



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 014

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Focus Ireland
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	8th, 9th & 12th December 2025
Registration Status:	Registered from the 13th of March 2025 to the 13th of March 2028
Inspection Team:	Eileen Woods Sinead Diggin
Date Report Issued:	07th of April 2026

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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 January 2003. At the time of this inspection the centre was in its eighth registration and was in year one of the cycle. The centre was registered without attached conditions from the 13th of March 2025 to the 13th of March 2028.

The centre was registered as a multi-occupancy emergency service. It aimed to provide a short-term placement for up to a maximum of four young people aged sixteen and seventeen years old on admission. Referrals were received through the Tusla National Out of Hours Service (NOHS). The length of stay was fourteen nights with re-referral required for longer stays. The centre operated a model of positive youth support and provided a focused service to young people unable to access alternative care arrangements. Their aim was to ensure emotional containment using trauma informed practice. 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
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1

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

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 26th January 2026. 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 of February 2026. Further discussion and details were confirmed during a meeting on the 13th of March 2026. 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: 014 without attached conditions from the 13th of March 2025 to the 13th of March 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

The purpose and function of this centre was the provision of emergency care and accommodation for fourteen nights with an extension possible for a further fourteen nights upon request. The centre was at the time of this inspection visit, providing a placement for three young people all of who had exceeded the fourteen day to twenty eight day placement, all three had been at the centre for close to four months. This was due to the lack of suitable move on placements. Since the last inspection in March 2024 the centre had provided eight seven admissions/placements and eight four discharges.

The staff and management worked to a set of policies and procedures around rapid referral and admission, through the Tusla National Out of Hours Service (NOHS). These prioritised targeted risk assessment and induction to meet immediate individual needs and took account of group dynamic. There were admissions meetings held and there was an admissions check list in place. Inspectors found these records to be available on the hard files provided and not all were completed to confirm that procedures such as complaints were explained to the young people. Thereafter it was not evidenced through individual work records if these were revisited with the young people. The young people did receive a young person's booklet and this contained information that they needed to know about the centre as well as how to access the organisations complaints process.

The centre maintained records on a digital system that it took some days to organise access to for inspectors, the system as structured did not allow for good oversight and governance from external authorised persons, such as inspectors. The documents provided were preselected against an outline provided by inspectors. The registered provider must ensure that the centre is equipped with a digital recording system that is fit for purpose for this centre and that can be accessed by authorised persons for the purposes of open review and inspection.

The staff and management that inspectors interviewed spoke confidently about the stages of information sharing with young people – the young person’s booklet, induction to the centre, promoting safety within the centre, listening to and asking young people about what they had been recently or were currently experiencing. The young people were told about the rules and encouraged to go to their planning meetings. Some young people did attend their planning meetings or shared their questions with the staff team. The resounding view of all three young people, captured on the centre records, was that the location of the centre was leading to or had led to increased risk and poorer outcomes for them in exposure to drugs, debt and organised crime. The management and team at the centre agreed with this view and advocated for suitable moves for the current young people.

House meetings were held weekly with low attendance noted overall. When young people did attend inspectors found that little was recorded of that meeting aside from menu planning. The team had taken steps to make attendance and participation more attractive to young people. The young people meeting records did not evidence management oversight. Similarly, inspectors found that daily logs contained a low level of information, with the least utilised section being the young person’s voice. The centre occasionally provided emergency accommodation for young people seeking international protection and whilst the centre had the booklet available in one additional language inspectors recommended that they add additional languages so that they have it to hand for new arrivals.

Whilst these structures required attention inspectors found that the team were experienced and were well led in the model of positive youth development and were adept at meeting young people where they were at in a nonjudgemental and open manner. A gap for the service was solid feedback mechanisms that fed into a wider understanding of what the experience was like at the centre for young people. The centre manager and the wider under eighteens service within their organisation had discussed this and had plans for development of feedback and complaints processes to be adapted in 2026.

Inspectors reviewed complaints and there had been one recorded complaint in 2025. The current complaints policy was the shared organisational Customer Complaints procedure and booklet across adult and children services. This policy did not read as tailored to under eighteens nor was it in a format that looked accessible for young people to confidently use. The current system does not capture local process where day to day matters may have been dealt with, therefore the team’s proficiency in problem solving, mediation and role modelling with young people was not captured

well, although inspectors could see and heard evidence that this takes place. Inspectors could see examples of this in individual work but this is an area that could be captured more effectively in order to inform service development. The staff team and the wider management group had also identified this during 2025, and staff had been assigned a project around this topic in quarter three of 2025.

The young people did not meet with inspectors on this visit and did not complete questionnaires, their social workers named the key role played by the team in providing that initial emergency placement and in being advocates for a safe and timely move on for the young people. Families were kept informed about events, such as medical or missing from care episodes, where that had been agreed with them and their wishes were respected by the team. There was evidence of family being invited to visit the centre also.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the centre is equipped with a digital recording system that can be accessed by authorised persons for the purposes of open review and inspection.
- The registered provider and centre management must ensure that they progress the further development in the under eighteens residential services complaints and feedback documents and procedures.

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 voluntary body had arrangements and personnel in place to ensure the ongoing development, through regular review, of child protection practices, policies and procedures in line with Children First and relevant legislation. During interviews staff described to inspectors that there was discussion of key policies such as child protection and child sexual exploitation and inspectors found that mandatory training in same and other related areas was up to date. The staff outlined, and records confirmed, that safeguarding was a topic for discussion with young people and at all relevant staff forums. The staff team were all mandated persons, and the full staff list was available. The team and management were a stable and experienced group that were child centred, trained and well led and named these as core strengths in holding young people during a difficult time. They also understood and shared that it was their view that this worked best when placements were in line with the purpose and function with young people moved within the correct timeframe.

Whilst staff were confident in naming core child protection policies, due to the nature of the typically short term placements they were not as familiar with the policies on safety online for example. There were tool kits available for staff to access with young people around safe care and self-protection and inspectors recommend that the team also focus on the additional supporting policies available and to build in resources around those areas where young people stay longer than the placement timeframes.

Inspectors found a lack of evidence on the current young people's records of proactive guided work geared to assisting young people to live a safer day to day life. The team did ask questions and responded to matters arising including speaking with the young people. The team did not record a significant amount of their direct work or engagement with young people. There were plans on file in the form of individual crisis support and risk response plans (ICSP/RRP's) and inspectors found that these were not up to date nor did they hold information on interventions that staff actually do or intend to do.

Staff were well informed about child protection reporting and tracking of concerns, they completed and submitted child protection reports through the Tusla portal. These were thereafter entered onto a centre register and tracked by a social care leader for updates and closures. Staff informed inspectors that they were aware of and encouraged to follow up on reports. Staff had access to a designated liaison person and a deputy designated liaison person at all times as this was a 24-hour service. They could and did as necessary consult with the Gardaí and with the Tusla National Out of Hours Service social workers as well as allocated social workers and family. The centre management met regularly with the local Garda division child protection specialists and their organisational safeguarding specialist, and this was appropriate for this services purpose and function. The centre manager also completed escalation forms in the form of 'Need to Know' to Tusla related to concerns for any young people in placement.

The risk assessments completed upon admission did not inform the above named plans in a clear way and there was a stronger focus on restrictive practices being recorded and tracked. Whilst the young people did need to be informed about restrictive practices due the particular nature of the service being provided, for example, no pocket money is provided, the other plans should be as clear and well updated. Inspectors advised that the presence of CCTV inside and outside the centre be included on the restrictive practices list.

The centre management maintained an operational risk register, this gave the best summary of the concerns, actions, mitigations and policies that pertained to the centre and the issues impacting young people directly were rated appropriately in the relevant areas. There was a risk action log which similarly was a clear representation of the history of concerns including organised crime gangs, grooming, drug and debt risks that have been issues for some young people using the service. The placement meeting records did not evidence the robust follow up inspectors heard about from the centre management, team and the social workers about move on placements. The centre had been adapting through large numbers of young people moving in and out and then periods of time when this stops and young people do not move. To respond to the latter the centre required some changes that can support them and the young people during those periods. This must include clearer recording in care records, in meeting records and through more effective use of their ICSP/RRP's.

In the area of recording, inspectors also found that daily logs were lacking information and there was a lack of clear recording around the administration of medication. This carried through into other records where it related to one young

person's medication and the records lacked evidence of management oversight and intervention to clarify the situation. Inspectors asked that the team retake medication management training and policy review. Where the team commenced observation logs some were not fully completed and records were inconsistent in what had taken place. Similarly, inspectors found a need for development in the content of significant event notifications (SEN's) and in the records of the life space interview tool. The form for SEN's required attention as it did not correctly name the office or persons to whom SEN's were sent.

The social workers for two of the three young people responded to the inspection and described generally good communication with the centre including regular placement meetings, co-ordination around missing child from care episodes and stated that they found the team to be well informed and child centred. The social workers stated that in the area of child protection reports that it was their role to inform and update parents or guardians. They confirmed that they had completed follow up on applications for permanent placements or more suitable safety options for the young people. They were aware of and had internally escalated through their local social work management structures the young people's risks and own views around the need to move away from the location and the emergency placement option offered by this centre.

Inspectors found that staff were not aware of the full meaning of protected disclosures (whistleblowing) and did not know the policy, this needs to be reviewed with the team for learning.

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

- The centre management must ensure that they review and improve the standard of content in planning and recording systems. They must evidence

oversight of and feedback related to improvements in recording, reporting and direct work completed by the team.

- The registered provider and centre management must ensure that training is updated in medication management and appropriate recording of administration of medication.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The registered provider must ensure that the centre is equipped with a digital recording system that can be accessed by authorised persons for the purposes of open review and inspection.</p> <p>The registered provider and centre management must ensure that they progress the further development in the under eighteens residential services complaints and feedback documents and procedures.</p>	<p>Only Focus Ireland staff are permitted to access digital systems. This requirement is in place to protect data security and minimise the risk of external cyber-attacks. Following consultation with the IT provider, access will be granted during the inspection through an expedited access request submitted by local management.</p> <p>A new Feedback Management system (Complaints, Compliments & Suggestions) aimed at hearing the young person’s voice will be launched in mid-February 2026. It provides multi-channel access, including mobile devices, QR-code links, and paper-based options. The system is aimed at encouraging independent engagement across all our U18s services. The system also enables staff and</p>	<p>Our IT provider has confirmed that a clearly defined process is in place to ensure timely system access. This process will support the provision of temporary access for inspectors as required.</p> <p>We will make the system part of everyday work by training staff and by ensuring it is a standing item on Team Meeting and Management Meeting agendas to help embed in culture. It will be rolled out in at the young person meetings and keyworking. We will provide thematic reports quarterly to staff to demonstrate what was said and what was done. At the U18s divisional level, regular</p>

		<p>management access to live data to record and escalate feedback arising from young peoples' meetings and individual work sessions.</p> <p>Built-in feedback-loop mechanisms ensure all issues are tracked, addressed, and resolved. The system also facilitates monitoring and reporting of emerging trends and themes to support service oversight and continuous improvement.</p>	<p>updates and reviews will help make sure the system is used properly and help us spot any trends and identify training and knowledge gaps amongst staff.</p> <p>The system will be reviewed after one year of being operational.</p>
3	<p>The centre management must ensure that they review and improve the standard of content in planning and recording systems. They must evidence oversight of and feedback related to improvements in recording, reporting and direct work completed by the team.</p>	<p>Complete a review and revision of all planning and recording templates by Q2 2026 to ensure they meet required quality standards.</p> <p>Implement weekly case-file spot checks and a structured monthly quality review from Q1 2026, with management documenting all oversight and actions in a central log.</p> <p>Deliver staff training across Q1 and Q2 2026 on high-quality recording and reporting, with improvements measured through fewer errors and stronger standards evident in ongoing reviews.</p>	<p>Q1–Q4: Make sure staff always have enough time and the right conditions to record properly (protected time, manageable workloads, clear expectations). This prevents rushed or missed entries. This will be addressed in morning and evening handovers with a member of the management present for all.</p> <p>Q1–Q4: Build a strong team culture around good recording by talking about it in supervision and team meetings so everyone stays focused on good practice. Also identify individuals from the spot-checks and reviews who need further</p>

	<p>The registered provider and centre management must ensure that training is updated in medication management and appropriate recording of administration of medication.</p>	<p>All staff will complete refresher training in Medication Management on HSELand and the new Medication Management Policy will be rolled out with a short briefing for all staff. Each staff member will sign to confirm they have read and understood the policy, and the Manager will oversee completion within four weeks.</p> <p>To prevent recurrence, all staff will complete annual refresher training, and quarterly medication audits will be carried out to ensure ongoing compliance and to identify any issues early.</p>	<p>support need additional support. This will be the responsibility of all manager grades.</p> <p>Q2–Q4: Look at recording patterns every quarter to spot early warning signs and fix problems before they become serious.</p> <p>Staff will complete 2 yearly HSELand medication training.</p> <p>Medication Audits to ensure adherence to the new policy and identify any emerging risks early.</p>
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