family access.

Capacity and capability

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

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

- two were compliant
- four were substantially compliant
- two were not compliant

The inspection found that some elements of governance at national level needed improvement. The suite of national policies and procedures guiding staff practice in children’s residential centres were out of date. Policies and procedures relevant to safeguarding had not been reviewed and updated as required. A sample of Tusla personnel files were found by inspectors to be of good quality and contained all the necessary information relating to safe recruitment practices. However, a review of an agency staff file highlighted recruitment practice concerns, including insufficient numbers of references and outstanding training in *Children First: National Guidance for the Protection and Welfare of Children* (2017). This matter was escalated to the regional manager after the inspection and satisfactory assurances were received.

The centre had an experienced centre manager who had been appointed in January 2025. Prior to this the previous centre manager had been in post for seven years. The deputy centre manager was also experienced and was working in the centre for over 30 years. The staff team consisted of social care leaders and social care workers. Social care leaders had varied responsibilities designated to them to assist with the overall management of the centre; while others who did

not progress through the career pathways programme did not have any specific management responsibilities. Within the team there was a large number of staff with significant levels of experience who had worked in the centre for a long time. Inspectors found there was an open culture which empowered the team to make decisions in the best interests of the young people, which was reinforced and supported by the centre management. This was evidenced and supported through placement planning, team meetings, handovers and individual work carried out with the young people.

The incidents that were identified were managed and reviewed in line with policy. Safeguarding concerns were appropriately recorded and young people were provided with relevant supports and interventions which were reflected in their individual records. Staff and management were knowledgeable about the vulnerabilities of each young person and safeguarding practices were in place. However, some concerning behaviours although known to the staff and management had not been identified and reported appropriately. The centre management acknowledged the gaps and provided assurances to inspectors during fieldwork regarding follow up in respect to this matter.

While staff and management continued to implement existing policies and procedures, national guidance documents had not been reviewed to reflect current knowledge with regard to safeguarding risk and risks of exploitation for young people in particular.

The centre was managed by an experienced manager and deputy manager, providing effective leadership to a skilled team; whose aim was to safeguard young people and to provide an individual experience of being in care, which meets and supports young people's individual needs. Staff were aware of the roles and responsibilities of those in management and clear lines of accountability were evident.

The centre had a risk management system in place for identifying and assessing risk. Registers were up-to-date and held relevant information pertaining to significant events, complaints and restrictive practices. Risks were appropriately escalated, including one '*Need to Know*' to senior management following a significant event. A '*Need to Know*' process is Tusla's system for informing senior managers about significant risks to the safety and welfare of children.

Inspectors reviewed a sample of team meeting minutes and found that in the recent months prior to the inspection, there was an improvement in the quality of the records. At the time of the inspection, the centre manager was planning additional team exercises to identify further training and supports that may benefit the team; for example, ligature training. All staff, with the exception of one agency staff member, had completed Children First (2017) training; and inspectors found that there were training gaps, as some staff had not completed all relevant

mandatory training and this was also identified in a self-assessment audit carried out by the centre manager.

Professional registration for social care workers was actively encouraged by the centre management, and the sample of staff files reviewed found that this process had not yet been completed. Self-assessment audits were carried out to identify findings and actions to support service improvement. Inspectors found that findings from audits were not always actioned, such as outstanding mandatory training. However, feedback was provided at team meetings in relation to supervision and medication management audits, where service improvements were identified.

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 with regards the identification, management and review of safeguarding concerns; however improvements were required in the identification and reporting of incidents and safeguarding concerns

The centre had an up-to-date register of events which included the relevant information on significant events. The majority of Tusla staff working in the centre had completed all three elements of Children First (2017) training; however, inspectors found that an agency staff member who occasionally worked in the centre had not completed this training at the time of the inspection.

A sample of significant events reviewed by inspectors found incidents that had been identified were managed and reviewed in a timely manner. However, not all incidents and concerns had been appropriately identified as constituting a safeguarding concern; inspectors found from a review of files that the staff and management had not considered the cumulative impact of some young people's behaviours. Inspectors found that staff and management were aware of the individual concerns and they had implemented some measures to ensure each young person was safe and protected; such as increased levels of supervision and direct work with young people regarding a specific safeguarding topic, while also providing regular updates and timely notification to social workers.

While some gaps had been identified in the recognition of safeguarding concerns, inspectors also found evidence of oversight, appropriate follow up and review in respect of safeguarding matters within the centre. The management ensured that learning from incidents were appropriately shared and embedded within the team. For example, staff appropriately submitted a child protection and welfare report and the young person was offered additional relevant supports. Inspectors

reviewed team meeting minutes and found that child protection and safeguarding policies were discussed and reviewed. The centre manager actively encouraged staff to hold each other to account and to promote best practice and share learning. Placement support plans were appropriately updated to include new learnings and more effective ways of responding when staff were faced with behaviours that challenge. This incident was reviewed externally by the regional significant review group (SERG). Inspectors reviewed the minutes of this meeting and the response provided by the centre manager was deemed to be child-centred and the incident effectively dealt with, ensuring appropriate follow up action was taken.

The centre management are responsible for the internal oversight of incidents and inspectors found the quality of commentary, feedback and follow up actions from serious incidents had improved in recent months, with learning and reflection being promoted at team meetings and open discussion being encouraged. Inspectors found the communication by centre management with external professionals about serious incidents was prompt and detailed and prioritised a child-centred response. Likewise, external professionals who spoke with inspectors were satisfied with the level and detail of communication from centre management about serious incidents and updates regarding young people in general. One social worker commented "I'll always get a phone call as soon as possible after the incident and the report will quickly follow".

Overall, inspectors found that management and staff had systems in place for reviewing incidents and identifying appropriate actions in response; however, inspectors found some gaps in the practice of identifying and reporting incidents with regards young peoples concerning behaviours. Although the staff and management had individual safeguards in place for young people, they had not considered the cumulative impact of these behaviours. The centre management acknowledged this gap and provided assurances during fieldwork to address this matter. It is for this reason this centre is deemed 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**

Overall, the inspection found that relevant legislation and national policies and procedures were implemented ensuring that young people's welfare was protected and promoted. However, policies, procedures, protocols and guidance across significant areas of practice directly related to safeguarding children in residential care, were not reviewed and updated in a timely manner.

Staff and managers adhered to and implemented Tusla's national policies and procedures and provided safe, effective care to young people in the centre. However, Tusla national policies for children's residential centres, including safeguarding policies and procedures, were not up to date and had not been reviewed as required. This suite of policies has not been reviewed and updated since 2021. This suite includes policies such as; bullying, safeguarding young people online and restrictive practices.

In addition, other Tusla policies, procedures and guidance documents, intended to guide staff in safeguarding children were not reviewed as required. For example, reviews of Tusla's national procedures for the provision of information and training for staff in relation to the identification of the occurrence of harm, guidance to manage risk of harm, 'Tell Us' complaints policy and procedure and Tusla's child sexual exploitation policy were more than a year overdue. The policy on protected disclosures had been due for review in December 2024 and the review of Tusla's recruitment and selection policy and procedures was more than five years overdue.

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 purpose of exploitation.

The centre had a safeguarding statement on display in the communal area of the house and staff who met with inspectors were familiar with their responsibilities under Children First (2017), safeguarding policies, procedures and practices; however as mentioned, not all concerns were appropriately identified as constituting a safeguarding concern. Staff were aware of their role as mandated persons and how to report and respond to incidents which met the threshold for

reporting. The centre manager was the designated liaison person (DLP) and the deputy manager was the deputy DLP in the centre manager's absence.

Inspectors reviewed a sample of child protection and welfare reports which had been submitted and found these to be completed to a good standard. Furthermore, safeguarding concerns and associated risk assessments were discussed at team meetings which provided opportunity for learning and application of safeguarding policies and procedures. As the DLP, the centre manager demonstrated a robust knowledge of safeguarding practices and the day-to-day application of such practices within the centre. This included the use of risk assessments and individual work with young people to address safeguarding concerns as they arose.

Inspectors found that one young person had expressed a concern that constituted a complaint, this had not materialised into a formal complaint. Social work input on the issue was also required and was outstanding at the time of the inspection. Assurances were provided to inspectors that the young person's requests and frustrations would be addressed promptly. From speaking with the young person, inspectors found the young person was actively awaiting a response from their social worker for a significant period. While inspectors found the team were aware of the young person's frustrations and had provided emotional support, a formal complaint and serious incident had not been recorded on the young person's behalf.

There was an absence of up-to-date policies, procedures, protocols and guidance across significant areas of practice directly related to safeguarding children in residential care. Duration of time overdue review varied significantly, indicating no clear mechanisms for a systematic review of such national policies. Significant improvements 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. Further to this, one young person who had grounds to make a complaint, was not adequately supported regarding same. 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 centre management were appropriately qualified, skilled and experienced to ensure the delivery of safe, high-quality, child-centred care. The centre had leadership, governance and management systems in place with clear lines of accountability, which promoted the safeguarding needs of all young people. However, significant concerns were found in relation to the safe recruitment of staff provided by external agencies. Such concerns were in respect to the completion of Children First (2017) training and reference checks for agency staff. Further to this, inspectors found a number of staff required mandatory training which had been identified in self-assessment audits in October 2024, and had not yet been completed.

The centre had overcome recruitment challenges since the last inspection and was now able to operate with less reliance on agency staff. A risk assessment completed in February 2025 indicated concerns about the ability of the service to provide safe and effective care due to staff shortages; however, from a review of rosters and assurances by management at the time of inspection, the centre was now comfortably operating, with some staff taking up extra shifts and regular agency staff carrying out regular shifts.

Clear lines of accountability and responsibility were evident from a review of management meetings with tasks appropriately delegated. Young people who spoke with inspectors were aware of the different roles staff had. However, concerns were identified through a review of agency staff files which found Children First (2017) training had not been completed by one agency staff member, prior to commencing work in the centre, in addition to insufficient number of references on file.

Risk management systems were in place for the identification and assessment of risks. The centre manager was responsible for the oversight of all the centre's registers, including complaints, child protection, risk, significant events and any information which needed to be escalated to external managers for further review. Inspectors found that while registers were well maintained for the most part, some improvement in the review and oversight of the registers was required. For example, more timely review of restrictive practices and a review of significant events to identify additional safeguarding concerns which constitute child protection and welfare concerns.

In the 12 months prior to the inspection, one '*Need to Know*' was appropriately reported to senior management. The management response was robust and this involved consultation and appropriate follow up actions. Further learning was promoted through discussion at a team meeting and debriefing was provided where necessary. Relevant safeguards were identified, for example, a refresher in crisis management, to ensure all young people are provided with safe and effective care.

Inspectors reviewed a sample of management meetings covering the twelve month period prior to inspection. These were attended by the centre manager, deputy centre manager and social care leaders. Inspectors found some improvement in meeting records in recent months, and there was a notable improvement in the quality of the meeting records with regards the recording of discussions and actions. However, standing agenda items such as risk, child protection and welfare concerns and safeguarding were not routinely discussed in the earlier part of 2025. Inspectors brought this to the attention of the centre manager who provided assurances that such items would be included as standing items going forward at all management meetings. Inspectors found an improvement in maintaining a log for decision-making following meetings and also a progressive exercise with staff was carried out by the centre manager. The purpose of this exercise was to bring the full staff team together to discuss the service with the focus on quality improvement for all young people. The centre manager told the inspector that this was a very beneficial exercise for the team and for the service and had planned further similar exercises.

Communication systems in the centre were effectively used to ensure safe and effective care for each young person. The centre management had recently updated the handover system after a potential gap was identified in the sharing of information from one shift to the next. This gap was due to the timing and change over of staff at certain points in the day. Additional systems of communication that were in place and well established included the use of a communication book, team meetings and management meetings where discussions took place regarding emerging risks, safeguarding needs and actions agreed.

The centre had practices in place with regards to self-assessment and service improvement. An interim annual report for 2024 was completed by the centre manager in March 2025 and the report provided an update on key quality assurance areas and risk information for the centre, including areas for service improvement through internal audits. The audits that were completed in October 2024 to evidence findings, recommendations and actions required in the service, indicated mainly good practice in the service. The audits were comprehensive and there were very few actions required as a result of the majority of audits. However, inspectors found that some training, such as data protection, fire safety,

medication management, and health and safety, was out-of-date at the time the audit was carried out and this was not identified as requiring action. Therefore training deficits on the team were not included on internal governance trackers and increased oversight in respect of staff mandatory training is required. All Tusla employed staff had completed Children First (2017) training, but inspectors found that there were gaps in all other mandatory training areas, most notably in relation to fire safety, medication management, first aid and data protection. Additionally, there was one agency staff member who had not completed Children First (2017) training until the day inspectors were actively carrying out a review of the staff file.

Further audits specific to medication management and supervision were carried out and the findings were appropriately shared with the team to promote learning and service improvement. The centre used a governance action plan tracker to ensure oversight of actions required that related to various internal and external audits and inspections. While the majority of actions identified were completed, a number of actions were delayed and the rationale for same was recorded.

Significant concerns were identified in relation to the safe recruitment of staff provided by external agencies. Tusla staff files were of good quality and contained all necessary information to indicate safe recruitment practices; however, the review of agency staff files indicated significant concerns regarding the safety of recruitment and selection practices by the provider of agency staff.

Inspectors reviewed nine staff files in total, six files related to staff directly employed by Tusla and three files related to staff employed through two separate agencies which were used regularly by the centre. The review of Tusla staff files found that the required checks had been carried out for the staff members whose personnel files were sampled. These checks included Garda vetting, references, identification and qualifications. However, the inspection found that there were gaps in the file of the staff employed through an agency. There was an insufficient number of references and one agency staff had not completed Children First (2017) training since commencing duties in the centre. Following the inspection, HIQA sought assurances from the provider in relation to appropriate vetting practices. The provider submitted a satisfactory response outlining a service improvement plan which aimed at increasing the effectiveness of oversight systems and to ensuring the safe recruitment of agency staff employed to work in Tusla services.

The centre had governance and management systems in place that promoted safe care practices. Robust recruitment practices are an essential element of effective safeguarding. However, this inspection found that significant improvements were required in the oversight and monitoring by Tusla to ensure that the recruitment

of staff employed through agencies was safe and carried out in line with requirements. Additionally, gaps in mandatory training as identified in self-assessment audits had not been identified as requiring action. It is for this reason that this standard was judged to be not compliant.

Judgment: Not compliant

Quality and safety

Safeguarding young people is at the core of the centre's practice. There is an open and inclusive culture and a progressive style of management which is focused on protecting the rights and promoting the welfare of young people. All members of the team, with the exception of one agency staff, had completed all elements of Children First (2017) training. Young people were actively involved in decisions affecting their care and were supported in expressing their views. Young people received care which was based on their individual needs and supports were provided in a way that considered their age, ability and stage of development. The centre did not have any episodes of children missing from care and staff were familiar with the national joint protocol for managing same.

The inspection found some areas that required improvement in relation to the use of restrictive practices and found that some practices existed through cultural habit, while others had not been appropriately risk assessed or reviewed in a timely manner. Young people were treated with respect and expressed their views at house meetings which occurred regularly. Providing feedback and decisions to young people following meetings required strengthening to ensure young people were engaging in a process that was meaningful and was purposeful.

Young people had the freedom to exercise choice and inspectors found strong evidence of consultation through key working and one-to-one work which was both pre-planned and opportunistic. Young people had care plans which informed detailed placement support plans and both staff and management were knowledgeable about interventions on how to support young people achieving their personal goals. Access to advocacy services was promoted and evident and young people received a welcome booklet upon admission. Young people who spoke with inspectors were familiar with advocacy services and were confident in being able to access these services, if they wished to do so.

Individual and personalised programmes of care were delivered to each young person. Of the files reviewed, inspectors found that the care plans were up-to-date and young people had participated in their review meetings. The collective risk

assessments that were carried out prior to admission, showed that the centre had the capacity to provide a safe service to all young people in the centre.

Inspectors found the centre provided safety to the young people through appropriate health and safety measures; however, it was not homely or inviting despite commendable efforts by the team. The centre is poorly designed and dark in many areas. All staff and all young people commented on the physical structure of the building and there was a collective awareness that refurbishment plans which were scheduled for 2024 that had not progressed, due to lack of available funding.

Safeguarding policies and procedures were understood and implemented by staff and management in line with Children First (2017). The centre had regular communication and frequent collaboration with external professionals to ensure the care and welfare of each young person was protected and promoted. One agency staff member had not completed the relevant Children First (2017) training and oversight of this process required improvement. Satisfactory assurances have since been received from the provider in relation to this.

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

Young people living in the centre were provided with child-centred care which protected and promoted their rights, and safeguarding practices were individual to the specific needs and vulnerabilities of each young person. The right to safety, choice, respect, and involvement in decision-making was practiced in the centre. Young people were afforded opportunities for growth and development, relevant to their needs, through active engagement in community services, extra-curricular activities, education and through the individual work carried out by key workers. However, the centre held an active restrictive practice register which required review to ensure practices were proportionate in use, with relevant risk assessments and rationale included. Further to this, the quality, recording and follow up actions from young people's house meetings required improvement.

Inspectors found the centre operated a standard practice of requesting young people to hand up their phone at night time. Management explained this was to promote healthy sleep patterns and protect young people from online abuse.

Inspectors found this practice was a cultural norm rather than a practice which was individually assessed, taking into consideration the young people's age, maturity and overall cognitive competence. Improvement in this area is required; in order to ensure the rights of the young people are balanced with the need to safeguard through the use of restrictive practices, only for as long as necessary.

Additional items on the restrictive practice register included alarms on young people's bedroom windows, meaning young people could not open their window at night time if they wished. Inclusion of this item on the register lacked rationale and did not indicate risk factors which would warrant the practice or reflect the behavioural presentation of the current group of young people in the centre. Staff who spoke with inspectors were not aware that this was a restrictive practice and described it as "just something we've always done". When speaking with inspectors, young people demonstrated an awareness of restrictive practices, which was relevant to them and they were able to provide insight into the rationale for these, including the need to keep young people safe from harm.

There were nine restrictive practices listed on the register for 2024 and 2025. Some practices were appropriately recorded on the register, including issues relating to health and safety in the car. Other practices were inconsistently implemented or had not been reviewed to include an updated rationale for their ongoing use, including window alarms on young people's bedroom windows and access to mobile phones over night. Additionally, inspectors observed young people requesting treats which were located in a locked office and this had not been identified as a restrictive practice.

Young people's voices were captured in one-to-one work and in their care and placement support plans. Where risks were identified, plans and interventions to address and manage these risks were reflected in placement support plans and communicated to the young person. Inspectors found these were regularly reviewed and updated. Religious beliefs of young people were respected and inspectors observed staff actively supported this. Young people were consulted about decisions in their lives and were actively encouraged to contribute to the care planning process. House meetings were carried out fortnightly. The quality of meeting records varied; some had little content and minimal input from young people and a number of requests by young people were awaiting a decision and feedback from management. Topics such as meal choice, access to phones, Wi-Fi and the décor of the centre were raised for discussion by the young people. Inspectors found the majority of items raised by young people in 2025 had not been formally responded to.

Inspectors observed that young people were treated with dignity and respect and this was also reflected in the care planning. However, improvements were required with regards to the use and assessment of restrictive practices and this was acknowledged by the management in the centre. The young people's meetings in the centre required improvement with regards to the quality of the meeting records and the ongoing follow up actions from management. The centre was found to be substantially compliant against this standard as a result.

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.

Young people were encouraged to exercise choice in a supportive and encouraging environment. Children were consulted about decisions regarding their safety and their views were regularly sought. Advocacy services were made available to each young person following admission and young people were provided with information on how to express their views and opinions through different forums; including house meetings, child-in-care reviews, and one-to-one work.

A review of care records found that young people were able to make choices around their day-to-day living and be involved in decisions impacting their care. Young people were consulted with in advance of their child-in-care reviews and were encouraged to participate and attend. Of the sample of files reviewed, all young people had an up-to-date care plan and this was used to inform the placement support plans. These were found to be detailed and of good quality, reflecting the voice of the young person and the supports in place to help them achieve the identified goal. The placement support plans contained detail of referrals made to specialist support services as required. Each young person had a case manager and two key-workers and placement support plans were regularly reviewed to reflect the young person's current needs. The identification of risks, such as online abuse through social media or identification of inappropriate relationships, was reflected in placement support plans, including the agreed interventions to address these concerns.

Young people had age appropriate opportunities to spend time with peers and to participate in social and sporting events in the community, promoting and supporting social experiences relevant to their age and maturity. Young people were provided with information on how to access their records and inspectors found evidence of this occurring for one young person.

The centre invited an independent advocacy service to visit all young people following admission. Young people who spoke with inspectors recalled visits to the centre by an external advocate and could all identify an adult they could seek advice from. Staff recognised their roles as advocates and promoted young people being self-advocates within the safe environment of the centre. One young person stated "honestly, the staff here will help you do anything and they'll always encourage you".

The welcome booklet provided to young people on admission outlined how the centre was run, the rules and practices within the centre and how the staff team intended to support each young person throughout their placement. The centre held an additional information folder which contained information about advocacy services and the complaints process, which was not included as standard in the young persons booklet. This was a resource for the staff team. The welcome booklet required additional information to ensure young people could independently access advocacy services and have information on how to make complaints externally to the centre. Inspectors found that young people engaged with advocacy services and used the complaints processes. Additionally, young people were aware of these processes when speaking with inspectors.

In summary, the centre had appropriate systems and arrangements in place to facilitate young people expressing their view and exercising choice across a range of activities, accessing advocacy services and making informed decisions. Inspectors found young people had accessed their files, attended house meetings and review meetings and were regularly consulted with through individual work. Management of risks and plans to address safety concerns were reflected in placement support plans and inspectors found young people had contributed to these. The centre was found to be compliant against this standard.

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

Young people in the centre received care which was tailored to their individual needs and which supported their personal development. Management and staff prioritised a child-centred approach to ensure young people experienced a high level of care and support.

Of the sample of files reviewed by inspectors, care plans were up-to-date and young people had been supported to complete 'me and my care plan review form'. Placement support plans were aligned to the identified needs and actions within the care plan and these had been reviewed regularly by key workers, with oversight from management in the centre. Each young person had an up-to-date crisis management plan and absence management plan and inspectors found evidence of input from social work departments regarding the management of risks contained within crisis management plans. Staff were provided with appropriate guidance on how to respond and support a young person through the use of these documents. Staff who met with inspectors were also knowledgeable about each of the young people and their individual needs and how to support them. Placement support plans were reviewed and updated by key-workers following wider discussion at team meetings, where emerging risks and concerns are brought for discussion. Inspectors found child protection concerns were also discussed at management meetings where delegation of tasks and clear decision were noted.

Collective risk assessments had been completed as appropriate. Of the sample reviewed, the assessment outlined possible behaviours of concern, the centre's ability to manage these concerns and the possible impact of these behaviours on other residents. Social workers for the other residents were appropriately consulted and provided feedback regarding the possible impact.

Young people's placement support plans recognised individual vulnerabilities and potential safeguarding concerns for each young person. Interventions and supports were appropriately discussed at team meetings and at key-working meetings. Inspectors found records of individual work carried out with young

people that addressed current safeguarding concerns and it also reflected input from the young people. Team meetings reflected discussion around behaviours which presented as a challenge and the agreed interventions to address this, such as increased supervision in communal spaces or specific strategies to provide assistance which supports a more positive outcome. Inspectors found that not all behaviours which have an impact or potential impact on another resident were always appropriately assessed.

One young person living in the centre was recently allocated an aftercare worker. There had been one visit to date and an assessment of need had been completed. The staff team were aware of how best to support the young person in preparation for leaving care and were proactive in identifying protective factors to safeguard the young person upon leaving the centre and beyond; through promoting education and training programmes and supporting age appropriate social networking.

There were a number of health promotion initiatives found in the delivery of care to young people; including programmes and practices relating to vaping and health implications, dietary requirements, sexual health, safe relationships, substance misuse and mental health wellbeing. This work was carried out under Tusla's approved model of care and was also evident in the daily interactions between young people and staff; all young people were actively supported and encouraged to make positive, healthy and informed choices.

Overall, young people were provided with individual programmes of care which supported their wellbeing and personal development. Areas of need were regularly reviewed through placement support plans and interventions to progress plans were appropriately identified and actioned. The centre was found to be compliant against this standard.

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

The centre is a single storey building which was purpose built and it remained structurally unchanged since it was built over 30 years ago. The layout and design is poor and is not conducive to creating a homely or inviting feeling. The footprint of the house contains a block unit at the centre and a corridor which wrapped around it. The bedrooms, communal rooms and games rooms are located at the external footprint of the house. Due to the design, there is a more clinical feel and sense of workplace rather than a warm and welcoming home for young people. Staff reported that communal spaces are under used due to their uninviting and poorly designed feel and layout, and their proximity to the kitchen which is the hub of the house.

The kitchen space was insufficient to accommodate the number of staff and young people in the house and inspectors observed meal preparation to be challenging as a result. Staff commented that the kitchen did not facilitate young people's right to exercise their independence with regards to meal preparation, due to insufficient space. This issue has been reported by the staff team on an ongoing basis. The appliances were poorly positioned and there was a lack of power points and counter space, this limited the kitchen activity to one or two people at a time. Each young person had their own bedroom with adequate space for their personal belongings. While the recently reviewed statement of purpose stated that there were two en-suite facilities, only one of the four young people living in the centre had an en-suite. However, there were adequate toilets and showers for young people.

Although the design and layout was poor, there was a clear and obvious effort by the team to ensure the young people enjoyed their time in the centre. There were designated spaces for gaming and for promoting young people's personal interests. The centre was clean, heated and well ventilated but lacked natural light throughout the centre. The outdoor space is vast and offers potential for designated sporting and recreational activities.

The inspectors were told that funding had been made available for a new kitchen, this work had not been carried out and is a source of frustration for the team and young people. Inspectors were told by management that they were unable to secure a more detailed understanding of why this funding was no longer available and what plans, if any, were now in place to progress with the previously identified works.

There were adequate fire safety measures in place with quarterly checks being carried out by an external provider. The health and safety file had not been updated since 2023. Inspectors were advised this had recently been reviewed by a new national health and safety advisor and the centre is awaiting an updated version of the file. Fire drills are held regularly and recorded in the fire register, with evidence of young people's participation recorded.

The centre recently discontinued the use of internal closed circuit television (CCTV) cameras following a risk assessment. Young people and social workers were yet to be informed of this and the removal of this as a restrictive practice in the centre. Additionally, window alarms were fitted to the young people's windows which prevented them from opening the windows once the alarm was activated at night. This practice had not been reviewed as an ongoing restrictive practice and had not been risk assessed within the context of the current group of young people. Further assessment regarding the rationale and ongoing use of the window alarms was required. The centre had live night staff and external CCTV cameras as alternative safeguards to protecting young people.

Inspectors observed that the premises also had a large green area which offered potential for a designated recreational area and opportunity for outdoor activities, but had not been developed to provide such amenities to young people in the centre.

In summary, the centre provided a home to young people but it was not homely or inviting. Young people were safeguarded within the centre and there were adequate systems in place to promote the safety of both staff and young people. While the building was structurally adequate and fit for purpose, it required large scale refurbishment to ensure the physical environment can contribute to promoting young people's rights, wellbeing and independence. An updated version of the health and safety file, inclusive of all centre related risk assessments, was under review and outstanding at the time of inspection. The centre was found to be substantially compliant against this standard.

Judgment: Substantially compliant

Standard 3.1

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

Safeguarding young people was a priority for the staff and management in the centre. There were policies and procedures in place to protect young people from abuse and neglect and the centre's staff were clear on their role and responsibilities as mandated persons under Children First (2017). However, as one agency staff member had not completed Children First, increased management oversight was required in respect to this. There was a recently reviewed safeguarding statement on display in the centre and while staff were familiar with safeguarding policies, improvement was required in the recognition of what constitutes a safeguarding concern. Staff who spoke with inspectors were aware of the provider's protected disclosure policy and inspectors found this had been reviewed at a recent team meeting.

A review of an agency staff file found that Children First (2017) training had not been completed by one staff member until the file was being actively reviewed by the inspector. As a result, safeguarding procedures may not have been adhered to and young people's safety may have been compromised, while this person was on duty. Oversight of this system required improvement to ensure all agency staff complete Children First (2017) training to ensure young people are protected from harm.

Safeguarding concerns which were identified had been appropriately recorded, actioned and reported to the relevant bodies within the required timeframe. All concerns were listed in the centre's register and some required an update, including feedback or communication with the social work department to indicate the status of the referral. Young people were actively engaged with clinical and therapeutic services as identified through their care plans.

There was strong evidence of good collaboration between the centre, external professionals and families through child-in-care reviews and professionals meetings, to protect and promote the welfare of young people. As previously mentioned, practices in relation to the recognition of what constitutes a safeguarding concern required strengthening to ensure all young people are protected from the possibility of harm occurring from within the centre.

Young people told inspectors they felt safe in the centre and were supported by the staff team. Young people were afforded opportunities in the community to meet peers and pursue friendships. This was appropriately risk assessed and supported by the team. All young people were supported and educated through individual work under Tusla's approved model of care; in areas such as sexual

education, mental health wellbeing, school relationships, making friends and joining clubs.

Opportunities for learning following complaints and significant events had become more frequent in recent months. Inspectors found follow up and action by the centre's management following a recent complaint was thorough. This included discussion at a team meeting and detailed commentary on how the event was managed by the staff at the time, as well as appropriate follow up with the young person and the staff involved. This particular event was also reviewed externally and was found to have implemented the appropriate safeguards in response to the event.

Overall, inspectors found young people received a high level of care inclusive of their safeguarding needs. Staff and management were knowledgeable on areas of safeguarding and the specific vulnerabilities of each young person. However, improvements were required to strengthen oversight of the compliance of agency staff working in the centre to ensure Children First (2017) training was completed and staff fully understand their responsibilities in line with Children First and to implement safeguarding policies and procedures. The centre was found to be substantially compliant against this standard.

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	Not Compliant

accountability to deliver child-centred, safe and effective care and support.	
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.	Compliant
Standard 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially Compliant
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	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-0046645
Provider's response to Inspection Report No:	MON-0046645
Centre Type:	Children's Residential Centre
Service Area:	South East
Date of inspection:	18 March 2025
Date of response:	12.05.2025

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. Agency staff member identified has now completed all three modules of Children's First on the 21 st of March 2025. A safeguarding concern (child protection concern) was submitted through the Tusla Portal on 02.04.2025 relating to a young person's escalating behaviours. Individual peer to peer risk assessments were devised for young people who were engaging negatively in behaviours. The risk assessments were distributed to social work departments and both departments were in agreement. A joint professional meeting took place on 28.04.2025 to allow a forum to discuss the dynamic between young people and the risk management of same. A dynamic risk assessment was also completed for the centre's risk register. Risk assessments continue to be discussed or reviewed at team meetings to ensure that the staff team have an ongoing awareness of the risk management associated with dynamics in the centre, safeguarding issues, supervision levels and complaints continue to be submitted relating to the impact of interactions. All incidents and interactions are reviewed to ensure any child protection concerns are identified and reported as per Children's First.	
Proposed timescale: Completed	Person responsible: Social Care Manager

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: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.</p> <p>The social care staff in the centre continue to adhere to and implement the National Policies and Procedures for Children's Residential Services Mainstream Services 2021. To date these policies and procedures have been found to be effective in practice. The Tusla Director of Quality and Regulation has given an extension for the review of these policies and procedures to the end of Quarter 3 2025. These policies and procedures are currently under review and this review will be concluded by the end of Quarter 3 2025.</p> <p>The review of the Tusla Child Sexual Exploitation Procedure is currently underway in collaboration with other stakeholders including An Garda Siochana. The social care staff in the centre will continue to adhere to and implement the CSE Procedure in the interim and report concerns related to child sexual exploitation.</p> <p>The review of the Joint Working Protocol for An Garda Siochana and Tusla is in progress in collaboration with An Garda Siochana. The social care staff in the centre will continue to adhere to and implement the Joint Working Protocol for An Garda Siochana and Tusla in the interim.</p> <p>The Tusla Tell Us complaints policy will be reviewed in 2025. The social care staff in the centre will continue to adhere to and implement the Tusla TellUs Policy in supporting children and young people with making a complaint.</p> <p>Tusla's Recruitment and Selection policy and procedures is under review which is due to conclude in Quarter 2 2025.</p> <p>To facilitate coordination and consistent organisation Tusla has a National Policy Oversight Committee (NPOC) that governs, commissions, approves and authorises all Policies, Procedures, Protocols and Guidance documents formulated in the organisation. Tusla has processes in place to support the development and review of policies and procedures. The timely development and review of policies and procedures can be affected by factors such as availability of resources and other interdependencies. Future development of Tusla policies, procedures and guidance regarding risks to children of criminal exploitation, labour exploitation, sexually coerced extortion and child trafficking will be progressed in line with government direction.</p> <p>Follow up was completed on the complaint that was outstanding at the time of inspection, which is currently being reviewed by Tusla complaints officer and senior management in the centre. Young people are kept informed of the status of the complaint.</p>	

Young people will continue to be encouraged and supported in the centre to make complaints and will regularly be informed of the complaints process through young people's meetings. Centre Management will ensure that young people receive a timely response in relation to their complaints in line with policy and should this not occur, management will escalate the issue as per policy.

Proposed timescale:

30.09.25

Person responsible:

Social Care Manager

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.

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

These measures are:

- Children's Residential Services HR staff have developed a central register of all agency staff working in Children's Residential Services.
- Children's Residential Services HR staff have commenced an audit of compliance files for all agency staff working in Children Residential Services centres to be reassured that Compliance files are of an appropriate standard in line with legislative requirements, requirements of service level agreements with providers of agency staff and best practice standards.
- The methodology for this audit includes:
 - All compliance files will be requested from all agency staff providers.
 - The Children's Residential Services HR staff will validate that all relevant documentation is included on each compliance file against an Audit Checklist.
- The Audit Checklist will verify and validate that each Compliance File contains the following in compliance with the Service Level Agreement:
 - Garda Vetting Disclosure has been received and a risk assessment of positive disclosures where applicable.
 - Overseas Police Clearance Certificate (outside of the ROI and NI) is on each file. Checks will be completed to ensure that this includes all countries where the agency worker has lived for 6 months or more since the age of 16 years.

- References checks to ensure there are 3 references on the compliance file that have been validated by the recruitment agency and verified by phone. The expectation will be that this should be noted on the reference with the date and the initials of the caller. Character references or personal references will only be acceptable in exceptional circumstances i.e. this is the first time employment after college studies.
 - The employment history of the agency worker including their Application Form or Curriculum Vitae with additional clarification provided in writing regarding any breaks in employment history.
 - Completion of Childrens First Training will be checked and validated on each file. Completion of Modules 2 and 3 will be recorded following notification from the Social Care Manager for the centre.
 - An Audit Checklist will be placed on each Compliance File following the Audit, with validation checks recorded, notes of any actions to be taken and completed and signed and dated by the Children's Residential Services HR staff.
- Contact details for agency staff including phone number and email address will be held on the Agency Staff Register and held by Children's Residential Services HR staff. The agency staff addresses will be held by the recruitment agency and requested by Tusla as and if required.
 - The Social Care Manager will undertake an audit to ensure all agency staff working in the centre have completed all three modules of Children First training. All outstanding training will be completed as a priority and recorded on the centre Training Register.

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

As per actions from PAR dated 02.04.2025 completed by Regional Manager in relation to agency references and training, the Social Care Manager completed an audit on 21.04.2025 of Agency staff members training ensuring that all three elements of Children First (2017) training was completed. A request was made to agency staff members to submit to the social care manager their certificates of training and these were submitted for review. There are no outstanding actions from this audit and agency staff members who currently work in the centre have submitted certificates of training.

The centre manager has reviewed the management meeting template on 07.05.2025 and added standing item agenda topics risk, child protection and welfare concerns and safeguarding. These will be discussed and reviewed at meetings going forward.

Staff training audits will be completed on a six monthly basis using the National Audit Tool. This is to ensure all mandatory training remains up to date and all members of

the staff team remain compliant in mandatory training. The findings of the National Audit Tool, including training is overseen by the Deputy Regional Manager for additional governance and compliance.

Proposed timescale:

13.06.2025

Person responsible:

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.

The social care manager updated the restrictive practice log on 15.04.2025. The review consisted of closing out of non applicable restrictive practices, ensuring risk assessments were in place to support restrictive practices, ensuring that all restrictive practices within the centre were present and included.

The restrictive practice of some food items being in the office is no longer in place. Young people are provided with fair and equal access to treats.

All restrictive practices will be reviewed fortnightly at team meetings to ensure that they remain appropriate and are only in place for the duration required. All restrictive practices are risk assessed, and all relevant professionals receive a copy of this risk assessment to ensure they are in agreement.

The alarm system has been reviewed within the centre- there is no option for summer time setting which would allow for windows to be opened. The alarm system is one large loop inclusive of doors and windows whereby individual zones cannot be disarmed and all alarms are set or none are set. The social care manager has contacted the maintenance department on 07.05.2025 requesting a review and update of the alarm system which would allow for more flexibility in the settings and reduce the impact of the alarms relating to restrictive practice.

Currently the alarm continues to be set for security reasons. A young person's meeting to take place by end of May 2025 which will review young person's needs for summer bedding, fans etc to ensure young people are comfortable coming into summer months.

A designated staff member has been assigned to ensure that young people receive feedback in relation to issues they raise through young persons' meetings. This staff member will ensure the young people receive feedback in a timely manner and that this is also recorded on the staff meeting minutes and young person's meeting template.

Proposed timescale: 31.05.2025	Person responsible: Social Care Manager
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Standard : 2.3	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 2.3</p> <p>The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.</p> <p>The social care manager met Health and Safety advisor on 05.03.2025 resulting in the full update of risk assessments and emergency response plan in the following weeks. A further meeting took place 25.03.2025 to allow for queries and follow up. On 02.04.2025 a final meeting took place whereby all risk assessments were reviewed and finalised and these were then distributed to all the staff team on 02.04.2025 and the health and safety folder was updated with these risk assessments.</p> <p>Social Workers were updated of the removal of internal cameras via email on 02.04.2025 and were satisfied with this review of restrictive practice.</p> <p>Capital funding was applied for in 2024 to refurbish the Rivendell kitchen and boot room. This funding application was not successful.</p> <p>A review of the plan was completed with Estates and the Regional Manager in Q1 and a decision was made to parallel plan for both a new property for Rivendell and refurbishment on site. Two new properties had been identified but these houses were sold to other interested parties. A business case for the new property was completed by the Centre Manager in Q2 and submitted to Estates. This business case along with a new application for capital funding will now be submitted for consideration by the board at their next scheduled meeting in July 2025. Following the outcome of the board meeting a review will take place with Estates and Regional Management to progress either renovations or the procurement of a new property pending board approval. A plan will be finalised by 31st July 2025.</p>	
Proposed timescale: 31.07.2025	Person responsible: CRS South Regional Manager

Quality and Safety: Safe Care and Support	
Standard : 3.1	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 3.1:</p> <p>Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <p>Regarding open safeguarding concerns within the centre, the Social Care Manager made contact with individual social work departments on 07.05.2025 requesting updates relating to these. A further information box was added to the Child Protection Log/Register on 07.04.2025 to ensure that there is clear evidence of efforts being made to close these concerns and requests for updates and information from relevant social work departments.</p> <p>The social care manager is currently awaiting status updates and has updated the child protection register with efforts being made in requesting information. If the Social Care Manager is unsuccessful in getting adequate updates in a timely manner from social work departments, the Social Care Manager will follow the escalation process to the deputy regional manager to seek discussion with the Principal Social Worker of the relevant social work department.</p> <p>Understanding of safeguarding responsibilities has been added to the supervision template as a rolling topic to ensure that staff members have an understanding of their role and the current safeguarding/child protection concerns in the centre. Team meetings also have a rolling topic of discussing safeguarding risks or concerns to ensure better understanding of the roles and responsibilities of mandated people. Information for mandated person's TUSLA document was distributed to the team on 07.05.2025 to further support their understanding of the role.</p>	
Proposed timescale:	Person responsible:
Completed	Social Care 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
3.3	Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially Compliant	Yellow	Completed
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	30.09.2025
5.2	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear	Not Compliant	Orange	13.06.2025

	lines of accountability to deliver child-centred, safe and effective care and support.			
1.1	Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Substantially Compliant	Yellow	31.05.2025
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially Compliant	Yellow	31.07.2025
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant	Yellow	Completed

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