Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: **013**

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Orchard Residential Care Limited**
Registered Capacity:	**Four young people**
Type of Inspection:	**Unannounced inspection**
Date of inspection:	**19th and 20th August**
Registration Status:	**Registered from 25th September 2023 to 25th September 2026**
Inspection Team:	**Anne McEvoy Lorna Wogan**
Date Report Issued:	**11th November 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 2007. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from the 25th September 2023 to the 25th September 2026.

The centre was registered to provide multi-occupancy, medium to long term residential care for four young people from age thirteen to seventeen years on admission. The centre aimed to help young people recover from adverse life experiences. The model of care was built on a trauma informed approach, informed by attachment and resilience theories. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. There were four 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
2: Effective Care and Support	2.1
3: Safe Care and Support	3.3
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.

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 18th September 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 2nd October 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: 013 without attached conditions from the 25th September 2023 to the 25th September 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs informs their placement in the residential centre.

Inspectors reviewed the centres policies and procedures and found there was a written policy on admissions which took account of the rights of children, the centre's statement of purpose and function and the National Standards for Children's Residential Centres 2018 (HIQA).

Inspectors reviewed preadmissions records for each young person and found that the centre sought, and was provided with, relevant educational, medical, psychological and personal history reports prior to admission. These documents were provided by the relevant allocated social work team and were used to determine the overall suitability of the centre to meet the needs of the young person being considered for admission. Inspectors found that a child in care review was undertaken for each young person in the weeks following admission in line with statutory requirements and centre policy. The child in care reviews and pre-admission reports informed the overall assessment of need.

The allocated social workers for each of the young people stated that when the manager considered admitting another young person to the centre, they were consulted regarding any potential impact on the young people in placement.

A collective risk assessment was completed to identify potential risks or behaviours of concern for each young person and the potential impact they could have on each other. The assessment also identified the mitigation measures implemented to limit or reduce these risks. In the weeks preceding the inspection there were several high-risk incidents due to a negative group dynamic. This dynamic was observed by the inspectors during the inspection. The inspectors observed the managers and team members managing the group dynamics in a manner that deescalated the levels of risk in line with safety plans. The social workers informed the inspectors that the negative interactions between the young people was being addressed through open communication and dialogue with each of the allocated social work departments,

through individual work with the young people themselves and through high levels of supervision. The collective risk assessment reviewed by the inspectors indicated high levels of supervision was required as the primary mitigation measure. In interview staff stated that there were high levels of supervision, however on review of a significant event report, inspectors found that on one occasion, young people were found to have spent a lengthy period in each other's bedroom, undermining the collective pre-admission risk assessment. In addition, the manager who reviewed the incident report had not subsequently alerted to this in their review of the incident or addressed the matter with the staff on duty. Inspectors recommend that the centre manager reviews the risk assessment and holds staff members to account ensuring that the centre's risk assessments are fully implemented at all times.

The centre had developed a young person's booklet that contained relevant and important information for each young person on the day-to-day routines of the centre, including the complaints process and their rights as a child in care. Inspectors reviewed the care records for young people and found that, while key work sessions to review the content of this booklet and to outline the complaints and other processes in operation in the centre were not evident in key working or the individual work reviewed by the inspectors, each young person was familiar with the process. Inspectors recommend that the centre manager reviews the young people's records and ensures that records are up to date.

Inspectors were provided with the transition plan for two young people but transition plans for the other two young people could not be located at the time of the inspection. Interviews with the allocated social workers evidenced that each young person was provided with a transition plan. The transition plan devised for one young person recorded that they had visited the home and were shown around by one of the other young people and had the opportunity to meet with some of the staff team. They were also shown their bedroom and given an opportunity to go shopping to purchase items to personalise their room. Inspectors found that young people were informed through young people's meetings and in individual work when a new person was to be admitted. As stated previously, inspectors recommend that the centre manager undertake a review of records to identify where there are gaps in records and ensure that each young person's care record is comprehensive and up to date.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 2.1**
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 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.

Following a review of team meeting records and observations of staff interactions with the young people, the inspectors found the centre managers promoted an open culture and welcomed engagement from staff members and young people to raise concerns. In interview, staff members stated that they were comfortable to raise concerns and suggest improvements they felt might benefit the overall operation of the centre. They stated that staff were able to communicate any suggestions either through team meetings or in supervision.

Young people were advised in young people meetings of the process involved should they wish to make a complaint. Inspectors found that all young people were confident in making complaints and having their voice heard. Complaints were tracked using a complaint register and inspectors found that most complaints made by the young people were resolved at local level.

The centre had a range of forms for young people, social workers and parents to provide feedback to the centre on its operation and areas for improvement. The timeframes and procedures in place to seek feedback from all relevant persons was

not clear and the inspectors found that there was limited usage of the forms to ascertain feedback and gain insights into potential areas for improvement. However, young people were provided an opportunity to provide feedback at the young persons weekly meeting and also at their child in care review.

In interviews with the relevant social workers, they advised that while formal feedback was not sought, where areas for improvement were suggested, these were received positively by the centre manager and staff members and implemented. In interview with the parent of one young person, they stated they had regular contact with centre staff and raised issues as they arose. They stated that they had not submitted any complaints and were not requested to complete a feedback form but advocated for their child where they felt it was required. Given the absence of a definite process for receiving and acting on feedback, inspectors recommend that the registered provider review the current feedback process to receive and review feedback from young people, their families and social workers.

The centre had a written policy for the notification, management and review of incidents. This policy identified the relevant timeframes for notification to internal managers along with the planned review of incidents and implementation of learning as a result. While the policy identified potential external professionals who the incident may be reported to, it did not clearly identify the timeframe within which external professionals were to be informed. Inspectors reviewed a sample of significant event notifications (SEN) and found that there were inconsistencies in recording the dates the incidents were reported to social workers and other external professionals, with no dates recorded on a small number of those sampled. In interview, social workers stated that they were contacted by phone or email following an event and were satisfied that for the most part, they were informed of significant events in a timely manner. Inspectors recommend that the registered provider review the policy on the notification, management and review of incidents to clearly outline the timeframes within which external professionals, including the allocated social worker and the parents, where appropriate, are to be informed.

Following a review of several significant event reports the inspectors found a number of reports where the chronology of the event and the staff interventions were unclear. Inspectors reviewed the management and recording of child protection and welfare report forms (CPWRF) and found that the information recorded on these forms was limited and in a small sample of reports did not identify the nature of the concern and on four occasions the information was not specific enough to support an initial assessment by social workers. This was also highlighted by two allocated social

workers interviewed by inspectors. The centre manager must ensure that all SEN's and CPWRF's submitted by staff members contain relevant information sufficient to allow for the clear understanding of the event and subsequent analysis of the incident.

Inspectors found that there were a variety of activities used to inform the development of best practice. The centre was subject to regular quality assurance audits focusing on specific themes from the National Standards for Children's Residential Centres (2018) HIQA. Inspectors found these audits to be comprehensive and effective in identifying gaps and deficits in the updating of key documents and uploading of said documents to the organisation's IT system. Inspectors found that the audits reviewed identified deficits subsequently highlighted in this inspection. The actions to address the findings of this recent audit were outstanding however inspectors acknowledge the complexities of the young people currently residing in the centre and the impact this had on the ability of the manager and staff team to successfully implement the quality improvement plan. Furthermore, the centre had experienced a high turnover of care staff and the current centre manager was in post three months at the time of the inspection. Inspectors were informed that the registered provider was in the process of reviewing additional resources required to support the centre manager to achieve compliance on identified gaps from internal audits and this inspection.

A sample of team meeting minutes were reviewed and inspectors found that there was discussion at each meeting regarding the incidents that had occurred for each young person. This was followed by an open consultation on potential issues, learning outcomes and changes to practice guidelines that may be required to limit or resolve the issues identified. Inspectors also reviewed minutes from significant event review group meetings (SERG). These meetings were held every two months or as required and were thematically based. Inspectors found that there was clear learning identified and discussed within the context of this meeting. In interview one staff member was not familiar with the SERG meeting and was not aware of feedback from this meeting. A review of a sample of team meeting records did not evidence this learning and feedback being brought back to the team. The centre manager must ensure that the learning identified at SERG meetings is further discussed at team meetings to ensure that learning is achieved and implemented.

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 that all SEN's and CPWRF's submitted by the centre contain relevant information sufficient to allow for the clear understanding of the event and analysis of the incident.
- The centre manager must ensure that the learning identified at SERG meetings is further discussed at team meetings to ensure that learning is achieved and implemented.

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.

The organisation was contracted to provide a residential childcare service to Tusla, Child and Family Agency. The organisation met with the funding body biannually with relevant reports submitted prior to each meeting evidencing compliance with the National Standards for Children's Residential centres 2018 (HIQA) and relevant legislation.

The centre had an established organisational structure with the centre manager as the identified person in charge. They had overall executive accountability, responsibility and authority for the delivery of the service. They were appointed ten

weeks prior to the inspection and were experienced in the role of centre manager. Inspectors found that they were knowledgeable in all aspects of the service, including care planning for each young person as well as deficits in service provision. Inspectors reviewed their supervision records and the most recent quality improvement plan which identified planned areas for improvement.

At the time of inspection there was an internal management structure appropriate to the size and purpose of the centre. This included a centre manager, deputy manager and three social care leaders. Post inspection, inspectors were informed that one social care leader had tendered their resignation. There were five social care workers working in the centre at the time of inspection, however four of these had tendered their resignation and were due to cease employment in the three weeks post inspection. Three of these workers were moving to relief contracts and were able to support the roster pending the recruitment and onboarding of new staff.

Prior to the completion of this report, inspectors were provided with an updated staffing list which evidenced the commencement dates for three full time social care workers prior to the 22nd September and a fourth, full time, social care worker who was in the process of being onboarded with a proposed commencement date of October 2025. Pending the commencement dates of new staff, inspectors were told that there was a dependency on relief staff and a set cohort of agency staff to retain consistency for young people. In interview, one young person stated that staffing deficits had impacted on their ability to do activities as on occasions there was not enough staff to facilitate each young person. A questionnaire from one other young person also expressed their dissatisfaction with the staffing levels in the house stating that the house was understaffed. Inspectors request that the centre manager provide an updated staffing list to the Alternative Care Inspection and Monitoring Service once all new staff members have commenced employment.

In interview, staff members were aware of the organisational structure and the lines of authority in place. They stated that they were provided with a job description which matched the roles and tasks they were undertaking. In young people's questionnaires returned to the inspectors, they stated that they were aware of the person in charge and knew who they could speak to if they had any areas of concern.

The centre had a suite of policies and procedures, and these were last reviewed in April 2025 with a further identified review date of April 2027. In interview staff members stated that policies and procedures were discussed in supervision as well as

team meeting records. A review of a sample of team meeting records evidenced that policies were routinely discussed.

There was a risk management framework and supporting structures in place for the identification, assessment and management of risk. There were assessments completed on identified risks for each young person and inspectors found these to be proportionate and relevant. There was a centre risk register in place with appropriately identified risks. These were each risk rated using their risk rating matrix and reviewed routinely by management to ascertain their ongoing requirement.

The centre had alternative management arrangements in place for periods of time when the person in charge was absent from the centre. There was an on-call rota in operation for evenings and weekends. For periods of time when the person in charge was on annual leave or sick leave, the deputy manager was charged with this function. Inspectors reviewed supervision records between the person in charge and deputy manager and found that duties delegated to the deputy manager were kept as a written record and reviewed on the return of the person in charge.

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

Compliance with standards	
Practices met the required standard	**Standard 5.2**
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

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 that all SEN's and CPWRF's submitted by the centre contain relevant information sufficient to allow for the clear understanding of the event and analysis of the incident. The centre manager must ensure that the learning identified at SERG meetings is further discussed at team meetings to ensure that learning is achieved and implemented.	The centre manager to ensure all SEN submissions contain clear, accurate, and relevant information that provides a comprehensive understanding of the event and supports thorough analysis of the incident. Completed by: 30.09.25 and on-going The centre manager will ensure that all learning identified at the significant event review group (SERG) is reviewed and discussed during the team meeting, so that key insights can be implemented effectively across the team. Completed: 30.09.25 and on-going	The centre manager is responsible for ensuring full governance and oversight of SENs and CPWRF prior to their completion and submission. The centre manager will ensure that the team completes report writing training. Feedback from the SERG meeting will be included as a standing agenda item in all team meetings on a bi-monthly basis.