



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 090

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	The Cottage Home Child & Family Services
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	7th & 8th of May 2025
Registration Status:	Registered from the 17th of October 2023 to the 17th of October 2026
Inspection Team:	Mark McGuire Lorraine Egan
Date Report Issued:	18th June 2025

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in August 2000. At the time of this inspection the centre was in its ninth registration and was in year two of the cycle. The centre was registered without conditions from the 17th of October 2023 to the 17th of October 2026.

The centre aimed to provide medium to long-term care for up to four young people between the ages of thirteen and eighteen years. The model of care was described as relationship-based, with an emphasis on providing a safe, secure, and supportive environment to promote the holistic development of each young person. At the time of inspection, the centre was in the process of transitioning to the Welltree model of care, which, according to the centre's statement of purpose, was due to be fully implemented by September 2025. There were four young people residing in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.1
5: Leadership, Governance and Management	5.2
7: Use of Resources	7.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 23rd of May 2025. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 3rd of June 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be **continuing** to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 090, without attached conditions from the 17th of October 2023 to the 17th of October 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

Inspectors found that a broad range of policies were in place to support the health, wellbeing, and development of young people in the centre. These included policies on activities and daily living, food and nutrition, food safety and hygiene, substance use, and the promotion of positive lifestyle choices. Staff interviewed during the inspection demonstrated a sound understanding of these policies and were able to describe how they were being implemented in practice to support young people in areas such as diet and engagement in meaningful activities.

Inspectors found that there was a clear emphasis on promoting the health, safety, and development of young people in the centre. This was evident through documentation such as initial placement plans, team meeting records, and individual work completed with young people. Physical health needs were being appropriately managed. However, inspectors experienced difficulty in tracking how goals relating to mental health and other developmental areas were being addressed and progressed. This was due to limitations in the current filing system and the structure of Individual Placement Plans (IPPs) where the care team were not utilising relevant sections to log work completed and the evolution of goals for young people. While it became apparent through interviews and document reviews that considerable work was being undertaken to support young people's health and developmental needs, this was not consistently or clearly captured in IPPs or key work calendars. As a result, it was challenging to assess the extent to which goals were being met. Improved recording practices would support more effective tracking of progress and ensure that the developmental needs of young people are clearly evidenced. Centre and senior management acknowledged this and committed to addressing the matter post inspection in collaboration with the consultant they use for the implementation of their model of care.

Inspectors found that there was evidence of general practitioner (GP) involvement in relation to dietary concerns, with monitoring systems implemented and reviewed,

resulting in positive outcomes for one young person. Inspectors also observed that work was being undertaken on a range of health-related topics, including vaping, sexual health, anxiety, and self-care/safety. While this work was evident in key work records, this too was not consistently or clearly reflected in the IPP, which limited the ability to track progress in these areas. Dental and cosmetic health needs, including orthodontic treatment, were followed up appropriately.

The centre was liaising with a range of external services, including the Child and Adolescent Mental Health Services (CAMHS), counselling services, the multidisciplinary team (MDT), and had made referrals to the Children's Disability Network Team. However, inspectors advised that further follow-up was required in relation to delays in assessments, and that escalation to the allocated social worker should be considered where appropriate. It is also important to ensure all staff are clear on the young people's current engagement status with such services as inspectors found some confusion amongst the team with this regard.

Inspectors observed a mealtime in the centre and noted that a variety of healthy food options were available. Staff were observed sitting with young people, promoting a homely and routine mealtime environment. Cultural preferences were respected and supported, including meals prepared by a young person's parent and the implementation of diets aligned with religious beliefs. Young people were encouraged to participate in cooking and shopping, and those of leaving care age reported confidence in preparing meals independently. Meal planning was visible on a whiteboard which was refreshed weekly and occasionally discussed in young people's meetings; however, inspectors found that weekly meal plans were not being recorded in the care files. Centre management acknowledged this and had implemented a system to improve tracking going forward.

Inspectors were informed that aftercare preparation for one young person had been paused to allow them to focus on their Leaving Certificate, with plans to resume this work following the completion of exams. This was considered a reasonable approach. It remained important that a strong focus was maintained to ensure the young person received appropriate aftercare support, particularly in light of their additional needs. Another young person, who was somewhat disengaged from the service and planning to return to their family of origin, continued to receive support with independent living skills. This young person's social worker praised the team for their efforts in this regard and inspectors saw evidence of discussions around driving tests and further education, and noted that deposits had been paid for a further education course to support one young person.

While autonomy and decision-making were promoted, inspectors advised that the arrangement for one young person to self-administer medication should be reviewed. The associated Individual Risk Assessment (IRA) required updating to reflect the decision to remove this responsibility and to consider the low-risk nature of the medication in the context of their transition to aftercare.

All young people were in school and progressing well in line with their individual abilities. Vaccine records were on file for all but one young person, with the outstanding documentation being followed up by the allocated social worker.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 4.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must ensure that relevant sections of placement plans are being fully utilised to track progress of young people's health and development goals.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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.

Inspectors found that a clear leadership structure was in place, with a centre manager and deputy centre manager working on-site Monday to Friday during standard office hours. Staff and social workers interviewed reported that the transition when the deputy manager assumed responsibility in the absence of the centre manager was seamless. A culture of learning was evident in team meeting minutes, which included detailed records of discussions, identified learning points, and forward planning. However, some staff were unclear on the learning shared from audits, and the audit process itself was not well understood across the team.

Inspectors found that a range of governance systems were in operation, including monthly Board of Management reports, monthly internal management audits, and external themed audits conducted by senior management against the National Standards for Children's Residential Centres (HIQA, 2018). A sample of these documents was reviewed. The Board of Management report captured relevant information relating to the young people, including health matters, complaints, Significant Event Notifications (SENs), and child protection concerns, alongside concise progress updates for each young person.

The most recent external themed audit from March 2025 was also reviewed. While it captured some positive practices, inspectors found that the section on required actions and completion dates was not fully utilised. In some instances, completion dates were recorded without corresponding actions, and in others, actions were listed without identifying the person responsible. More comprehensive use of these sections would support improved tracking of audit findings, follow-up actions, and accountability for their completion.

The monthly manager's audit was found to contain clearer detail of findings than the wider themed audit and identified specific areas requiring follow-up, such as the need to pursue referrals to the Children's Disability Network Team. However, similar deficits were noted in the actions section of this document. In several cases, actions, responsible persons, and timelines were not clearly documented. Full utilisation of these sections would enhance the effectiveness of the audit process and ensure greater oversight and accountability.

Evidence of Significant Event Review Group (SERG) discussions and reviews was seen in team meetings, along with reviews of SENs and Individual Risk Assessment's (IRAs). These were well documented using detailed recording templates that clearly outlined the discussion, learning and future actions required.

A Service Level Agreement (SLA) was in place, with quarterly meetings held by senior management to review young people's progress and compliance with standards. Policies and procedures were reviewed bi-annually or as required, though staff and management were not fully clear on the process. Despite this, inspectors noted that policy discussions were taking place in team meetings.

While staff had received job descriptions and updates when roles changed, inspectors found that further clarity was needed regarding responsibilities, particularly those relating to risk management. Staff understanding of the risk management policy, risk rating system, and control measures in safety plans required improvement. Three young people had safety words or phrases in place to use to alert staff if they felt unsafe in certain situations, but staff were not fully aware of them, which posed a safeguarding risk. Risk ratings were inconsistently applied, with low-level risks having safety plans in place for some young people but not others. Inspectors advised that IRAs be reviewed and refreshed with the team to ensure a consistent approach. Updates were also needed to reflect changes in areas such as medication management already mentioned in this report, particularly where this related to young people's independence.

Inspectors identified governance and safeguarding concerns regarding the use of mobile phones by young people during nighttime hours. At the time of inspection, all young people had unrestricted access to their phones overnight, regardless of age or assessed risks. While this posed a safeguarding concern for younger residents or those identified as being at risk, it was not considered problematic for older young people where no such risk was present. Inspectors were informed that, following the inspection, this issue was under review. Risk assessments were being completed on an individual basis, and discussion were ongoing with allocated social workers to agree age, and risk, appropriate strategies for phone use. Although a parental control application had been installed to restrict Wi-Fi access after a set time, young people continued to access the internet via mobile data, limiting the centre's capacity to monitor or restrict potentially inappropriate contact. Inspectors advised that the centre review its current governance arrangements to ensure safeguarding measures are robust with regards to phone use at night.

A delegation list was in place and used by centre management to track tasks such as supervision. Staff reported that they knew who senior management were and found them accessible.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must review and refresh the risk management policy with staff to ensure clarity and consistency in its application.
- Centre management must ensure that safeguarding measures relating to phone use at night are clearly defined and consistently implemented. This includes reviewing the current arrangements, updating risk assessments, and agreeing a formal approach with allocated social workers where appropriate.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

Inspectors found that resources were generally sufficient to meet the needs of the young people. Pocket money, clothing, activities, and other expenses, such as tickets for social events, were well supported. Young people were actively engaged in community-based activities and were provided with appropriate equipment, fees, and memberships. One young person who spoke with inspectors commented that they felt well supported in accessing clothing and personal items, while another was also being supported to attend dance classes and performances, reflecting their individual interests. Social workers interviewed as part of the inspection noted that funding for activities was well supported in the centre.

At the time of inspection, the centre was operating with a full staff complement, comprising a centre manager, deputy centre manager, four social care leaders, and

seven social care staff. A large panel of relief staff was also available to cover gaps in the rota due to annual or sick leave. Overall, the centre was found to be well resourced in terms of staffing to meet the needs of the young people placed there.

The premises was observed as being maintained to a high standard with a lot of work having been completed since previous inspections such as the installation of a new front door and decorative works. Inspectors also observed a newly refurbished bathroom, which was presented to a high standard, along with a new garden room for multi-purpose use. This reflected a positive culture of investment in the service.

The centre operated a weekly budget proposal system, which staff reported worked well, with no deficits in funding. Budgetary needs were discussed at team meetings and submitted to senior management for approval. Sustainability measures were in place, including the use of a hybrid vehicle and an electric charging point.

Family contact and access were well supported, with transport arrangements in place. However, one young person expressed frustration to inspectors at the lack of a second vehicle, which they said had caused delays in attending family visits. This concern was echoed by one young person's social worker, who noted that the availability of only one vehicle had impacted timely access to activities. Some staff also expressed the view that a second vehicle would be beneficial, despite the availability of public transport in the local area. Inspectors recommend a review of this matter by senior management to ensure it does not negatively impact access to family contact or community engagement.

Inspectors found it difficult to track the timeliness of maintenance requests, as the date of the initial request was not consistently recorded. This limited transparency and made it difficult to assess how long issues took to resolve. Inspectors recommend better oversight to improve recording and tracking of maintenance tasks.

However, in general, inspectors found the centre was well resourced with ample resources for young people such as TV's, gaming facilities, adequate groceries, garden space, staffing, and funding resources to meet the needs of the young people placed there.

Compliance with Regulation	
Regulation met	Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 7.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- No actions identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	Centre management must ensure that relevant sections of placement plans are being fully utilised to track progress of young people's health and development goals.	Centre management raised this at the team meeting on the 27/05/25. Placement plan goals will be tracked and measured, under the relevant sections, going forward, to track progress of young people's health and development goals.	Senior management will review this every five weeks, as part of their paperwork review and through their monthly attendance at team meetings.
5	Centre management must review and refresh the risk management policy with staff to ensure clarity and consistency in its application.	Centre management conducted a refresher with the staff team on 10/6/25 on the risk management policy to ensure they are clear on same and its application in practice. Young people's safety phrases were also reviewed with the team by centre management on 20/05/25 and will be refreshed with the team every five weeks. Centre management will also explore the team's understanding of the risk management policy, individually, in supervision.	Senior management will maintain oversight of staff's knowledge of the risk management policy through their attendance monthly at team meetings and through observations in their paperwork reviews.

	Centre management must ensure that safeguarding measures relating to phone use at night are clearly defined and consistently implemented. This includes reviewing the current arrangements, updating risk assessments, and agreeing a formal approach with allocated social workers where appropriate.	Centre management ensured a risk-assessment regarding one young person having access to their phone at nighttime, was implemented on the 09/05/25. The risk-assessment regarding the other young person, holding their phone at nighttime was also reviewed on the 20/05/25.	Senior management review risk assessments every five weeks in the centre and will ensure the continued review of these risk assessments and that staff are managing the individual risks associated with phone use as part of their centre visits and paperwork reviews.
7	No actions identified		