



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 258

Year: 2025

Inspection Report

| | |
|------------------------------|---|
| Year: | 2025 |
| Name of Organisation: | Orchard Residential Care |
| Registered Capacity: | Six Young People |
| Type of Inspection: | Announced Inspection |
| Date of inspection: | 24th, 25th and 26th February |
| Registration Status: | Registered from 9th September 2024 to 9th September 2025 |
| Inspection Team: | Lorna Wogan Linda McGuinness |
| Date Report Issued: | 15th 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 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 9th September 2024. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 9th September 2024 to the 9th September 2025.

The centre was registered to provide multiple occupancy care for six young people seeking international protection aged sixteen to seventeen years. The objective of the centre is to provide a place of safety and support for young people unaccompanied by an adult. The centre aimed to provide high quality care for young people in a safe, comfortable environment where the values of respect, honesty, consultation and individuality are promoted and where each individual strength is acknowledged and fostered. There were six young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

| Theme | Standard |
|--|----------|
| 1: Child-centred Care and Support | 1.1 |
| 4: Health, Wellbeing and Development | 4.2 |
| 5: Leadership, Governance and Management | 5.2 |

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.

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 11th 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 6th May 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: 258 without attached conditions from the 9th September 2024 to the 9th September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 7: Staffing
Regulation 9: Access Arrangements
Regulation 11: Religion
Regulation 12: Provision of Food and Cooking Facilities
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

There was information available to the young people in several languages in relation to children's rights. There was written information available to the young people related to the centre, the UN Convention on the Rights of the Child, and the Irish refugee process. There were policies for staff that outlined rights specific to young people living in residential care such as access to information, consultation and participation. There were copies of the young people's version of the HIQA national standards also available.

The inspectors found the six young people had moved into the centre over two dates in September 2024 with little information shared or available to the centre. Inspectors found that the team made every effort to establish the information for and with the young people and sought to support them emotionally throughout regarding applications for refugee status and the progress of these applications. This was done in collaboration with the separated children seeking international protection (SCSIP) social work department.

There was evidence to support that work had taken place regarding rights during the admissions process and subsequently in young people's meetings. Inspectors found that the centre manager and team planned for and discussed how to meet the young people's cultural, religious, legal, health and educational needs. The promotion of young people's rights was discussed at team meetings, at handovers, during key work, individual work and evidenced through the daily and weekly routines and schedules.

The views expressed by the young people were reflected in the centre records such as the daily logs. Team members held weekly meetings with the young people and maintained a record of these meetings where they discussed matters relating to their care and the house routines. The staff team encouraged and facilitated the young people to attend their educational placements, sporting and other recreational activities in the community. Additional English language support was provided where required for one of the young people.

A culture of mutual respect based on country of origin, faith, gender and culture was promoted at the centre. The centre had a cultural awareness policy that was updated in February 2025 and team members were facilitated to attend cultural awareness training. There was a culture within the team of listening and learning about individual cultures and shared experiences from other similar centres operated by the organisation.

There were appropriate arrangements in place to enable the young people to practice their religion. At the time of the inspection plans were in place to facilitate religious observance of fasting for some of the young people with unrestricted access to the kitchen to prepare meals at the required times. Additionally, there was evidence that cultural festivals and religious celebrations were marked in the centre by the staff and the young people.

The young people's right to privacy was upheld by the staff team. The male and female residents were allocated their own separate dedicated bathroom facilities. The young people were afforded privacy in their bedrooms and in relation to their personal narrative, family history and in relation to contact they may have with family members in their country of origin. Each young person had their own personal mobile phone to contact family and their allocated Tusla worker independent of staff.

There were arrangements in place for access by the young people to general practitioner services and for their referral to medical, psychological, dental, ophthalmic or other specialist services as required.

The inspectors found that food was wholesome and nutritious with meals identified by the young people and some shared cooking taking place. This was evidenced in menu plans, observations of mealtimes and speaking with the young people. There were proper facilities for the refrigeration and storage of food and a high standard of hygiene was observed in relation to the preparation and disposal of food. The young

people confirmed to the inspectors that they were provided with healthy nutritious food, were consulted in relation to particular dietary requirements and had opportunities to cook their own meals if they wished. The inspectors observed a variety of home cooked meals prepared for the young people as well as the availability of a range of healthy and culturally appropriate food options.

The young people were supported and facilitated to attend their educational placements and recreational activities. Individual talents and hobbies were promoted. Creative art projects and paintings completed by one of the young people were framed and displayed in the home and entered into an exhibition in the local community. Staff encouraged the young people to develop their independent living skills appropriate to their age and stage of development and the goals of their placement were outlined in their placement plans.

Incidents or significant events where they occurred were notified to the Tusla allocated worker and the placement co-ordinator. Significant events and incidents were captured through a number of reporting structures internally and were reviewed at team meetings. The organisation operated a digital recording system. An individual care record was maintained in respect to each young person that contained all relevant documentation and confidentiality was protected. Overall, appropriate records were maintained in the centre in relation to the young people's care.

There were sufficient numbers of care workers on each day to meet the young people's needs with three care staff on during the day and two overnight in the centre. The young people confirmed the staff team were familiar to them and the centre manager was accessible to them. The young people were provided with contact details of their allocated worker within Tusla. The social workers were satisfied with the high standard of care provided to the young people and stated that the centre manager and staff had the capacity to meet the needs of each of the young people placed there.

Each of the six young people completed a written questionnaire for the inspectors. Overall, they relayed they were happy with the care they received. In addition, five of the six young people were available and open to speak with the inspectors. The young people did not require the use of interpreters to engage with the staff team or the inspectors. They stated they were treated with respect and kindness and felt safe living in the home. They stated they had settled well and were happy with the care and support they received there. They were all aware of their right to participate in

decision making around aspects of their care and routines. They confirmed they were informed of their right to make a complaint about any aspect of their care. Where the young people had made complaints about aspects of their care these were recorded on the care records, notified appropriately and resolved to the young people's satisfaction.

| Compliance with Regulations | |
|------------------------------------|---|
| Regulation met | Regulation 5 Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16 Regulation 17 |
| Regulation not met | None Identified |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 1.1 |
| 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

- None identified

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The Tusla placement plans for each young person identified physical and mental health needs as reported by the young people themselves on their entry into the State. Specialist referrals were set out in these plans in relation to the necessary interventions and supports. Goals were set out in the centre placement plans to support the health and wellbeing of the young people in placement.

There was limited access to medical and health information from birth for the young people in placement. There was no information available on childhood vaccinations the young people may have received in their country of origin. The centre manager must liaise with the social workers to ascertain information on the catch-up vaccination programme in place for children seeking protection here in Ireland. This information should then be shared and discussed with the young people.

The young people confirmed they have access to the local general practitioner (G.P.) and there was evidence that the centre staff ensured the young people had access to dental and ophthalmic services as required. A record of all medical appointments and the outcome of these appointments were maintained on the individual care records. Medical cards were secured for a number of the children and applications for others were being processed at the time of the inspection. The local G.P. had advised on all over the counter medications that could be administered to the young people. Where the young people had a specific medical diagnosis the staff team had undertaken training to support them with their condition. There was a written plan in place for staff to ensure correct procedures in place to manage the diagnosis. There was evidence that staff facilitated all follow-up appointments with specialists as required for some of the young people.

Staff were attuned to the young people's mental health and the potential impact of past trauma. The team were sensitive in the manner these concerns were addressed. The team afforded the young people privacy and space in relation to their past history and there was a focus on building relationships of trust in the first instance. There was evidence the team encouraged the young people to avail of opportunities of individual counselling support however some of the young people were reluctant to take up this offer at this time. Additional training was identified for the team to support young people whose human rights have been violated and they have been victims of torture and abuse.

The manager and staff team promoted physical exercise and healthy routines for the young people. There was evidence that the young people were consulted in relation to activities and routines in which they were engaged. The inspectors observed structured and busy daily routines with education, structured mealtimes and extra-curricular activities.

There was a medication management policy in place that was updated and all staff had received internal training and support to implement this policy. Staff had completed training in the safe administration of medication. A staff member was

appointed to undertake checks on first aid kits and to ensure supplies were monitored. There were systems in place to record medication errors and for the disposal of spoiled medications. There were clear recording procedures in place for the storage, administration and disposal of medications. A number of staff members had yet to complete first aid training and this training need was identified by the manager and training was scheduled in the coming weeks.

The centre had a no smoking policy that prohibited staff and young people smoking or vaping in the centre or when sharing transport. None of the young people placed in the centre smoked cigarettes or vaped.

| Compliance with Regulation | |
|-----------------------------------|------------------------|
| Regulation met | Regulation 10 |
| 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 4.2 |
| Practices did not meet the required standard | Not all standards under this theme were assessed |

Actions required

- The centre manager must liaise with the social workers to ascertain information on the catch-up vaccination programme in place for children seeking protection here in Ireland. This information should then be shared and discussed with the young people.

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.

Leadership was demonstrated and evidenced at all levels in the residential centre. There was robust oversight of practices in the centre by the external managers through internal governance processes. In addition, external to the line management structure, quality assurance audits were undertaken to assess compliance with the national standards and statutory regulations. There was one quality assurance audit completed since the commencement of operations.

The centre manager was the named person in charge and was in this role since the centre opened in September 2024. The centre manager reported to a regional director and received regular supervision. The centre manager displayed competency in this role and was suitably qualified and experienced to undertake the role. There were governance and management systems in place to ensure accountability and provide effective leadership through team meetings, monthly management meetings and regular supervision of both the manager and staff members. There was evidence that the manager was accessible to the staff team and the young people. The staff interviewed stated they were well supported by the centre manager who provided them with daily guidance, regular supervision, booking and provision of time for training and development.

There were contracting arrangements in place between the provider and the national placement team and these were subject to periodic review.

Policies and procedures were up to date and were subject to review. Staff familiarised themselves with policies through their induction training and probationary period. In addition, the centre manager identified specific policies for staff to review periodically and staff confirmed these were maintained in a folder in the staff office.

The organisation had developed a risk management framework and there were systems in place for the identification, assessment and management of risk. To date there were no high-risk concerns identified relating to the young people in placement. Risk assessments were completed by the key workers and shared with the staff at team meetings. Risks identified were communicated to external managers through the daily updates and through monthly centre manager governance reports. A recent significant event review group meeting included a review of the risk management framework within the centres to include the recording systems in place, the review of risk assessments and the identification of risks following significant events. All risk assessments were updated monthly.

The statement of purpose outlined that the staffing complement consisted of the centre manager and 9 care staff. At the time of the inspection the centre had a staff complement of 8.5 staff. There were no relief staff assigned to the centre however the manager had access to relief staff across the organisation as required. There was one team leader appointed within the team. The inspectors found that the internal management structure was not appropriate to the size and purpose of the centre. As stated, there was only one team leader in post who was recently appointed to the role in the centre. In addition, there were four health care assistants on the team and a number of social care staff with limited experience working with young people in residential care. The centre manager had a wide range of management tasks to fulfil with limited leadership support within the team. There was evidence the centre manager required additional support to fulfil the range of management tasks including the supervision, support and mentoring of the staff team. The regional director must ensure the internal management structure is strengthened to ensure there is adequate and appropriate guidance, support and mentoring of staff across each shift.

The centre manager stated the external managers would undertake oversight of the centre and some management tasks in their absence. Evidence was provided to the inspectors of management tasks delegated to appropriately qualified staff.

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

| Compliance with standards | |
|----------------------------|------------------------------------|
| Practices met the required | Not all standards under this theme |

| standard | 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

- The regional director must ensure the internal management structure is strengthened to ensure there is adequate and appropriate guidance, support and mentoring of staff across each shift.

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|-------|---|--|---|
| 1 | N/A | | |
| 4 | The centre manager must liaise with the social workers to ascertain information on the catch-up vaccination programme in place for children seeking protection here in Ireland. This information should then be shared and discussed with the young people. | The centre manager emailed the social worker and principal social worker on 03.10.25 to request this information. The centre manager will continue to liaise and follow up with the young people's new social worker to see if immunisation records can be sent to the G.P and the centre. The centre manager also spoke to the placement coordinator on 23.04.2025 and requested that such records are ascertained when young people are placed or if they can request them as a priority. The centre manager was informed that there is a delay with the records and no time frame has been identified to date. The young people have also been asked to try and ascertain these records from their family. The centre manager will continue | The centre manager has made the separated children's social work department and placement coordinator aware that the medical exam results containing information on past immunisation history vaccination have not been forwarded to the young people, the G.P or the residential home. Going forward the centre manager will request childhood vaccine/immunisation records from the social workers when new residents are admitted. |

| | | | |
|---|---|--|---|
| | | to follow up on this matter. | |
| 5 | The regional director must ensure the internal management structure is strengthened to ensure there is adequate and appropriate guidance, support and mentoring of staff across each shift. | The regional director has commenced the recruitment process for hiring a second team lead for the centre. HR advertisement was scheduled for March 2025 with interviews scheduled on 2 nd April 2025. A second team lead was appointed internally and started in the centre on the 30.04.2025. This will provide more balance across shifts in terms of support and mentoring of staff and provide assistance to the centre manager in terms of management tasks. | Where a team lead hands in their notice, HR will be notified immediately, and the process of rehiring a suitable replacement will commence. Succession planning is in place and will help the centre manager identify future leaders within the team. Once they are eligible, a plan will be put in place where they will work towards promotion. |