



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0009099
Fieldwork ID	MON-0048803

About the centre

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

The centre provides care for four young people aged between 13 and 17 years old that are in medium to long term residential care. The centre provides care for children aged 12 years and under only in exceptional circumstances and in accordance with the National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of Tusla, Child and Family Agency.

The centre may provide short term care to a young person who is pregnant or has a child under circumstances, where it is agreed with all persons with a bona fide interest in the welfare of the young person, that this arrangement is in the best interests of the young person and their child. These arrangements will be subject to a risk assessment that takes account of the needs of the young person and their child; and also the needs of all the other young people living in the centre at that time.

The centre works in partnership with the young people, their families and carers, their social workers and all other people, with a bona fide interest in their welfare of the young people, in order to provide the best possible care for each young person. The centre is committed to assisting the social work teams in obtaining and sustaining long term placements for the young people in their family home, with members of their extended families or in foster care. The centre also provides care to young people on a shared basis with any of the above when appropriate.

The centre has a staff team that includes a social care manager, deputy social care manager, social care leaders and social care workers (qualified staff from a recognised agency are also used if and when required). Each member of the staff team is required to complete mandatory training and other training as part of their continuous professional development.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service

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

2. Quality and safety of the service

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
20 November 2025	09:30 hrs to 18:30 hrs	Sheila Hynes	Lead Inspector
20 November 2025	09:30 hrs to 18:30 hrs	Nicola Rossiter	Support Inspector

What children told us and what inspectors observed

This was an unannounced inspection of a new children's residential centre, which opened in June 2025, aimed at monitoring the compliance with the *National Standards for Children's Residential Centres*, 2018. The centre was a well presented two-story home in a rural settings. The centre had capacity for up to four young people, and at the time of the inspection there were two young people resident.

The layout and design of the centre was suitable for providing safe and effective care and meeting the needs of the young people living there. The centre had been newly renovated and decorated to a high standard. The kitchen and dining area was well equipped with small and large appliances and with ample space for food preparation. The weekly menu was displayed and inspectors were told the young people were involved in meal planning. There was a separate room for laundry. There were three rooms that could be used by the young people to relax, watch television and play video games. There was a sensory room that was well resourced. The centre had four en-suite bedrooms. The inspectors viewed two bedrooms which were well decorated, with ample space for young people's belongings. Externally, there was a large garden, shed and games room with a pool table, video games and boxing bag. There was a wooden playset in the garden and space to play sports. There was outdoor seating and dining equipment in the garden.

Inspectors met briefly with one young person and they expressed satisfaction with the service they were receiving. The inspectors observed positive, supportive and nurturing interaction between staff and the young person. There was good rapport between staff and the young person as they were supported in their morning routine.

Following the inspection, both young people were offered the opportunity to complete a survey. However, they choose not to complete it.

The inspectors spoke with two parents of the young people resident in the centre. They spoke highly of the care their children were receiving from the service. They said:

- "beautiful house, staff were amazing"
- "the way they run the house is fantastic"
- "doing everything they can to help (their child)"
- "make us feel very welcome"

- “they gave (their child) everything they need”.

The inspectors spoke with one Guardian ad Litem¹ and two social workers for young people living in the centre. They were complimentary of the staff and management of the service. They said:

- “very organised and dedicated”
- “the staff are very good and have the skills to meet (child’s) needs”
- “only have positive things to say”
- “welcoming, very warm and nurturing care”
- “they have been fantastic, they did great outreach work”.

The inspectors reviewed two complaints made by the young people. One of which was resolved appropriately and the other which related to ongoing issues with poor Internet connection in the house. The centre management advised inspectors that they are working to get this issue resolved. Additionally, one parent said that poor Internet connection was an issue for their child and this impacted on their recreation time.

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

This was the first inspection of this new residential centre which had opened in June 2025. The centre was operating within its statement of purpose. Inspectors found that centre management were focused on developing a confident and capable staff team to ensure the delivery of a high quality service.

In this inspection, HIQA examined eight of the National Standards for Children’s Residential Centres and found that of the eight standards assessed:

- 6 standards were compliant
- 2 standards were substantially compliant

¹ An individual appointed by the court to represent the best interests of a minor child in legal proceedings.

There were defined governance arrangements and structures in place that set out the lines of authority and accountability. There were clear delegation of duties between the deputy and social care manager, additional duties were given to the staff team with overall accountability held by the social care manager. The provider had ensured that alternative management arrangements were in place when the social care manager was absent.

There was an effective risk management framework and supporting structures in place for the identification, assessment and management of risk. The service followed the provider risk management policy, there was a risk register in place and risk assessments for the service had been reviewed and updated as required. Tusla's '*Need to Know*' escalation process and procedure was also used as required. At the time of the inspection, the social care manager had not used Tusla's intra agency escalation procedure for requesting copies of statutory care plans and this had not been identified by oversight from deputy regional manager.

Centre management planned and organised the workforce to ensure that there were adequate numbers of skilled and experienced staff on each shift to deliver child-centred, safe and effective care and support to the young people resident. The centre management identified area of development of the staff team to build capacity to provide a high quality care.

Standard 5.2

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

There were defined governance arrangements and structures in place that set out the lines of authority and accountability. The internal management structure was appropriate to the size and purpose of the service. The social care and deputy social care managers were appropriately skilled and experienced. They reported directly to the deputy regional manager, who in turn reported to the regional manager. The social care manager told inspectors that the deputy regional manager was accessible to them and provided them with guidance and support. Additionally, the centre management reported that peer support from other centre managers in the region was a source of support for the service.

There were clear delegation of duties between the deputy and social care manager, with overall accountability held by the social care manager. There were four social care leaders and seven social care workers, some of whom had duties delegated to them with oversight arrangements in place. The social care leaders

did not supervise social care workers and the social care manager told the inspectors that they and their deputy planned to hold this responsibility until the team were more established.

The deputy and social care manager operated an on call system between them, whereby one or the other of them were available for telephone support to the centre, in the evenings and at weekends. They reported that this was working well.

The provider had ensured that there were appropriate service-level agreements and contracts in place for the provision of services. These included fire safety equipment servicing and responding to maintenance request.

There was an effective risk management framework and supporting structures in place for the identification, assessment and management of risk. The service followed the provider risk management policy, there was a risk register in place and risk assessments for the service had been reviewed and updated in September 2025. There were no high risks identified and control measures were in place to mitigate against low and medium risks. The service had one risk escalated through the use of Tusla's '*Need to Know*' escalation process and appropriate actions were taken to address this risk. However, at the time of the inspection, the social care manager had not used Tusla's intra agency escalation procedure for requesting copies of statutory care plans and this had not been identified by oversight from deputy regional manager.

Inspectors found that the centre management through their oversight and governance arrangements identified training and development needs of the staff. They had identified that risk management was an area that the staff required extra support to build their competence. A Tusla Quality, Risk and Service Improvement (QRSI) lead, at the request of the social care manager, did a risk management workshop with the staff team in October 2025. Some of the areas covered included; significant event notifications, making a dynamic risk assessment, completing child sexual exploitation form and the risk register. The staff who spoke with inspectors found this training beneficial to their practice.

There were good communication systems operated within the centre. Communication systems within the centre consisted of the weekly team meetings, a handover record with a shift plan and communications book. Records of the daily handover showed staff on duty were assigned specified tasks to be completed during the shift. There were weekly team meetings, which management and staff attended. Records showed that there were discussions

regarding key policies such as risk management, health and safety and the joint protocol for children missing from care. There were reviews of significant events, young people's placement support plans, feedback from young people's meetings and their input into their weekly plans. The records were clear and decisions recorded. The meetings were well attended, however, not all staff could attend due to the staff rota. There was a system in place which required staff, not in attendance at meetings, to review and sign team meeting minutes to show that they had read them and were aware of items discussed. While records showed that this occurred, there were some gaps in the staff signatures.

The social care manager attended a regional management meeting in the Dublin North East region in August 2025; this was the only meeting scheduled since the centre opened. At this meeting, management from each centre in the region gave an update on their service, upcoming events were discussed and practice and policy implementation were shared. The social care manager said that these meetings provided support and learning from other managers.

Overall, there were defined governance arrangements and structures in place that set out the lines of authority and accountability for the centre. This standard is judged as compliant.

Judgment: Compliant

Standard 5.3

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

The centre opened in June 2025 and was operating within the centre's statement of purpose. The statement of purpose outlines an extensive range of functions to be delivered by the service. This includes; up to four young people aged between 13 and 17 years old, children aged 12 years and under only in exceptional circumstances, short term care to a young person who is pregnant or has a child under circumstances where this arrangement is in the best interests of the young person and their child and shared care of a young person with family, extended family or foster care. Due to the broad range of functions, the centre would need to carefully consider the impact of each child's placement on all children placed in the centre.

The service has adopted a trauma-informed model of care to achieve positive outcomes for the young people. The statement of purpose is available in the centre and the welcome booklet for young people also outlines the statement of

purpose. Staff who spoke with inspectors were familiar with the model of care as outlined in the statement of purpose and the centre's overall aims and the outcomes that it seeks to achieve. It was signed by the regional manager, deputy regional manager and the social care manager. The date for review was July 2026. The centre is found to be compliant against this standard.

Judgment: Compliant

Standard 6.1

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Regulation 6:

Staffing

The staffing complement for the centre included a social care manager and deputy social care manager, four social care leaders, eight social care workers and two relief social care workers. At the time of the inspection, there was one vacant position that was due to be filled in the coming weeks. The number of staff employed was appropriate to the numbers and needs of the young people and in line with the statement of purpose.

The staff team were a new team to Tusla and staff and centre management were subject to Tusla's employment probation policy and procedure. The social care manager and deputy social care manager were aware of the requirements to achieve a successful completion of probation, as well as their discretion to extend a probationary period, when necessary. Both the social care manager and deputy social care manager had previous experience in managing children's residential centres. The staff team had a mixture of experience from different care settings and it was evident that building a competent and confident staff team was the focus of the centre's management team.

Centre management planned and organised the workforce to ensure that there were adequate numbers of skilled and experienced staff on each shift. They acknowledged that there had been a reliance on using the on call manager system as staff developed their confidence in decision-making. They reported that they had experience a reduction in staff reliance on managers in recent weeks, however, their priority was to ensure the staff had support and guidance when responding to any concerns and providing high quality care to the young people. Staff retention to ensure continuity of care for the young people was a priority for the centre management. This was achieved through frequent formal and informal supervision, a four week induction programme, on-going training and support and

through weekly team meetings. Additional support are provided to the staff team and individually as required.

The staff worked a rota which had a mix of day time and live night shifts. The inspectors reviewed a sample of rosters and upcoming Christmas roster and found that there was sufficient staff rostered at all times to meet the needs of the young people.

Overall, the register provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support. The centre was found to be compliant against this standard.

Judgment: Compliant

Quality and safety

The staff and centre management promoted and respected the young people's dignity and privacy regarding their personal space, personal communication, professional consultations and personal information. The young people were given opportunity to spend time on their own, both in their home and in the community. The young people were not subject to any restrictive practices.

Each child's needs were identified and considered in the context of their suitability for admission to the centre. Young people's placements were informed by risk assessments completed in advance of admission, to identify potential risks and how the centre proposed to manage the risks. There was good collaborative working between the centre's management and staff and the young people's social worker and other professionals involved in their care. However, one young person did not have an up-to-date care plan on file, despite having had a child-in-care review in September 2025 and the Tusla escalation procedure had not been followed.

The layout and design of the centre was suitable for providing safe and effective care and meeting the needs of the young person living there. The centre was homely and promoted the safety and wellbeing of young people. The centre complied with the relevant fire safety and health and safety regulations. The young people were provided with ample safe space for rest, play and recreational activities.

The staff and centre management were knowledgeable on areas of safeguarding and child protection. The young people engaged in individual work on building self-care skills and awareness. The identification of child protection and welfare and the reporting of these concerns required improvement.

Standard 1.2

Each child's dignity and privacy is respected and promoted.

The staff and centre management promoted and respected the young people's dignity and privacy regarding their personal space, personal communication, professional consultations and personal information. All young people were made aware of who has access to their care files and the professional boundaries around their personal information.

Each young person had their own bedroom and en-suite bathroom. They decorated their bedrooms to their own preference and purchased items to personalise their bedrooms. The bedrooms were furnished to a high standard. Each young person had personal items of sentimental value and were offered to keep these items safe in the staff office, if they so wished. The young people choose to keep all their belongings in their bedrooms.

The young people were receiving care and support which maximised their wellbeing and personal development. They were given opportunity to spend time on their own, both in their home and in the community. Each young person had an absent management plan and suitable curfew for their age and development. Staff told inspectors that the young people had preference for different communal spaces, one area had a TV and the other had a gaming console. The inspectors observed staff respectfully knocking on a young person's bedroom door when calling them for school and offering them support with their morning routine.

The young people were not subject to any restrictive practices and they were supported to make decisions regarding their wellbeing and making safe choices. For example, they were offered the choice of handing up their mobile phone at the night-time to support better sleep. At times, the young people chose to do this. Their mobile phone also had an application that was linked to centre mobile that detailed their location. The young people had the choice to turn this on or off, as they so wished however, staff reported that young people typically left this feature off on their phones.

Overall, the young people's dignity and privacy was respected and promoted. The centre was found to be compliant against this standard.

Judgment: Compliant

Standard 2.1

Each child's identified needs informs their placement in the residential centre.

Each child's needs were identified and considered in the context of their suitability for admission to the centre. The centre had a policy on admission which was in line with Tusla's national policy. Young people's placements were informed by assessments of their needs and by collective risk assessments completed in advance of admission, to identify how their presenting needs could be met within the placement and where necessary identify potential risks and how the centre proposed to manage the risks.

Two young people had been admitted to the centre since it opened and collective risk assessments were completed in collaboration with their social workers. The appropriateness of placing a new young person in the centre was considered against the needs and rights of the young person already living there. The young people's needs such as therapeutic support, family contact and education needs were supported through the development of the young people's placement plans and placement support plans.

The two young people resident in the centre had a two week transition plan prior to their fulltime move to the centre. Their transition plans consisted of a mixture of meeting with staff to do activities, day visits and sleepovers in the centre. Social workers who spoke with inspectors said that the transition into the centre was child-centred and the young people's views were listened to. They said the young people got to choose their bedroom while they were on transition and were given a budget to personalise it, such as adding LED lights and soft furnishings.

The young people were given an induction booklet about living in the centre. This outlines what the young people should expect during their transition, such as being assigned a keyworker, their weekly plan, curfews and the model of care. Young people's rights are also set out in this booklet, along with details of how to make a complaint, access to information, reporting of significant events and the role of HIQA.

Overall, the needs of young people inform their placement in the centre. Individualised transition plans for both young people living in the centre had given them an introduction to the service and time to develop a connection to their new home and the staff. Staff and centre management were aware of potential risks as identified in the collective risk assessments, and this informed the placement plans and placement support plans for the young people. For this reason, the centre is 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 resident at the time of inspection were receiving care and support which maximised their wellbeing and personal development. The centre management and staff worked collaboratively with the young people's social workers on placement goals and care planning. There was effective communication between staff and the young people's social workers and other professionals. Placement plans and placement support plans were updated to reflect any changes agreed to support the young people in their placements. However, one young person did not have an up-to-date care plan on file; despite a number of requests from the centre's management to the young person's social worker. Tusla's intra agency escalation procedure for requesting copies of statutory care plans had not been pursued by the social care manager at the time of inspection. In the absence of same, the placement plan and placement support plan were devised from notes of child-in-care review taken by the deputy social care manager.

Staff and centre management were clear on each young person's individual placement goals and how best to support the young people to have a successful placement. Placement plans and placement support plans were reviewed monthly

at a minimum. The inspectors reviewed individual work and key working sessions carried out with the young people and found they were of a good standard. The staff team worked creatively to build and maintain relationships with the young people. They sought the young people's views on their care and advocated for them in their child-in-care review meetings and in other meetings with professionals.

The young people were facilitated to participate in the placement planning process. They were encouraged to attend their child-in-care reviews and inform their care plan. The young people were supported and facilitated to access external supports in line with their care plan and their preferences were respected.

Overall, there was good collaborative working between the centre's management and staff and the young people's social worker and other professionals involved in their care. Relevant plans to support the young people's placement were reviewed and updated as required. However, one young person did not have an up-to-date care plan on file. Tusla's intra agency escalation procedure for requesting copies of statutory care plans had not been pursued by the social care manager at the time of inspection. For that reason, this standard is judged to be substantially compliant.

Judgment: Substantially 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 layout and design of the centre was suitable for providing safe and effective care and meeting the needs of the young person living there. The house was recently renovated and the environment was homely, clean and welcoming. The centre provided opportunities for rest, play, recreation and skills development including access to communal spaces both indoor and outdoor. There was an additional games room in an external building that provided additional recreational opportunities. There was Closed Circuit Television (CCTV) in operation externally, the young people were aware of this and appropriate signage was displayed externally.

There was an up-to-date health and safety statement and this was dated September 2025. The staff carried out health and safety checks and there had been one health and safety meeting in September 2025. There was one accident recorded and this did not result in an injury to the staff member involved.

The certificate of insurance for the centre was up to date. The centre was in compliance with fire safety and building control statutory requirements. The centre's fire detection and alarm system was recently inspected and tested by an external contractor. The staff were required to complete daily checks on the fire safety management systems, including fire detection and alert systems, emergency lighting, fire doors and firefighting equipment. All staff had received training in fire safety, and there was an up-to-date personal emergency evacuation plan in place for the young people. Fire drills had taken place with the young people and staff. The floor plan did not indicate the location of fire extinguishers and this would be in line with best practice.

There was a maintenance system in place and this was monitored by the centre management. Repairs had been dealt with promptly, however, the records were not kept up to date. The records were updated by social care manager during the inspection.

There were two cars assigned to the centre. There was one car on loan from another children's residential centre while one of the centre's cars was in a garage for repairs. Both cars were roadworthy, serviced as required, insured and driven by people who were legally licensed to drive the cars. First aid boxes had been purchased for the cars and these were put into the cars during the inspection.

Overall, the centre was homely and promoted the safety and wellbeing of young people. The centre complied with the relevant fire safety and health and safety regulations. The young people were provided with ample safe space which provided opportunities for rest, play and recreational activities. For this reason, this standard is judged to be compliant.

Judgment: Compliant

Standard 3.1

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

The centre has policies and procedures in place to protect children from all forms of abuse and neglect in line with *Children First: National Guidance for the Protection and Welfare of Children* (2017) and relevant legislation to address safeguarding concerns. All staff and managers were up-to date in all Children First (2017) training. The centre had an up-to-date register of identified child protection concerns. However, inspectors found there were times that staff did not identify child protection and welfare concern from conversations they had with the young people.

There were governance and oversight measures in place to ensure all staff and managers were up-to-date in all elements of Children First (2017). A training tracker was maintained by a social care worker with oversight by the social care manager. The tracker showed that all staff and managers were up-to date in all Children First (2017) training. During the staff team induction in June 2025, there were additional safeguarding training in areas such as risk management, child sexual exploitation and missing child from care protocol. As mentioned earlier in the report, the area of risk management was refreshed with the staff team in October 2025.

Child protection and welfare concerns were responded to and notified to Tusla through its national reporting portal. However, inspectors found from a review of a sample of records that there were times that staff did not identify child protection and welfare concern from conversations they had with the young people. This resulted in the under-reporting of risk the young person was experiencing in the community. Inspectors discussed these incidents with the centre management to address and put measures in place to avoid a reoccurrence. This included strengthening of oversight arrangements of all records and responding to concerns promptly, and ongoing support of the staff team to build their competence in the area of child protection and welfare.

The staff team reported incidents of missing child from care in line with *The Joint Protocol for Children Missing from Care*. They were aware of the time frames and frequency thresholds for escalation of strategy meetings with An Garda Síochána. Inspectors found good practice in relation to inter-agency co-operation and

strategy meetings in relation to children missing from care in line with the joint protocol.

The inspectors found that staff in the centre worked in partnership with the young people, their families and the young person's allocated social worker and other relevant professionals to promote the safety and wellbeing of the young person. The inspectors reviewed examples of good quality individual work on supporting the young people to develop their knowledge, self-awareness, understanding and skills needed for self-care and protection that was sensitive to age, ability, personal history and stage of development. There were records of frequent contact with parents, the young people's social workers and Guardian ad Litem regarding concerns and incidents. The young people's families and professionals were highly complementary of the partnership approach they experienced with the centre staff and management.

The provider has a policy and procedure on protected disclosures and staff were made aware of the policy during their induction. Staff who spoke with the inspectors were aware of how to report a concern as a protected disclosure.

Overall, staff and managers were knowledgeable on areas of safeguarding and child protection. The centre management maintained a register of child protection concerns with the relevant portal number. The young people engaged in individual work on building self-care skills and awareness. However, the identification of child protection and welfare concerns from conversations with young people and the reporting of these concerns required improvement.

Judgment: Substantially compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
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.	Compliant
Standard 5.3: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
Standard 6.1: The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
Quality and safety	
Standard 1.2: Each child's dignity and privacy is respected and promoted.	Compliant
Standard 2.1: Each child's identified needs informs their placement in the residential centre.	Compliant
Standard 2.2: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Substantially compliant
Standard 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	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-0048803
Provider's response to Inspection Report No:	MON-0048803
Centre Type:	Children's Residential Centre
Service Area:	Dublin North East
Date of inspection:	20 November 2025
Date of response:	13 th January 2026

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:

Quality and Safety: Effective Care and Support

Standard : 2.2	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.</p> <ul style="list-style-type: none"> • The internal Tusla Escalation procedure has been invoked to request any outstanding documentation from the social work department for the young person. The outstanding Care Plan and minutes will be on file in the centre by January 29th, 2026. • The Centre Manager will ensure that the escalation procedure is applied within the correct timelines going forward to ensure all relevant paperwork is on file. • Outstanding documentation is now a standing item on the agenda for governance meetings between the Deputy Regional Manager and the Centre Manager to ensure regular oversight and governance. At the last governance meeting on January 12th, 2026, the steps of the escalation procedure were discussed to ensure clarity. 	
Proposed timescale: January 29 th , 2026.	Person responsible: Centre 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: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <ul style="list-style-type: none"> • The Child Protection policy was reviewed with the staff team at the weekly team meeting on November 25th, 2025, and again on January 13th, 2026. 	

<ul style="list-style-type: none"> • The QSRI officer for CRS DNE will complete a follow up workshop on identifying, managing, reporting and responding to Child Protection concerns. This will be completed by February 27th, 2026. • The two specific Child Protection concerns raised by HIQA were retrospectively submitted through the portal and discussed at Multidisciplinary meetings with the Young Persons wider professional network present. Complete. • Child Protection Reports and Concerns were discussed at the in house SERG (significant event review group) meeting held in December 2025. Child Protection concerns will continue to form part of the review of significant events at each centre SERG meeting. 	
Proposed timescale: February 27 th 2026	Person responsible: Centre 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
2.2	Each child receives care and support based on their individual needs in order to maximise their personal development.	Substantially compliant		29/01/2026
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially compliant		27/02/2026

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