



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 147

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Kellsgrange Residential Services
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	10th & 11th March 2025
Registration Status:	Registered from 31st May 2025 to 31st May 2028
Inspection Team:	Joanne Cogley Paschal McMahon
Date Report Issued:	08th May 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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 25th January 2019. At the time of this inspection the centre were in their second registration and were in year three of the cycle. The centre was registered without attached conditions from 31st May 2022 to 31st May 2025.

The centre was previously registered as a special arrangement for single occupancy for a young person aged between thirteen to seventeen years on admission. However, an application for change in circumstances was approved in November 2024 to change the purpose and function of the centre to increase capacity to dual occupancy to provide care for two young people aged between 13 and 17 years on admission. The model of care was described as being built on a relationship-based model which re-affirmed the importance of working relationships between social care workers and young people within a contemporary perspective. There were two young people residing in the centre at the time of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.3
6: Responsive Workforce	6.3 & 6.4

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 person, 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 1st April 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 15th April 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: 147 without attached conditions from the 31st May 2025 to the 31st May 2028 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 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors reviewed a range of documents including team meeting minutes and supervision records, along with conducting interviews and there was evidence that an open culture was promoted within the centre. Staff interviewed stated centre management and senior management were approachable and there was evidence in supervision records that staff were supported to raise issues of concern and to reflect on their practice. Both young people spoke with inspectors and completed inspection questionnaires. They identified their key workers and the manager as individuals they could bring complaints and issues to. One young person spoke with inspectors about an issue they had and stated staff and management were supporting them as much as possible with reaching a resolution.

Inspectors saw evidence on file of communication with social workers requesting feedback in relation to the placement with the purpose of service improvement. There was also a significant amount of communication with one young person's family member and updates and support were evidence on file.

There was a policy in place for the notification, management and review of incidents and inspectors found this was adhered to at the time of inspection. One young person had been in placement for 4 months whilst another was in placement one month. Significant events had occurred throughout this time and from a sample reviewed, they were notified within a 24-hour timeframe, except for weekends. Inspectors spoke with both allocated social workers who confirmed they received notifications promptly and cited good communication with the centre manager. One social worker also informed inspectors due to escalation in behaviours joint professional meetings were occurring to ensure all parties communicated effectively. Significant event review groups (SERG) also occurred monthly and were attended by the centre manager, deputy manager and registered provider. Incidents were discussed and reviewed for trends and changes to practice made where required. Those interviewed were able to provide clear examples of recent incident reviews that

had led to both practice and environmental changes within the house to minimise risk of future events. These learnings were then shared with the team in team meetings.

Three child protection concerns (CPWRFs) had been submitted to the Tusla portal in relation to the current residents. Inspectors found that in two of these cases the correct reporting procedures under Children First were not followed. In both cases the name of the staff member who received the information from the young person in relation to the child protection concern was not identified as a reporter on the CPWRF and they were not the person to make the submission. The centre manager must ensure all staff follow correct reporting procedures for child protection. Inspectors met with two staff members whilst in the centre, both were clear on the reporting process under Children First.

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 3.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure all staff follow correct reporting procedures for child protection.

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 each personnel file contained a signed and dated contract along with a job specification for the role undertaken. There was also clear discussion within supervision relating to roles and outlined expectations. Those interviewed were aware of their roles and responsibilities. Team meetings occurred on a fortnightly basis and there was detailed discussion recorded. Attendance was generally good and there was a set agenda in place with a clear action plan and tasks assigned to individuals. There was evidence meetings were used as a forum to share learning and development. Those that had attended external training discussed their experiences and shared learnings with the team. Incidents were also discussed and reviewed and feedback from SERG meetings was brought to team meetings for further discussion and any required changes to practice.

There was a supervision policy in place and supervision was occurring in line with policy. Records were signed by both parties and maintained on a file in a locked cabinet. Supervision focused on three elements – performance management, professional development and support. At the time of inspection, the centre manager and deputy manager were providing supervision to all staff members. Both had completed training in supervision skills.

A system for appraisals was in place however at the time of inspection, of the nine files reviewed only two had up to date appraisals completed. The registered provider informed inspectors there was a plan to complete the outstanding appraisals throughout March and April 2025. Inspectors reviewed the appraisal template and found it to be comprehensive and included the development of a professional development plan (PDP). This was then revisited throughout supervision in relation to training needs of the staff members.

Systems were in place, supported by a policy, to ensure adequate supports were available and procedures evident to ensure staff safety. This included risk assessments, lone working policy and training. The centre also had access to an

external psychotherapist who attended the centre fortnightly. Their role included providing clinical guidance to the team in their work with the young people and supporting staff. Inspectors viewed records of these sessions which included discussions and guidance around boundaries, family systems theory, risk management and building relationships. In addition, the psychotherapist made themselves available to meet staff individually to provide them with additional support to manage the impact of working in the centre. Staff in interview reported that this was beneficial in managing both professional and personal challenges. Other benefits offered by organisation were an annual contribution to staff health insurance along with access to medical and dental services.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

From a review of training records and personnel files it was evident that all staff working in the centre received appropriate training and development opportunities. Mandatory training included Children First elearn programme, mandated person, child protection, fire safety, first aid and manual handling. All staff members had up to date certification for all mandatory training. There was also an appropriate balance on the team of those trained in basic first aid and first aid responder training.

In addition to mandatory training, additional training had been provided to staff members including ligature training, ‘when words don’t work – coregulation’, model of care, LGBTQI awareness, bodywhys, safe talk and suicide prevention. Additional training was funded by the organisation. There was evidence through supervision records that there was a clear emphasis on training within the centre and the organisation invested heavily in upskilling its staff members. Inspectors were informed some of the training was completed as a result of an analysis of referrals that were reviewed. Self-harm appeared to be a frequent presenting behaviour therefore the organisation decided to be proactive in ensuring staff were equipped to deal with the behaviour should any potential referral progress.

A training needs analysis had been completed by the centre manager and reviewed by the registered provider. It included requirements for refresher training throughout 2025 along with training identified by staff members. Inspectors saw evidence of training booked for March and May 2025 in line with staff needs. All training certificates were maintained on staff members personnel files.

Inspectors saw evidence of induction occurring with staff members. There was an induction record maintained on all staff personnel files along with the results of an induction examination. Induction was carried out over a three-day period prior to taking up their first shift and was funded by the organisation. Staff members interviewed spoke positively about the process and found it beneficial. This process was supported by a robust induction policy.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.3 Standard 6.4
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 action required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must ensure all staff follow correct reporting procedures for child protection.	<p>In depth discussion complete at recent team meeting 14.04.25 with direction given by Manager regarding reporting procedure.</p> <p>Participation in online interactive workshops initiated by HSE by staff members x2</p>	<p>Continued review within individual supervision sessions- providing direction and support for all staff regarding reporting procedures.</p> <p>Continued training updates as per national guidance.</p> <p>Ongoing participation by individual staff members in online interactive workshops initiated by HSE.</p> <p>Review at team meetings within SEN reviews and further discussion at management meeting level to discuss any CPWRF notifications- specifically reporting procedures- who submitted, relevant recording, subsequent correspondence and actions.</p>
6	No action required.		

