



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Mid-West
Type of inspection:	Unannounced
Date of inspection:	3 June 2025
Centre ID:	OSV - 0004202
Fieldwork ID	MON - 0047067

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 young people aged between 16 and 18 years with a safe, stable and supportive living environment. The objective is to provide young people with a high standard of care and support in accordance with evidence based practice in a manner that ensures each child's safety and wellbeing, which enables them to access the supports and interventions necessary to address the circumstances of their admission to the centre. The ethos of the centre places an emphasis on the development of positive attachments and positive role modelling through daily interactions while the needs, voice and care of young people is at the centre of all decision making by the staff team on a daily basis. The centre recognises that young people need opportunities to gradually learn and practice adult life skills. The centre operates a programme of care which works in partnership with the young people to provide them the time, attention and support to facilitate this. Key to the programme is that young people want to live in the centre and want to work alongside the staff to develop their practical and emotional skills, confidence and independence.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	4
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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
03 June 2025	09:00 hrs to 18:30 hrs	Nicola Rossiter	Lead Inspector
03 June 2025	09:00 hrs to 18:30 hrs	Catherine Linehan	Support Inspector
04 June 2025	09:00 hrs to 16:30 hrs	Nicola Rossiter	Lead Inspector
04 June 2025	09:00 hrs to 16:30 hrs	Catherine Linehan	Support Inspector

What children told us and what inspectors observed

Inspectors carried out an unannounced inspection which focused on safeguarding of young people living in the centre. There were four young people living in the centre at the time of the inspection, two of which had moved in to the centre recently, and two who had moved in, in the last year. Inspectors found that the care provided to each of the young people was personalised and individual to their needs. Two of the three young people who met with inspectors expressed feelings of unhappiness in their placement. This related mostly to feelings of loneliness, and not feeling ready for an independent living type of placement.

The centre is a four storey building located on the outskirts of a large city which provides single occupancy self-contained apartments. Each apartment is equipped with its own kitchen, living area, bedroom and bathroom. The ground floor provides a small communal kitchen and den area which can be used by the young people to meet with family or professionals and also to relax and spend time with staff. There was a warm and welcoming feeling and the communal areas provided a homely environment. The centre manager advised that the communal spaces within the centre were smaller than those of other children's residential centres as each young person has their own sitting room and kitchen in their apartment. The staff office is centrally located on the ground floor and allows the staff to be aware of young people entering or leaving the centre and also to be aware of when they are in the communal spaces and possibly seeking some interaction with staff. The centre was nicely decorated. The walls were decorated with pictures and quotes of positivity, along with artificial planting and decorative items in the communal spaces. There was a small and inviting garden area at the back of the centre which has a seating area and was nicely decorated with a range of fresh summer flowers. Inspectors observed young people using the space for recreational activity while carrying out the inspection.

Inspectors had limited opportunity to observe the interactions between staff and young people. This was due in part to young people's schedules at the time of inspection and also due to the layout of the centre as there wasn't much space for informal gatherings. All observations of staff interaction with young people was kind and appropriate. From the staff focus group, inspectors noted there was a warm energy about the team who expressed a great deal of care and affection for the young people. The team had recently experienced some challenges with regard to managing some of the young people's behaviours. From the focus group, inspectors found the team spoke in an encouraging and supportive way to each other and explored alternative ways of working which could benefit the young people and the team as a whole.

Speaking directly with young people is a priority during the inspection process as it allows inspectors to gain insight in to the first hand lived experience of the young person. Inspectors spoke with three of the four young people in the centre who expressed mixed views of their experience. Some examples of comments made by young people include:

- "It's all good here, I've nothing bad to say"
- "I don't want to be here, I'd prefer to be mixing with other kids more"
- "I don't like being here, it's lonely and there's nothing to do"
- "The staff are nice but you're not around them for very long because we all have our own rooms"
- "The staff help me with cooking if I need help but I'd prefer if we could all eat together in one room rather than eating in my own kitchen"

Young people spoke about moving to the centre and receiving information about an advocacy service and how they could make a complaint if they wished. The centre had in a place a programme of care which focused on an investment and commitment from young people to actively participate in their plans. While there is no doubt such a service is of great benefit to some young people preparing to leave care, inspectors found that not all residents at the time of inspection, were interested in engaging in life skills to support independent living and therefore expressed some unhappiness about their placement and circumstances.

Young people who invited inspectors to view their apartment spoke of their space in a negative way, commenting on how they don't enjoy eating or watching television on their own. One young person described the space as dark and lonely while another young person described it as "a little box for my bed". Some young people explained they had spoken to their social worker about not feeling ready to live in an apartment and were hoping an alternative placement would be considered, but told inspectors that they were not optimistic.

Inspectors spoke with three social workers during the course of inspection and they each spoke positively about the centre, the staff and the care provided to the young people. They all expressed satisfaction with the standard of care being provided and the individual supports available to the young people. Some examples of comments made by social workers include:

- "The staff go above and beyond, they're very invested"
- "The manager is very informed about supports available to [young person]"
- "Updates are always detailed and the staff will always call when there's an urgent issue"

Social workers were aware of a number of risks and concerns associated with some young people and confirmed they had received all significant events reported to them and were happy with the response and oversight from management. Social workers expressed the view that young people were receiving a high standard of safe and effective care and that safeguarding concerns and risks were being addressed through day-to-day care planning. Inspectors were unsuccessful in contacting guardian's ad litem and no parents were available to participate as part of this inspection.

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 the young people.

Capacity and capability

The centre was last inspected in May 2023. Eight standards were assessed and the service was found to be compliant with seven standards and substantially compliant with one standard. The previous inspection identified concerns relating to the identification and management of child protection concerns, specifically the recognition by staff of indicators of child exploitation amongst young people. This inspection found the centre had failed to achieve adequate progress in this standard. The identification and reporting of child protection and welfare concerns remained an issue and required improvement to effectively address risks.

In this inspection, of the seven standards assessed:

- Three standards were compliant
- One standard was substantially compliant
- Three standards 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 personnel files, both Tusla and agency staff files, identified a number of references which were of poor quality and not to the required standard. This matter was escalated to the regional manager for assurances after the inspection and satisfactory assurances were received.

The centre had a clearly defined management structure and operated an open and transparent culture where the staff and managers are accessible and available to

the young people. Managers provided a programme of care to support young people to prepare for life after care, to build on their confidence and exercise their independence with the support of an experienced team. The team consisted of a manager, deputy manager, five social care leaders and a total of eleven social care workers, some of whom were full time and others part time or relief.

Incidents were effectively managed and reviewed promptly but were not reported as required, in line with Children First, National Guidance for the protection and welfare of Children, 2017. There was a clear focus on identifying supports for young people which addressed their individual safeguarding needs. The centre had established networks in the community and strong working relationships with Gardaí and social workers. Safeguarding audits identified a number of areas of strength in the service. However, the staff and managers in the centre had overlooked their statutory responsibilities to report child protection and welfare concerns to Tusla, in line with Children First, in a number of incidents.

The centre operated under a suite of national policies which were overdue for review but which continued to inform safeguarding practices within the centre. The centre had a recently reviewed statement of purpose which clearly outlined their overall service objective and commitment to supporting young people into adulthood. Key to the programme was the motivation and willingness of young people to participate and this was currently under review due to the different views and opinions of a number of young people recently admitted. The centre now had a younger group of young people, not all of who were ready or receptive to preparing for adulthood. In response, the managers and staff identified the need to adapt the programme to be more relevant to the unique vulnerabilities of each young person in the centre.

Clearly defined leadership and management structures were evident in the centre. A number of social care leaders supported the centre manager and deputy centre manager in the delivery of care and there was a clear understanding of the delegation of tasks among the wider management team. The centre manager had overall responsibility for maintaining the centres registers. Inspectors found these required improvement to ensure a more robust and effective management of significant events in the centre.

Standard 3.3

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

Incidents in the centre were identified, managed and reviewed in a timely manner and outcomes of incidents regularly informed future safeguarding practices. Incidents were discussed and reviewed at team meetings and placement support plans were updated to reflect learnings and outcomes to ensure the staff were utilising all available information to safeguard young people. The cumulative impact and trends in some young people's behaviours had not been appropriately identified by the team as a child welfare concern and had not been documented and reported accordingly. The mechanism for internal review of incidents by centre and regional managers requires improvement to ensure safeguarding practices are robust and fully effective.

All incidents recorded in the centre contained a detailed account of the event, timelines, persons involved and actions taken by the staff team to intervene and support. All social workers who spoke with inspectors stated they were informed verbally of incidents soon after they occurred and promptly received the corresponding written report. Inspectors found that significant event notification reports were routinely completed and reviewed by social care leaders before sending them to other professionals, and would then be reviewed by the centre manager with any additional updates and outcomes recorded. All significant events were recorded on the centres register and this contained a total of 93 entries since the beginning of the year.

While all incidents were reviewed by the centre manager and were also routinely sent to the regional manager, inspectors identified information contained within significant events which warranted a child protection and welfare report, but which had not been reported. The manager told inspectors that concerns were being addressed through day-to-day planning and through regular contact with social workers. However, improvements were required to ensure the staff team had a clear understanding of the importance of compliance with processes for reporting child protection concerns in line with Children First. It is of note, inspectors identified significant efforts by the team and management group to respond to and address growing concerns for some young people. Concerns had been discussed with the wider professional group and a multidisciplinary approach had been taken to safeguard young people and protect them from harm and the risk of exploitation. In addition, a child sexual exploitation referral had been made in respect of some concerning behaviours. Inspectors reviewed the referral and found it contained collective concerns regarding some young people's connections and interactions in the community.

The centre was experiencing a high number of missing from care episodes. Some of these were due to young people returning late while others were of greater concern and involved young people being missing for a number of days. Inspectors found the staff team were operating in line with the '*Joint Protocol for Children Missing from Care*' and had frequent communication and liaison with Gardaí and social workers. As per the protocol, a number of strategy meetings had occurred due to the increasing number of missing from care episodes. Inspectors reviewed the minutes of these meetings and found they contained relevant and appropriate detail regarding concern for the safety and welfare of the young people. Minutes identified possible next steps in trying to reduce the frequency of missing from care episodes and how to support young people in making more positive choices. Absence management plans were updated in consultation with social workers and these included age appropriate curfews.

A safeguarding audit was carried out in April 2025 which measured compliance against the National Standards for Children's Residential Services, Tusla National Suite of Policies, Health Act Regulations and HIQA Assessment Judgement Framework for statutory children's residential centres. The audit identified many areas of strength in the service in relation to placement planning, positive behaviour support, accommodation, privacy and dignity of young people. The audit does not however identify any deficits in the management of safeguarding concerns for young people, specifically the need to report child protection concerns to Tusla child protection and welfare teams. The centre manager and staff team reported they were responding to risks and updating safety plans where necessary and had overlooked the need to submit a child protection notification.

Overall the centre operated a strong practice with regard to incidents which impacted on a young person's safety. Reports were sent in a timely manner and professionals were promptly notified of when an incident occurs. The team maintained good communication with social workers and Gardaí when young people were missing from care and were quick to respond to the needs of young people. However, some improvement was required in the recording and management of incidents to ensure all safeguarding concerns were appropriately identified and responded to, with appropriate mechanisms in place to ensure effective review of incidents occurred. For this reason, 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 5:1**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. 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 joint working protocol for An Garda Síochána / Tusla – Child and Family Agency Liaison, had not been reviewed since 2017.

Safeguarding concerns which were known prior to admission were effectively communicated and planned for. For example, risks specific to the centres location were appropriately identified and actions agreed to respond should issues arise. The centres statement of purpose highlights a critical component to any young person's placement in the centre is their motivation and willingness to meaningfully engage in the programme of care on offer. The centre provides for planned admissions only and makes arrangements to meet with young people in advance of their admission, to clarify commitment and to talk about the expectations of coming to live in the centre. This process also allows for early indicators of safeguarding concerns to be identified and potential challenges to be addressed. Staff demonstrated an understanding of the arrangements in place to

manage safeguarding concerns; however, required further training to ensure they were fully aware of their responsibilities as mandated persons to report concerns. Staff who met with inspectors spoke confidently about current risk assessments and safety plans in place and their responsibility to implement agreed safeguarding measures.

The centre had a safeguarding statement on display in two communal areas of the house. This contained an overview of risks and corresponding procedures in place to safeguard young people from harm. The centre manager was the designated liaison person (DLP) and the deputy manager was the DLP in the centre manager's absence. Staff were aware of the role of the DLP and when to contact or inform the DLP of a concern. However, arrangements in place for the reporting of safeguarding concerns were not fully effective as not all child protection concerns were reported, as required in line with Children First.

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 young people. Further to this, arrangements in place to ensure the safe and effective management of safeguarding concerns required improvement to ensure reporting procedures were in line with Children First requirements. It is for these reasons 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.

The centre had a well-established and experienced management team who provided consistency and stability for the staff team and young people. The manager and deputy manager were appropriately qualified and skilled for the positions and the staff identified the management team as accessible and connected to the care of the young people. The centre had effective leadership, governance and management systems in place to promote the safeguarding needs of young people. However, procedures regarding the mandatory reporting of child protection and welfare concerns had not been adhered to and risks had therefore not been appropriately documented and escalated as a result. Further to this, inspectors found that references on a number of Tusla staff personnel files, as well as, agency staff files were not to the required standard, as per Tusla's National Selection and Recruitment Policy.

The centre manager was responsible for the day-to-day running of the centre and was supported in this role by a deputy manager and five social care leaders. There were clear lines of accountability with clear delegation of duties agreed. Inspectors found these were understood and implemented. Systems for communication and oversight in the centre included daily handovers, the use of a communication book, team meetings, and management meetings. These forums facilitated the team to share relevant and current information relating to each of the young people, including plans and arrangements for follow up actions. Where necessary, staff updated risk management plans daily to ensure appropriate sharing of information and management of risks. Placement support plans for each young person are reviewed at six week intervals and young people are encouraged to actively participate in this process and to have their goals and hopes reflected in their plans. The centre held a register of all training undertaken by staff and management. All mandatory training was in date and staff were scheduled for refresher mandatory trainings throughout the remainder of the year. All staff, including management, were up to date with all modules of Children First along with Children First Mandated Person's and Child Sexual Exploitation training. The centre placed a strong emphasis on attending training to ensure the service provided was safe and responsive to the safeguarding needs of young people.

Inspectors identified concerns in relation to the safe recruitment of staff. Inspectors reviewed eight staff files in total, six files related to staff directly employed by Tusla and two files related to staff employed through an agency which were used regularly by the centre. The review of files found that the

required checks, including Garda vetting, identification and qualifications had been carried out, but three of the references obtained were of poor quality and therefore not in line with safe recruitment practices. Following the inspection, HIQA sought assurances from the provider in relation to these issues. The provider submitted a satisfactory response with regard to ensuring the safe recruitment of agency staff engaged to work in Tusla services.

An audit of training examining compliance with up to date mandatory training throughout 2024 identified that mandatory training for staff was closely monitored, up to date and records were maintained to a high standard. In addition, inspectors noted the audit recommended that team meetings would routinely include time to update training records to ensure they remained current and up to date.

Inspectors reviewed a sample of centre management meetings which were attended by the centre manager, deputy centre manager and social care leaders. Minutes of meetings were completed to a high standard and contained clear discussion and decisions reached, with responsibility for completion of a task clearly stated in the records. The rolling agenda contained items including; young people and case management, child protection concerns, complaints, risk updates, rosters and staffing and service development, among others. There was a consistent focus on providing a high standard of care to each of the young people and discussing their individual needs in detail; how to support them in reaching their goals and what supports could be obtained on their behalf as they advance towards adulthood.

Inspectors found that while concerns for young people were appropriately identified and discussed, the management team did not identify these as child protection concerns requiring a mandated report and instead addressed the concerns through the forum of professionals meetings and every day care planning. Furthermore, records of senior management meetings which were attended by the centre manager, deputy centre manager and also the regional manager, did not reflect the management of safeguarding concerns in the centre and the escalation and growing concerns surrounding risks of exploitation from within the community. In addition, Tusla's internal formal risk escalation process for informing senior managers about significant risks to the safety and welfare of children, called a 'Need to Know' report, had not been adhered to and no escalations had been made.

The centre had a risk register in place which was maintained by the centre manager. Inspectors found the register contained relevant risks including fire

hazards, violence harassment and aggression, risks to the safety of the centre due to external influences in the community and risks related to the impact of the delivery of care to young people due to insufficient staff. Inspectors found the risk assessments were of good quality and contained adequate measures in response to the risks identified. However, the standard process for review required improvement to include evidence of recording of any action taken in response to managing risks.

The centre held some registers in electronic format, such as the significant event register, and others in hand written paper format, such as the complaints and child protection registers. Inspectors found those which were hand written were of a poor standard and poorly formatted, with limited space to include additional notes and follow up actions. Multiple hand written entries including review dates, status updates or outcomes were recorded in the margins of the page and this made it difficult to track the progress of the entry. While safeguarding concerns had been identified by the manager and by the staff team, these had not been appropriately documented and reported in line with Children First (2017). The child protection register did not contain entries for the multiple child protection and welfare concerns identified by inspectors from a review of young people's files. Following the inspection, HIQA sought urgent assurances in respect of the centres failure to recognise child protection concerns and report them in a timely manner. The centre returned satisfactory assurances which included a management review of significant events, inclusion of child protection and welfare reporting at team meetings, information session for staff regarding mandated reporting and retrospective submission of child protection and welfare reports.

The centre had experienced four new admissions within the last year and three of those were within the last six months. The average age of the current young person is 16 years and this was identified by the centre as posing a new challenge. However, the centre responded appropriately to adapt plans and revise programs to ensure they were relevant and appropriate to meet the safeguarding needs of the current young people.

Inspectors observed a culture of openness and commitment to learning. The centre was seeking to identify creative ways to seek feedback from young people and their families in respect of the care they received while in the centre. Additionally, the centre took a proactive approach in informing young people of their rights to access information held about them in the centre and encouraged them to read their files and make comments. In response to feedback from young people, inspectors were advised, funding had been sought to reconfigure the ground floor rooms to allow for a more spacious communal space in the kitchen

which would encourage more informal interaction and allow for relationships to be built.

Governance and management systems in place promoted safe care practices and the delivery of child centre care. While concerns for young people were addressed through day-to-day care planning, reporting procedures in line with Children First national guidance had not been adhered to and therefore concerns had not been reported to the relevant child protection social work team. Risk management frameworks and oversight by senior management required improvement to ensure more effective assessment and management of safeguarding concerns. In addition, this inspection found that improvements were required in the oversight and monitoring of safe recruitment practices to ensure that the recruitment of staff was safe and carried out in line with requirements. For these reasons, this standard was judged to be not compliant.

Judgment: Not Compliant

Quality and safety

The centre had in place mechanisms to safeguard young people from abuse and neglect and to protect and promote the care and welfare of young people who came to reside in the centre. Young people's rights were respected and they were supported and facilitated to be actively involved in decisions about their care. Young people experienced care which was individualised to their specific safeguarding needs, aimed at promoting their wellbeing and development. However, not all young people were happy in their placements and expressed feelings of isolation and loneliness due to the semi-independent setting, communicating to staff and telling inspectors that they would prefer to share a living space with other young people. Furthermore, safeguarding concerns which had been identified had not been reported in line with Children First.

The staff team were committed and experienced and had received all necessary training to deliver safe and effective care and to be responsive to the safeguarding needs of young people. From the time of referral the manager placed a strong emphasis on identifying potential risks associated with the location of the service on the outskirts of a large city, so that this information could be considered before progressing with a placement. Pre-admission risk assessments appropriately identified potential risks and the resources available to staff in the centre to mitigate against these.

Young people were advised what they could expect from the service and how to speak up and make a complaint if they were unhappy or required support. Staff and managers were aware of some young people being unhappy. Risks and concerns relating to young people's wishes to be placed in mainstream residential placement, as opposed to this centre with a focus on independent living were not effectively communicated or planned for, prior to admission. This represents an example of the impact of the national crisis in placements for children in care, due to the limited number of residential placements for children in care their wishes, views and genuine concern about their own ability to manage expectations of independent living, which were clearly communicated by two young people, were not effectively considered or responded to. The centre were reviewing how the programme of care could be adapted to be more suitable to the needs of the current group of young people, and in doing so, address the burden of expectations on young people who were struggling to adapt to semi-independent living.

Young people were facilitated to express their views and opinions through different forums in order to inform safeguarding policies, practices and the daily running of the centre. Access to education, clinical supports and extra-curricular activities was promoted and supported while recognising the unique vulnerabilities of each young person.

Preparation for leaving care was at the core of the service however as all young people in the centre were aged 16, planning for aftercare was in the early stages. Aftercare referrals had been submitted and some young people were due to start meeting with aftercare workers. The centre had strong working relationships with a number of agencies which they frequently utilised to support and advance a young person's integration in to the community.

Placements were supported by clear plans for managing challenges, including crisis management plans, absence management plans and where necessary, safety plans. Plans were developed in consultation with social worker and with young people where possible. Young people were actively encouraged to avail of supports from independent advocacy services and this option was made available from the time of admission.

Inspectors found that while the centre staff team and manager were aware of safeguarding risks present for young people and were actively responding to concerns, they were not fulfilling their statutory responsibility as mandated persons, to report child protection and welfare concerns through the Tusla portal.

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

Each of the young people in the centre experienced care and support which promoted and protected their rights. Young people were treated with dignity, they were afforded privacy and they were actively encouraged to participate in decisions which affected their lives. The staff respected the individual rights and unique vulnerabilities of each young person and adapted their approach to best support each young person in the centre.

Young people were familiar with how to make a complaint and the process in place for doing so. The Tusla "Tell Us" complaints policy was available and on display in a communal area of the centre. Inspectors reviewed a sample of files and found that young people had exercised their right to make a complaint and were being appropriately supported in doing this.

Young people were encouraged from the time of admission to be active participants in the care planning process. Young people were invited and encouraged to attend child in care review meetings as well as, regular placement planning meetings, which take place both on-line and in person. On admission young people were provided with an information booklet which identifies pieces of work which would be carried out to promote young people having a greater understanding of their rights.

Due to each young person having their own self-contained living space, restrictive practices were not common place. Young people were afforded their privacy and were encouraged to practice a semi-independent way of living through the promotion of participation, inclusion and involvement both in the centre and in the community. Restrictive practices which were implemented were done so on the basis of health and safety and were used only when necessary, for the shortest possible time.

The centre utilised closed circuit television (CCTV) both inside and outside the premises. Staff and managers explained the internal cameras had been considered a potential infringement on young people's rights, but due to known risks to the centre from within the community and some previous incidents in the centre as a

result, the centre was continuing to operate CCTV cameras. Cameras were located in the hallway and stair wells of the centre as a safeguarding mechanism only, and did not capture young people entering or leaving their apartments. Young people were informed of the presence and purpose of cameras on admission. Young people who spoke with inspectors confirmed they were aware of the CCTV in operation.

A review of records found that young people were consulted about risk assessments and any subsequent restrictive practice. A restrictive practice register was maintained with oversight from the centre manager. The register had a total of 28 restrictive practices for the year to date. The majority of these related to room searches when staff became aware of health and safety issues. Inspectors found young people were informed of the room searches and the reason for it and were invited to be present. Young people were informed of any further action required following room searches. Restrictive practices were discussed and reviewed regularly at team meetings with alternative approaches also considered. The register was reviewed and updated through oversight and input from the centre manager on a regular basis.

There were a number of safety plans in place to manage some behaviours that challenge, behaviours which at times had the potential to impact on the safety of all young people in the centre. Safety plans reviewed by inspectors found that these were proportionate and consideration had been given to respecting young people's rights when implementing any measures to manage potential risks. Young people were also later involved in discussions about the potential impact of their behaviour on others while being appropriately supported by the staff to address the behaviour. The centre manager had oversight of safety plans and these were also shared with social workers for review.

Overall, each of the young people in the centre was being cared for and supported in a way which recognised their individual needs and vulnerabilities. Safeguarding practices respected young people's rights and young people were consulted and encouraged to participate in decisions which affect their lives. For this reason, the centre was found to be compliant against this standard.

Judgment: Compliant

Standard 1.3

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

Each young person was supported to exercise choice in decisions which affect their lives, in a supportive environment, and in a way which takes in to account their safeguarding needs. Young people were encouraged to contribute to their day-to-day care as they prepared for adulthood and were provided with the necessary supports to enable them to reach their potential.

The centre had appropriate systems in place to facilitate young people to express their views in matters which impacted their lives. This was achieved through a number of forums, including placement planning meetings, child in care reviews, individual key work sessions, complaints, and more routinely through daily interaction with the staff in the centre. A review of the care files by inspectors identified that young people were regularly consulted and encouraged to contribute to placement planning meetings and to have their voice heard. It was evident to inspectors that the staff team and managers were committed to ensuring young people were encouraged and facilitated to establish trusting relationships with staff. Each young person is assigned a mentoring team on admission which consists of a social care leader who is the case manager and two additional social care workers, who are responsible for co-ordinating the young person's day-to-day care and safety. The centre manager advised inspectors that keyworkers and young people are ideally matched based on the skills mix and experience of the staff and their overall availability to a key-working relationship. The manager advised that staff are chosen based on their strength and skills in parallel with the young person's profile, interests and hobbies. Placement plans are devised based on information shared by young people following admission, to include what young people are good at and what they would like help working on.

Young people were provided with information on admission which included policies and procedures within the centre designed to protect and safeguard from harm. Following admission, young people were provided with additional information on various topics, some of which included; health and wellbeing, support networks, rights and responsibilities, how to make a complaint, accessing advocacy services and internet safety. Inspectors found this information was presented in a clear and understandable format appropriate to the maturity and development of young people in the centre. A checklist of all the information and individual work carried out is held on the young person's file. Additional notes regarding any further identified areas of need were also included.

From a review of some care files, inspectors found that young people were effectively facilitated and encouraged to engage with external advocacy services. The national advocacy service for children in care was contacted when a new young person was admitted to the centre and they were requested to visit the young person to provide information on the purpose of their service and how to make contact with them in the future, should they so wish. Inspectors found that an advocacy service had been contacted on behalf of all young people in the centre at the time of inspection. The centre manager informed inspectors that the centre has a long standing and reliable working relationship with this advocacy service.

Young people who met with inspectors were familiar with the complaints policy and how to make a complaint. A sample of care files reviewed by inspectors identified a complaint which was awaiting a response and this was being reviewed by management at the time of inspection. Inspectors found that young people were encourage to self-advocate, assistance was provided by staff to young people to help in documenting their dissatisfaction with regard to care planning at the time of admission. Equally, staff who spoke with inspectors were aware of their role in supporting young people to access the complaints process and the supports young people may need in doing so.

The centre facilitated weekly meetings known as 'community meetings' which were intended to provide a forum for all young people to come together to talk about how living together is going for each of the them. A review of these meetings found that they were not carried out as planned and they took the form of individual consultation with each young person on a weekly basis, rather than in a group setting as intended. Engagement from young people was limited and there was often little or nothing recorded from community meetings or individual consultation. The centre had identified this forum was ineffective for the current group of young people and required improvement. The centre manager advised inspectors that the team was considering options to ensure there was an accessible forum for young people to discuss worries or concerns or ways in which they would like to improve the overall living experience in the centre. This was scheduled to be completed by the end of June 2025.

A collaborative approach to working with young people and ensuring their voice is at the core of care planning, is highlighted as key to the programme of care provided by the centre. Young people were afforded choice in all aspects of their care and were provided with opportunities to avail of advocacy services to support them in making informed decisions. For this reason, 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

The young people in the centre received care and support which was tailored to their individual safeguarding needs and which promoted their wellbeing and personal development. There was a child-centred culture where risks were appropriately identified prior to admission and plans were in place which reflected supports and interventions to address risks when they emerged.

From the sample of files reviewed, inspectors found care plans were up-to-date. Recently admitted young people had timely child in care reviews and minutes informed placement plans while the centre awaited a care plan from the social work department. Care plans reflected the circumstances and vulnerabilities of each young person and interventions and supports were unique in response. Placement planning meetings took place at six week intervals and these reflected key concerns and decisions. Young people had attended a number of these meetings and where appropriate, family members also participated and had input in to placement planning discussion. The staff team were aware of pre-existing risks from communicating with staff in the young person's previous placement. These risks were appropriately reflected and plans were put in place to address these prior to admission.

All young people had a placement support plan on file and inspectors found these to be of good quality. However, for young people struggling with feelings of isolation and struggling to adjust to a semi-independent living arrangement, a greater emphasis on providing connection and opportunities to interact were required until upgrades to communal spaces could facilitate this. Crisis support plans and absence management plans were regularly reviewed in consultation with social workers and with young people. Staff were aware of arrangements in place to address risks and the type of supports each young person required to

keep them safe. Social workers who spoke with inspectors spoke highly of the communication and updates they received from the centre. One social worker stated “the team are very responsive to [young person] needs”.

Inspectors identified a number of safeguarding risks for some young people. These concerns had been identified by the team and were being actively discussed and actioned through multiple forums; including placement planning meetings and joint protocol meetings with An Garda Síochána. The manager was liaising with other parties to address the concerns and the centre’s regional manager was fully aware and actively participating in efforts to implement additional safeguards to manage the risks and promote more meaningful engagement.

Health initiatives in the centre promoted the importance of aspects of health and wellbeing. Young people had a medical on admission and were provided with access to physical and mental health services, along with any additional services young people were referred for, such as cognitive behavioural therapy or substance misuse therapy, as required. Through individual support work, routine sessions were carried out which supported each young person’s understanding and awareness of promoting their own health and wellbeing, such as; drug awareness, managing emotions, healthy relationships, self-care, online safety and sexual health. Placement plans were updated to reflect progress or risks arising from individual support work and any subsequent actions or additional sessions which may be required as a result.

Overall, the needs of young people were identified and assessed prior to admission and young people were receiving care and support based on their individual needs. Where risks were identified, inspectors found that the centre was working collaboratively to address these. The centre recognised the challenges some young people were facing in adjusting to a semi-independent placement and were tailoring their approach to provide individual care and support to ensure young people received the right care and support to maximise their wellbeing and personal development. For this reason the centre was found to be compliant against this standard.

Judgment: Compliant

Standard 3.1

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

The centre had in place practices, policies and procedures which were aimed at promoting and protecting the safety and welfare of young people. There was a safeguarding statement on display and staff were knowledgeable regarding the content of safeguarding policies. The centre was responsive to emerging risks and in the provision of supports and interventions to address these. However, a number of concerns which had been identified by the centre had not been properly documented and reported to the relevant authorities in a timely manner, in line with *Children First: National Guidance for the Protection and Welfare of Children (2017)*.

The staff team were appropriately trained in all modules of Children First and in Child Sexual Exploitation Training. A number of staff had also received additional safeguarding training which was aimed at recognising signs of substance abuse and high risk behaviours in adolescents. During a staff focus group carried out by inspectors, staff stated they were familiar with how to recognise and respond to the possibility of abuse. Staff described their responsibilities as mandated persons and their familiarity with using the Tusla portal for submitting child protection and welfare concerns.

There were a number of ongoing safeguarding concerns regarding some young people in the centre. This was mainly due to factors in the community, associations with unknown individuals and engagement in risk taking behaviour, all which represented significant risk. During the staff focus group, the team identified their limited capabilities to ensure safety for all young people and acknowledged they had been unable to effectively protect against risks of exploitation in the community despite ongoing efforts to do so. The nature of the placement being an open residential centre on the outskirts of a city posed a challenge and a risk increased when young people became disengaged from their placement. Risks identified by the team were appropriately reflected in young people's placement support plans. These included interventions and supports by the staff team in response but not all were effective in promoting and protecting the welfare of young people. Despite this, the requirement as mandated persons under Children First, to report child protection and welfare concerns, had been overlooked and details regarding safeguarding risks had not been appropriately documented or shared in a timely manner to the relevant child protection social work team. An urgent compliance plan was issued following the inspection to request assurances on how the care and welfare of young people was being protected and promoted, and the centre provided satisfactory assurances in

response. The previous inspection in 2023 also identified improvements were required in this area to effectively respond to and reduce potential risks to young people who present with indicators of child exploitation. Despite additional training in the recognition of child protection concerns deficits remained in the execution of responsibilities in relation to the notification and reporting of these.

Although failing to recognise the need to report child protection concerns, a child sexual exploitation referral had been submitted and this detailed a number of concerns over a one month period from April to May 2025. The centre manager and staff team as a whole acknowledged that mandated reporting procedures had not been adhered to, however; they were confident maximum efforts had been made, in consultation with An Garda Síochána and the relevant social work departments, to identify any measures which could provide adequate safety and respond appropriately to the identified concerns. Young people told inspectors they felt safe in the centre and knew staff were available to support them with any difficulties they were experiencing. There were policies and procedures in place to prevent and address issues of bullying online, harassment, abuse and sexual exploitation. Young people were provided with opportunities to integrate in to the community in a safe and planned way; where potential risks were discussed and explored in one-to-one work with young people under Tusla's approved model of care. Adequate consideration was given to the appropriateness of networks of people involved in each young person's life and there was supporting risk assessments involving consultations with other professionals on care files to evidence rationale for decisions in this regard.

Episodes of missing from care were effectively managed and overseen by the centre manager. The centre was experiencing a high frequency of such episodes and inspectors found there was strong working relationships between staff in the centre and An Garda Síochána in responding to episodes of missing from care. A number of strategy meetings, as per *The Joint Working Protocol for Children Missing from Care* had occurred. Minutes of strategy meetings identified a coordinated response between the centre and Gardaí and showed appropriate steps had been taken to identify how to break a trend of episodes to establish safety for the young people concerned in the process.

The centre had a protected disclosures policy which staff were aware of. They were familiar with the purpose of the policy and where to access it. Inspectors found from a review of team meetings that the policy on protected disclosures had recently been discussed.

Overall, inspectors found that staff and management were aware of safeguarding risks and had taken a multidisciplinary approach to responding to these. The centre had theoretical knowledge of policies and procedures to safeguard and protect young people from harm, however; there was gaps in how this was reflected in practice as child protection concerns had not been properly documented or reported and therefore not investigated thoroughly. This remained an ongoing area for improvement since the last inspection in 2023 and for this reason, the centre was found to be non-compliant against this standard.

Judgment: Not Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 3.3: Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially Compliant
Standard 5.1: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Not Compliant
Standard 5.2: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Not Compliant
Quality and safety	
Standard 1.1: Each child experiences care and support which respects their diversity and protects their rights in line with the United	Compliant

Nations (UN) Convention on the Rights of the Child.	
Standard 1.3: Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.	Compliant
Standard 2.2: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not Compliant

Compliance Plan

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

Compliance Plan ID:	MON-0047076
Provider's response to Inspection Report No:	MON-0047076
Centre Type:	Children's Residential Centre
Service Area:	Mid West
Date of inspection:	3 June 2025
Date of response:	8 June 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
<p>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.</p> <p>The Centre staff have submitted all outstanding Child Protection and Welfare Report Forms relating to welfare and protection concerns arising regarding vulnerability of the young person in community through the TUSLA portal. Subsequent welfare concerns have also been submitted. These were completed on the 5/6/25, 6/6/25, 9/6/25, 12/6/25, 25/6/25, 17/7/25, 18/7/25.</p> <p>The review of and governance process for significant event notifications' by centre management and external management has been revised on the 11th July 2025 to include an additional focus on whether the significant event notifications meets the threshold for reporting as a child protection concern to ensure compliance with the monitoring and reporting in line with Children First guidelines.</p> <p>The Social Care Manager ensured that a specific focus was taken over four staff meetings on 11/6/25, 25/6/25, 9/7/25 and 16/7/25 on the responsibility of mandated reporting as per Children First Guidelines. Through these staff meetings the Social Care Manager ensured that staff are aware of the information to be included on a Child Protection and Welfare Report Form and of their responsibility</p>	

to complete a report if required. Additional discussions have occurred on daily shifts to assist staff in identifying and reporting identified concerns. This will be revisited on a frequent basis through staff meetings, individual staff supervision and induction processes.

To supplement this additional discussion was also undertaken to focus on the Protected Disclosure policy on those dates noted above.

The agendas for Centre team meeting, governance meeting and audits were revised on the 13th June 2025 to include a more robust focus on and effective management of child protection and safeguarding concerns, reporting processes and monitoring of cumulative impact and trends in young people's behaviours and of safeguarding concerns. This will also be reviewed in the young peoples 6 weekly placement planning meetings.

The centre Child Protection and Complaints registers were reviewed and amended on 11th July 2025 to ensure they hold all relevant information, portal reference numbers and are clearly legible. The significant event register was updated to note the reference numbers of any Child Protection and Welfare concerns that are submitted. This has been completed for those concerns submitted since 5th June 2025.

The Centre Statement of Purpose and programme of care has been discussed again with the current young people through mentoring sessions and informal discussions. This will be a continued focus of their placement plan action plans. Complaints made by the young person regarding their placements were followed by the social work departments and closed on 30th June and 2nd July respectfully. The social care team have engaged with young people and their social work team to ensure feedback has resulted in adapting the programme of care to the needs and age profile of the current young people. This will be subject to ongoing review to ensure it is responsive to the unique vulnerabilities of each young person.

Proposed timescale:

Quarter 3 - 30.09.2025

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:</p> <p>The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.</p> <p>The social care staff in the centre continue to adhere to and implement the National Policies and Procedures for Children's Residential Mainstream Services 2021. To date these policies and procedures have been found to be effective in practice.</p> <p>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 Síochána. 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 in line with this policy.</p> <p>The review of the Joint Working Protocol for An Garda Síochána and Tusla is in progress in collaboration with An Garda Síochána. The social care staff in the centre will continue to adhere to and implement the Joint Working Protocol for An Garda Síochána 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 Tell Us Policy in supporting the young people with making a complaint.</p> <p>Tusla Recruitment and Selection policy and procedures are under review which is due to conclude in Quarter 3 2025.</p> <p>Tusla has a National Policy Oversight Committee (NPOC) that governs, commissions, approves and authorizes all Policies, Procedures, Protocols and Guidance documents formulated in the organization. Future development of Tusla</p>	

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.

Once the updated policies are received input will be provided to all staff. A programme will be devised to ensure staff understanding of any changes and developments. The policies will be implemented fully in the centre and old policies will be removed. Social care manager will ensure through staff meetings, management meetings, governance meetings and regional management meetings that policies are implemented.

The Social Care Manager has requested that Workforce, Learning and Development provide face to face training on Implementing Children First. The purpose of this would be to ensure all staff are aware of their responsibilities as mandated persons to report concerns and also provided opportunity for discussions and shared classroom learning and ability to ask questions relevant to the policy in practise.

The Social Care Manager will request the attendance of a local Child Protection Social Work representative to attend a staff meeting to provide further support, learning and development focus for the staff team.

The Social Care Manager ensured that a specific focus was taken over four staff meetings 11/6/26, 25/6/25, 9/7/25 and 16/7/25 on the responsibility of mandated reporting as per Children First Guidelines. Through these staff meetings the Social Care Manager ensured that staff are aware of the information to be included on a Child Protection and Welfare Report Form and of their responsibility of completing a report if required.

The agendas for Centre team meeting, governance meeting, senior management meetings and audits were revised on the 13th June 2025 to include a robust focus on child protection and safeguarding concerns, reporting processes and monitoring of cumulative impact and trends in young people's behaviours and of safeguarding concerns.

Proposed timescale:

Quarter 4 -31.12.2025

Person responsible:

**Tusla National Policy Oversight
Committee
Social Care Manager**

Standard : 5.2	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 5.2:</p> <p>The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p> <p>Tusla have been reassured that recruitment agencies procured by the agency have been compliant with the requirements under the service level agreement. However, given the concerns recently identified by HIQA regarding the agency files of staff working in the centre additional measures are now being put in place. These measures were outlined in a Provider Assurance report submitted on 11th June 2025 to HIQA and accepted.</p> <p>The Social Care Manager ensured that a specific focus was taken over four staff meetings 11/6/25, 25/6/25, 9/7/25 and 16/7/2025 on the responsibility of mandated reporting as per Children First Guidelines. Through these staff meetings and in discussion on shifts the Social Care Manager ensured that staff are aware of the information to be included on a Child Protection and Welfare Report Form and of their responsibility to complete a report if it is deemed to be required.</p> <p>The agendas for Centre team meeting, governance meeting, senior management meeting and audits were revised on the 13th June 2025 to include a robust focus on child protection and safeguarding concerns, reporting processes, risk escalation processes and monitoring of cumulative impact and trends in young people's behaviours and of safeguarding concerns.</p> <p>The risk register was reviewed with the QRSI Lead – West on the 1st and 8th May 2025. The dates of the reviews have been added to the risk registers. The risk register is a standing item on the centre governance meetings. Centre Management and the QRSI Lead review the risk register on a quarterly basis or more frequently if required.</p> <p>There is regular consultation between the Social Care Manager and the QRSI Lead West in relation to the risks in the centre. The QRSI Lead also attends the Regional Management meetings. 'Need to know' reports were submitted to the CRS Service Director in relation to the concerns relating to one young person on the 5th of June and 10th June 2025. The Social Centre Manager and Regional Manager will ensure that the process of risk notification and escalation will be adhered to.</p>	

The centre Child Protection and Complaints registers were reviewed and amended on 11th July 2025 to ensure they hold all relevant information, portal reference numbers and are clearly legible. The significant event register was updated to note the reference numbers of any Child protection and welfare concerns that are submitted. This has been completed for those concerns submitted since 5th June 2025.

Proposed timescale:

Quarter 3 - 30.09.2025

Person responsible:

**TUSLA HR department
Social Care Manager
Regional Manager**

Quality and Safety: Safe Care and Support

Standard : 3.1

Judgment: Not Compliant

Outline how you are going to come into compliance with Standard 3.1:

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

The Centre staff have submitted all outstanding Child Protection and Welfare Report Forms relating to welfare and protection concerns arising regarding vulnerability of the young person in community through TUSLA portal. Subsequent welfare concerns have also been submitted. These were completed on the 5/6/25, 6/6/25, 9/6/25, 12/6/25, 25/6/25, 17/7/25, 18/7/25

Management review of Significant event notifications and weekly review of Daily Journals has been updated to include explicit query whether a Child Protection and Welfare Report Form requires completion.

Child protection and Welfare reporting has been added to staff meeting and management meeting agendas to ensure a weekly review and focused discussion on any child protection concerns arising within the centre and action plans developed to respond to these.

The Social Care Manager ensured that a specific focus was taken over four staff meetings on 11/6/2025, 25/6/25, 9/7/25 and 16/7/25 on the responsibility of

mandated reporting as per Children First Guidelines. Through these staff meetings the Social Care Manager ensured that staff are aware of the information to be included on a Child Protection and Welfare Report Form and of their responsibility of completing a report if it is required.

Safety planning meetings and professionals meeting are convened to monitor and respond to concerns in a timely manner. Placement planning meetings are held every six weeks or more often if required. Social Workers, Social care staff and young people attend these to ensure review of progress and any issues of concern. A Placement Plan action plan is in place to respond to the individual needs of each young person. Each young person has a mentoring team comprised of a Social Care Leader as Case Manager and two Social Care Workers.

Situational Risk Management Plans and Risk assessments are completed by the staff team in response to recognised safety concerns. These are reviewed in response to incidents and were last reviewed and updated on the 30th July 2025 at a staff meeting. In response to current concerns for one young person weekly safety strategy meetings are convened with social work and other professionals or family members involved in the care of young people. These plans are monitored and discussed with young people where appropriate to ensure their awareness and engagement in the process of ensuring their safety.

The Missing from Care protocol continues to be implemented and Joint protocol meetings convened with An Garda Síochána as per policy.

The Social Care Manager has established links with the local Garda Child Protection Unit and continues to consult with them regularly regarding safety of young people in the community.

The Staff team continue to place investment in their relationships with young people as a significant tool in ensuring their safety. These relationships ensure open lines of communication as the development of therapeutic alliance is a powerful tool in ensuring the young person feels cared for, heard and supported. Case consultation sessions are convened with the Welltree consultant. Further consultation sessions are planned for 3/9/2025 and 8/10/2025.

The Social Care staff team are trained in Children First and the policies and procedures relevant to TUSLA and Children's Residential Services.

The Social Care Manager has requested that Workforce, Learning and Development provide face to face training on Implementing Children First. The purpose of this would be to ensure all staff are aware of their responsibilities as

mandated persons to report concerns and to provide opportunity for discussions and shared classroom learning and a forum to ask questions relevant to the policy in practise.

The Social Care Manager will invite a local Child Protection Social Work representative to a staff meeting to provide opportunity for a learning and development focus for the staff team.

Child Sexual Exploitation training has also been completed by the Social Care staff team.

A total number of five staff in the team have completed Hidden in Plain Sight training. More staff will attend this training as it becomes available.

Focus is placed on a trauma informed approach and recognition of the strengths and skills alongside balancing risk and wellbeing. Mentoring is completed in safeguarding, recognition of risk, potential exploitation. This is consolidated where required by inviting An Garda Síochána and Community Substance Misuse Team To the centre to link with young people. This approach focuses on empowering the young people and working in partnership with them to ensure they can learn skills to recognize and manage risk into their future.

There is weekly liaison with the National Placement Team in relation to alternative placement availability where there are significant concerns regarding safety within a placement.

Proposed timescale:

Quarter 3 - 31.12.2025

Person responsible:

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		30.09.2025
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		31.12.2025
5.2	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear	Not Compliant		30.09.2025

	lines of accountability to deliver child-centred, safe and effective care and support.			
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not Compliant		31.12.2025

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