An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 026

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Crosscare**
Registered Capacity:	**Five Young People**
Type of Inspection:	**Unannounced**
Date of inspection:	**17th & 18th September 2024**
Registration Status:	**Registered from 30th June 2023 to 30th June 2026**
Inspection Team:	**Mark McGuire** **Eileen Woods**
Date Report Issued:	**9th December 2024**

Contents

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 on the 30th of June 2002. At the time of this inspection the centre was in its eight registration and was in year two of the cycle. The centre was registered without attached conditions from 30th June 2023 to 30th June 2026.

The centre was registered as a multi-occupancy service. The centre was registered to accommodate five young people aged twelve to eighteen years on a short to medium term basis, for 3-6 months with the possibility of a further extension in consultation with the social work department. The centre accepted referrals through the Tusla Crisis Intervention Service. Emergency placements can be offered on a nightly basis depending on the current occupancy and mix within the centre. Their model of care was described as building relationships to support young people utilising a restorative approach and identification of individual needs. The centre maintained a statement of the values of the governing voluntary body of 'love, respect and excellence' as the guiding principles of their purpose and function. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.3

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 29th of October 2024. 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 12th of November 2024. This was deemed not to be satisfactory and an updated CAPA was received by the inspection service, following some clarifications completed with the management team, on the 2nd of December 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report 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: 026 without attached conditions from the 30th of June 2023 to the 30th of June 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a range of child protection policies in place; however, inspectors found inconsistencies in the care team's knowledge regarding these policies and their mandated obligations under Children First. During interviews, some staff were unable to clearly outline the thresholds for reporting child protection concerns or the procedures for reporting through the Tusla portal. It is essential that all staff fully understand these reporting thresholds, procedures, and methods, as well as how to identify different forms of abuse.

While significant event notifications (SENs) were being completed, inspectors noted that these do not replace the requirement for mandated reporting through the Tusla portal. Instances were identified where this misunderstanding occurred, with management initially believing that reporting through the SEN channel was sufficient. Management has since committed to reviewing these incidents to identify any missed child protection reports and to address them retrospectively.

During the inspection, one social worker interviewed was unaware of a child protection concern that had been submitted through the SEN portal, despite inspectors finding evidence of its notification. This highlighted the importance of submitting child protection concerns through the correct Tusla portal. The social worker committed to following up with the centre regarding this issue. To improve the reporting process and ensure child protection concerns are reported through the correct channels, inspectors recommend that the care team receive further training and upskilling, along with a collective learning session focused on identifying and reporting concerns through the Tusla child protection reporting portal. In cases where a concern is deemed not to meet the reporting threshold, it is essential that this decision be clearly documented, and that the Designated Liaison Person (DLP) is involved in such determinations.

Inspectors also found that some SEN documents lacked sufficient detail, making it difficult to establish staff interventions or fully understand the events. For example, there was minimal details in a recent missing child from care incident, and inspectors could not establish from the SEN document how staff had responded during the timeframe where the child had been missing. It is recommended that SEN documents include more comprehensive details, outlining both the events and the care team's interventions.

A Child Safeguarding Statement (CSS) was in place along with a letter of compliance, though the DLP and Deputy DLP (DDLP) were not named. While this is not a strict requirement, naming the DLP in the CSS is considered best practice to ensure clarity for staff, parents, and service users about who is responsible for child protection reporting. Consequently, inspectors found that some staff were unclear about the DLP's role. It is crucial that all staff know who the DLP is and fully understand their responsibilities, which differ from those of the Relevant Person. Additionally, while the centre's policies listed various types of abuse, clearer descriptions and indicators would enhance staff understanding, helping them identify abuse more effectively and assess reporting thresholds in line with their mandated person obligations.

During interviews with centre staff, inspectors found some confusion regarding when or if parents should be contacted following child protection concerns, and who is responsible for completing child protection and welfare report forms. This highlights the critical need for all staff to have a clear and consistent understanding of the reporting protocols for each young person.

Inspectors found that the service fostered a positive learning culture and provided many training opportunities for the staff team. The training logs showed that first aid and the online Children First E-Learning module were completed. While it is positive that the service has its own child protection training as an addition to the Children First E-Learning module, it is equally important for all staff to complete this as well. Mandated Persons training would also be beneficial, and inspectors recommend for management to participate in DLP training to strengthen their role as points of contact for staff. The service should also ensure that a DDLP is identified for when the DLP is unavailable or on leave, which is considered best practice in national child safeguarding policies, such as Tusla's (2024) *Child Safeguarding: A Guide for Policy, Procedure, and Practice*. Senior management highlighted to inspectors that the service was reviewing the requirement for a DDLP and had committed to having one in place in the near future.

Inspectors reviewed the child protection register and found that two child protection and welfare reports (CPWRF's) had been submitted in 2024, both of which had not been concluded by Tusla social work at the time of the inspection. Inspectors could not see how the services own internal escalation procedure had been followed to query the status of these CPWRF's, though it was acknowledged that this had been challenging as the young person involved had left the centre by the time of inspection. Inspectors recommended to centre management that any contact related to these reports should be clearly documented in the child protection register, with the status of each case easily identifiable.

Inspectors observed strong evidence of key work with young people in areas of vulnerability and safety, reflecting the focused and caring efforts of staff. Key workers and the broader care team regularly discussed the young people's vulnerabilities and goals during team meetings and case management discussions. Social workers provided positive feedback on this focused work, highlighting its positive impact on young people's development in areas such as independent living skills, substance use reduction, employment, and educational engagement. Young people relayed a positive experience with the care team and of their efforts with them through an interview and questionnaires provided to inspectors.

While inspectors found evidence that some staff had participated in training related to managing suicidal ideation and self-harming behaviours, they recommend that this training be completed by the entire team, given the needs of the current group of young people. During interviews with inspectors, it was identified that not all team members were aware that this was a current presenting risk for one of the young people despite it being a documented concern for them in the centre. This area of vulnerability requires a consistent and robust response. Centre management must ensure that all staff are fully aware of these risks.

Inspectors found that while there was a service-wide whistleblowing policy in the employee handbook, staff were unfamiliar with its content, and it lacked centre-specific guidance. The policy did not outline how staff could report concerns within the centre, nor did it detail the legal protections afforded under the Protected Disclosures Act, 2014, which led to uncertainty during interviews. Inspectors found that not all team members were aware of policies related to protected disclosures and were unfamiliar with the term or the act itself. Additionally, the centre's child protection policy suite refers staff to Tusla's national policy on protected disclosures, rather than the service's whistleblowing policy, further contributing to the confusion. To address these issues, inspectors recommend that the centre develop its own

protected disclosures policy. This policy should clearly outline the legislative basis, procedures, and protections for staff, ensuring they are well-informed and confident in their ability to report concerns. While some staff expressed comfort in contacting senior management, this does not equate to a thorough understanding of the formal reporting processes and protections.

Inspectors found that the centre had a robust anti-bullying policy; however, not all staff interviewed demonstrated a clear understanding of it. The zero-tolerance approach to bullying and the use of restorative practices were positive aspects, but further training and clarity on the policy are recommended to ensure the full care team have a clear understanding of the policy.

There was strong evidence of engagement and communication with social work departments and the implementation of risk management plans, such as Individual Crisis Support Plans (ICSPs) and Absent Management Plans (AMPs), where required. Social workers interviewed during the inspection spoke highly of centre management and the care team regarding their overall engagement with them and how their young people viewed the care team and their placements. This positive feedback was echoed by the young people in the questionnaires they completed and during an interview with one young person as part of the inspection process. Despite the areas for improvement highlighted in this section, inspectors found it encouraging to see the calm and positive atmosphere in the centre, reflecting the staff's dedication to protecting and supporting the young people in their care.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
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 3.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required:

- Centre management must ensure that all staff receive comprehensive refresher training on child protection policies, including clear understanding

of reporting thresholds, procedures, and methods. This includes ensuring that staff are aware of the importance of distinguishing between Significant Event Notifications (SENs) and mandated reporting requirements through the Tusla portal.

- Centre management must further develop the 'whistleblowing policy' to ensure staff are well-informed and confident in the procedures for making protected disclosures. This policy development should include comprehensive training for all staff on the Protected Disclosures Act, 2014, ensuring clarity on the channels for reporting concerns.
- Centre management must ensure the child protection register includes clear evidence of follow-ups, internal escalations, and the status of each case to ensure transparency.
- Centre management must ensure that all staff complete mandated persons training, additionally, management should participate in DLP training to enhance their effectiveness as points of contact for staff and ensure a Deputy Designated Liaison Person (DDLP) is identified for instances when the DLP is unavailable.

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

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Through interviews and questionnaires, inspectors found that the young people were satisfied with the service provided to them and with their overall care. Inspectors reviewed the complaints register, which captured formal complaints only—two of which were logged in the past twelve months. One complaint related to a young person's opinion of their social worker. While the centre's internal complaints process was followed, inspectors found that not all staff were aware of Tusla's Tell Us complaints and feedback procedure, which is designed for complaints about Tusla service provision. Inspectors found that not all of the care team had heard of this procedure, despite its reference in the centre's complaints policy for situations involving complaints about Tusla employees or services. Additionally, during interviews, staff demonstrated an inconsistent understanding of the complaints process, particularly regarding timelines and appeal mechanisms. Inspectors recommend revisiting the complaints policy with staff to ensure clarity around procedures, response timelines, and the Tusla Tell Us procedure.

Inspectors reviewed a sample of audits conducted in the centre. While these audits covered a broad range of areas aligned with the National Standards for Children's Residential Centres (HIQA, 2018), they did not identify all of the issues highlighted by inspectors—particularly in relation to child protection notifications and staff understanding of complaints. Although some informal complaints were tracked with clear responses, centralising and better documenting informal complaints and their resolutions would enhance transparency. For example, dissatisfaction expressed by young people about the kitchen being locked at night was informally reviewed which led to changes in the timing of this practice. However, inspectors noted that such concerns should be regularly included in a formal review of restrictive practices to assess their ongoing necessity and to track the decision-making process. Senior management expressed openness to further developing the audit process, demonstrating a proactive approach to service improvement.

Significant event review group (SERG) meetings were being held regularly, with valuable quantitative data collected for trend analysis, including monitoring staff shift dynamics and incident frequency. However, minutes and action plans from these meetings were not always clearly recorded, making it difficult to track accountability for identified actions or review their completion status. Inspectors recommend improving the documentation of these meetings to enhance their effectiveness. Inspectors found that centre management shared SERG discussions during team meetings, promoting a culture of shared learning and open dialogue.

The audit tool, which aligns with the National Standards for Children's Residential Centres (HIQA, 2018), primarily utilises a checkbox format. While useful for gathering quantitative data on service delivery, inspectors found that it does not adequately capture qualitative insights, which are essential for understanding the perspectives and comprehension of the staff team, for example on matters such as the whistleblowing policy already mentioned in this report. Inspectors also reviewed the external summary audit and improvement plans, which lacked detailed commentary or direction from the service's quality assurance manager or senior management. The audit did not outline action points for several gaps noted in the checkbox section, such as missing care plans or issues with social worker or EPIC (Empowering People in Care) visits. While the tool aligns with the National Standards for Children's Residential Centres (HIQA, 2018), inspectors recommend staff receive training on conducting audits and that the tool be revised to deepen its analysis.

There was no annual review of compliance document aligned with the centre's objectives. Following discussions with inspectors, senior management consulted with other providers and outlined a plan to incorporate this review into the overall audit process. This demonstrates a proactive approach to addressing areas highlighted during the inspection.

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 5.4**
Practices did not meet the	**Not all standards under this theme**

required standard	were assessed

Actions required:

- Centre management must revisit the complaints policy with staff to ensure clarity around the processes, timelines, and appeal mechanisms, including the proper use of the Tusla Tell Us service.
- Centre management must regularly review restrictive practices, such as the decision to lock the kitchen at night, taking into account expressions of dissatisfaction from young people to ensure these practices remain necessary.
- Centre management must ensure that the audit tool captures not only the existence of policies but also the staff's understanding of them.
- Centre and senior management must ensure that the audit tool is fully utilised, especially in the summary and quality improvement actions section, and that staff are trained in conducting audits to enhance the depth of analysis.
- The service must conduct an annual review of compliance with the centre's objectives.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspectors found that, overall, staff demonstrated a good understanding of their roles and responsibilities within the centre. However, some confusion remained regarding child protection issues, particularly the related roles, as previously mentioned. The organisational structure was generally well understood, with inspectors finding that those interviewed clearly knew who they reported to and how the senior management structure functioned. Inspectors observed that senior management regularly visited the centre, and staff were familiar with their presence and roles.

The staff team were well-supported in exercising their professional judgment, especially in handling out-of-hours situations, for example, when young people were referred for admission late on Friday evenings when centre management would not be available. Several mechanisms were identified by staff to ensure their safety, such as recruitment and selection procedures, supervision, on-call support, and team/management collaboration. Those interviewed by inspectors consistently spoke highly of the support they received from both management and their colleagues. A strong learning and development culture was evident, including boundaries training conducted during the inspection visit. Reflective practice was observed in supervision records, group supervision sessions, and daily interactions. However, inspectors noted that the current format for reviewing policies did not consistently ensure full understanding across the team, and it is recommended that this process be reviewed for effectiveness.

Weekly team meetings were held with good attendance, though occasional gaps in communication were noted. To ensure effective communication and shared learning, inspectors recommend re-emphasising the importance of reviewing meeting minutes to all care staff.

Supervision was regularly conducted, with inspectors reviewing a sample of records. Breaks in supervision were typically due to natural causes such as illness or leave. Through interviews, inspectors found staff were clear on whom to approach for

support when their designated supervisor was unavailable. The quality of supervision was regarded positively, featuring reflective discussions on young people, self-care, and work-related challenges. Supervision records were generally dual-signed, and both supervisors and supervisees received appropriate training to ensure the process was valued and embedded in the organisational culture. Staff spoke highly of the supervision process and its supportive role.

Inspectors found that there was no formal staff appraisal procedure in place. While senior management referenced their chosen model of supervision and its accountability function, a formal appraisal process, as required by the National Standards (which mandates annual appraisals), would benefit staff development.

The service provided a valuable Employee Assistance Program (EAP), which staff appreciated, and it extended to their families. Some staff were unaware of how to access the EAP, so inspectors recommend re-highlighting contact details to ensure confidentiality and ease of access. It is commendable that senior management actively promoted the use of the EAP, fostering a culture of well-being within the organisation.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all areas under this standard were assessed**
Practices met the required standard in some respects only	**Standard 6.3**
Practices did not meet the required standard	**Not all areas under this standard were assessed**

Actions required:

- The service must introduce a formal annual appraisal process, as required by the National Standards, to support staff development and accountability.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	Centre management must ensure that all staff receive comprehensive refresher training on child protection policies, including clear understanding of reporting thresholds, procedures, and methods. This includes ensuring that staff are aware of the importance of distinguishing between Significant Event Notifications (SENs) and mandated reporting requirements through the Tusla portal. Centre management must further develop the 'whistleblowing policy' to ensure staff are well-informed and confident in the procedures for making protected disclosures. This policy development should include comprehensive training for all staff on	The centre manager organised child protection training to be delivered by a child protection trainer from outside the project on the 23/10/2024. This included scenario-based examples focusing on reporting thresholds procedures and methods. The centre management also brought the examples that arose in the inspection back to the team in the training to tease through distinguishing between a SEN and mandated reporting. The centre manager will adapt the services whistleblowing policy to be service specific by end of year 2024. The senior manager will deliver comprehensive training for all staff on the Protected Disclosures Act, 2014, ensuring clarity on the channels for reporting	The centre manager will ensure training is refreshed regarding child protection within a 2-year time frame with the training log updated to reflect this. The centre management will review SENs on an ongoing basis for threshold issues and to ensure mandated reporting where required. These issues will also be brought to SERG meetings quarterly, which the DLP attends. The centre manager will include the whistleblowing policy in induction training for new staff going forward.

	the Protected Disclosures Act, 2014, ensuring clarity on the channels for reporting concerns.	concerns by end of Quarter 1 2025.	
	Centre management must ensure the child protection register includes clear evidence of follow-ups, internal escalations, and the status of each case to ensure transparency.	The centre manager will ensure the register is updated on a young persons discharge and with social worker contacts. The centre manager will also ensure if there are any escalations these are noted in the register also.	The senior manager will review the register as part of the annual audit to ensure clear evidence of follow-ups, internal escalations, and the status of each case to ensure transparency.
	Centre management must ensure that all staff complete mandated persons training, additionally, management should participate in DLP training to enhance their effectiveness as points of contact for staff and ensure a Deputy Designated Liaison Person (DDLP) is identified for instances when the DLP is unavailable.	The centre manager in line with the services comprehensive child protection training programme has ensured all staff completed the mandated persons eLearning training by the 20/11/24. The centre manager, deputy manager and senior manager have a plan to complete the DLP training to enhance their effectiveness as points of contact for staff by the 30/11/2024.	Centre manager will ensure mandated person training is added to staff induction for new staff going forward.

		DDLP identified as the senior manager and this was brought to the services senior management team with an updated child protection policy on the 21/11/24.	
5	Centre management must revisit the complaints policy with staff to ensure clarity around the processes, timelines, and appeal mechanisms, including the proper use of the Tusla Tell Us service.	The centre management reviewed the complaints policy at the team meeting on the 20/11/2024 to ensure clarity around the processes, timelines, and appeal mechanisms. The centre management will go through the proper use of the Tusla Tell Us service in the team meeting on the 15/1/2024.	The centre manager will ensure the complaints policy is reviewed as part of the scheduled policy review in 2025. All new staff will be inducted on the complaints policy by the centre manager and their supervisor.
	Centre management must regularly review restrictive practices, such as the decision to lock the kitchen at night, taking into account expressions of dissatisfaction from young people to ensure these practices remain	Along with regular reviews in the centre, the centre manager will bring restrictive practices for review quarterly to SERG meetings to ensure the practice remains necessary. This will take in to account the expressed views of the young people in the	Along with regular reviews at centre level, senior management will ensure restrictive practices are reviewed quarterly at SERG meetings. The SERG includes the senior manager and organisation DLP.

	necessary.	house or any given in exit interviews.	
	Centre management must ensure that the audit tool captures not only the existence of policies but also the staff's understanding of them.	The centre manager will conduct a review of the Audit Tool in Q1 2025 before the audit schedule for 2025 begins. They will ensure it captures not only the existence of policies but also the staff's understanding of them.	The audit tool will be reviewed in Q1 before Audit of 2025 begins. This review will be conducted by senior management, centre management and the practice development lead.
	Centre and senior management must ensure that the audit tool is fully utilised, especially in the summary and quality improvement actions section, and that staff are trained in conducting audits to enhance the depth of analysis.	The centre manager will conduct a review of the Audit Tool in Q1 2025 before Audit of 2025 begins. There will be a focus on the use of the summary and quality improvement sections. The practice development team will be involved and examine the training required with the new version of the tool for staff.	Senior management will take part in and ensure the completion of the updated audit tool in Q1 before the 2025 schedule of audits begin.
	The service must conduct an annual review of compliance with the centre's objectives.	The senior manager will ensure the purpose and function will be added to the end of the audit tool in Q4 2024 to ensure	Senior management will ensure that a review of compliance forms part of the audit tool in Q4 2024

		an annual review of compliance with the centre's objectives.	
6	The service must introduce a formal annual appraisal process, as required by the National Standards, to support staff development and accountability.	The service already uses a supervision approach that reviews staff performance against accountability and performance every six to eight weeks, however it does not formally use the word appraisal. The service feels this has been very successful over many years in staff development and raising standards of practice. The centre manager will add the word appraisal to the end of year supervision session to ensure an annual appraisal process. Also, the service policy is that all supervisions are recorded and signed by both parties.	Senior management will ensure that annual appraisals are included as part of supervision yearly.