



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 026**

**Year: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Crosscare</b>
<b>Registered Capacity:</b>	<b>Five young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> November 2025</b>
<b>Registration Status:</b>	<b>Registered from 30<sup>th</sup> June 2023 to 30<sup>th</sup> June 2026</b>
<b>Inspection Team:</b>	<b>Cora Kelly Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>15<sup>th</sup> of January 2026</b>

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

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

## 1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
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. The inspectors did not have the opportunity to speak with the children in the centre. They did receive questionnaires completed by three of the children. 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 25<sup>th</sup> of November 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 8<sup>th</sup> of December 2025. A further review of the CAPA was requested by the inspectors which was received and finalised on the 22<sup>nd</sup> of December. 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: 026 without attached conditions from the 30<sup>th</sup> of June 2023 to the 30<sup>th</sup> of June 2026 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

The layout and design of the property was suitable for providing safe and effective care for the four children living in the centre. The centre was homely, clean, appropriately decorated and in good structural condition. Each child had their own bedroom and access to a main bathroom and other toilet facilities. Children had the opportunity of decorating their own room and requesting items for this. They had access to gaming equipment, board games, books and a television in the large sitting room. Two allocated social workers spoke of visiting the children they were allocated to in the sitting room. There was good outdoor space with recreational activities available to the children. Centre management informed the inspectors of ongoing discussions that were occurring regarding developing and improving aspects of the property.

The centre was adequately lit, heated and ventilated and there was evidence of maintenance issues being resolved in a timely manner. There had been no complaints by the children regarding the property. Centre management were aware of paint work required and of the need for deep cleaning of bedrooms upon children being discharged. The centre manager confirmed with the inspectors of this work having commenced during the inspection process.

There was written confirmation that the centre was compliant with the requirements of fire safety legislation and building regulations. Fire safety information was contained in the centre's health and safety statement, and all staff had been provided with fire safety training. There was evidence of firefighting equipment and the fire alarm system being serviced by an external company and information on fire evacuation procedures and the fire assembly point were on display. Staff held

responsibility for conducting daily, weekly and monthly fire checks with records being appropriately maintained. Personal emergency evacuation plans (PEEP's) for children had not been considered by centre management previously and this is something that the senior manager was following up on.

It was evident that fire evacuation drills were taking place monthly. However, the times and names of those who took part, and the results of each exercise held were not recorded. As risk assessments were not being completed when a child had refused to participate in a fire drill, the inspectors could not determine if any problems highlighted during a fire drill are corrected promptly as per guiding policy. The centre manager acted on this immediately following the inspectors visiting the centre and submitted evidence of same to the inspectors. The inspectors recommend that the centre manager conducts a review to assure themselves that all staff and current children have completed a fire evacuation drill. Where fire safety risks had been identified a risk assessment was appropriately developed. However, there was no evidence of it having been reviewed. These must be kept under regular review to ensure risks are being managed appropriately.

The centre had a safety statement in place that included procedures for accident and incident reporting. There had been no accidents to a child reported. The staff team had been provided with First Aid Responder training. The centres vehicle was driven by staff who were legally licenced to drive the vehicles and evidence of tax, appropriate insurance and regular servicing was provided during the inspection. There was evidence of the centre being adequately insured against accidents or injuries.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified.

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

#### **Theme 3: Safe Care and Support**

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

The inspectors found that since the last ACIMS inspection in September 2024 the centre had made good improvement across this standard with some actions outstanding that require attention. In line with the Children First Act, 2015, the centres child safeguarding statement (CSS) was signed and prominently displayed in the centre. The inspectors found from their review of the document that current risks of harm were not included on the CSS and there was no evidence of additional risks such as child sexual exploitation or child trafficking having been considered as risks of harm. When reviewing the CSS, the inspectors recommend that senior management consider developing a centre specific CSS in place of the service wide CSS to ensure it accurately captures statutory requirements relating to the centre.

The centres safeguarding and child protection policies and procedures for working safely with children were found to comply with Children First: National Guidance for the Protection and Welfare of Children, 2017. Policies included for example those relating to complaints, anti-bullying, lone working, professional code of conduct and a policy on disclosures or allegations of abuse against staff. Reporting procedures were found to include those for responding to reasonable grounds for concern, disclosures of abuse and retrospective disclosures. As there was a deficit in procedures for responding to possible child sexual exploitation (CSE) in the overall suite of policies this must be included in the next review of policies. This review should also consider removing old child protection language replacing it with Children First terminology. In interview, the inspectors found that in general staff teams knowledge of safeguarding and overall care practices exceeded their knowledge of the operational safeguarding and child protection policies guiding their work which was a similar finding to the ACIMS inspection of the centre in 2024. Of the sample of team meeting minutes reviewed the inspectors found that greater oversight and attention was required by centre management in discussing and reviewing safeguarding and child protection related policies and practices to ensure staff have a full understanding of policies they are obligated to implement and keep live in their everyday practices.

Key safeguarding personnel in place included a named and relevant person as per the requirements of the CSS, an appropriately trained Designated Liaison Person (DLP) and a deputy DLP and a list of mandated persons. All centre staff were considered mandated persons and those interviewed were aware of the associated responsibilities. Staff had completed the mandatory Tusla E-Learning module: Introduction to Children First, 2017 and the Tusla E-Learning module: Children First: Mandated Person role and responsibilities training. Staff had also been provided with child protection training by the agency. However, in interview staff did not present a sound knowledge of reporting procedures and this is an area that centre management needs to address ongoing at the team meetings.

The centre manager held responsibility for maintaining the child protection register and it was evident that reports recorded on the register were appropriately submitted to Tusla via the online portal and followed up. However, on review of the children's care records the inspectors identified that further work in the identification of safeguarding concerns was required. As per policy, a procedure was in place for recording concerns that did not reach the threshold for reporting. An allocated social worker to one of the children, whom all the child protection and welfare reports related to, was satisfied that the centre was operating in line with national guidance

and spoke positively of their engagement with the centre in promoting the safety of the child they are allocated to. On review of a sample of significant events of notifications (SEN's) the inspectors identified potential safeguarding risks that were not recognised by staff or centre management. The incidents being recorded in individual SEN's were not accurately capturing the type of incident that had occurred. This lack of recording led to potential child protection concerns not being included for discussion at significant event review group meetings held to date this year and thus has impacted on the centres ability to respond fully and manage safeguarding issues robustly.

In line with the centres statement of purpose it was evident that staff were supporting the children to develop their knowledge, awareness, understanding and skills for self-care and protection in an age-appropriate way. It was evident that positive relationship building with staff was a significant factor, along with a stable and experienced staff team being available to the children. Team meeting and key working report records evidenced that each child was encouraged to be actively involved in decision making from daily living arrangements to care planning. For children of different nationalities centre management needs to consider accessing support from translation services to support their work with the children. Two of the children indicated in their questionnaire that they felt safe in the centre and were supported to keep safe outside of the centre. Both said they could talk to staff if they felt unsafe in the centre. A third child did not complete this section of the questionnaire with the fourth child not completing one. There was good practice of safety plans being developed when required and recorded in each child's care record.

Whilst training on protected disclosures had been provided to the staff team there had been no changes to the whistleblowing policy since the last inspection despite it being an action for implementation. At that time the inspectors recommended that the centre develop its own protected disclosures policy instead of the service-wide whistleblowing policy in the employee handbook that lacked centre specific guidance. Staffs understanding of whom they can make a protected disclosures to did not include those listed in the whistleblowing policy provided.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- Senior management must ensure that the Child Safeguarding Statement is meeting the requirements stipulated under the Children First Act, 2015.
- Senior management must satisfy themselves that centre management and staff understand their safeguarding responsibilities in the detection and management of safeguarding risks. This is to include ensuring that staff are accurately capturing the types of incidents in Significant Event Notifications (SENs).
- Senior management must ensure that the ‘whistleblowing policy’ is developed without delay and ensure staff are well-informed and confident in the procedures for making protected disclosures. This policy development should include comprehensive training for all staff on the Protected Disclosures Act, 2014, ensuring clarity on the channels for reporting concerns.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>Senior management must ensure that the Child Safeguarding Statement is meeting the requirements stipulated under the Children First Act, 2015.</p> <p>Senior management must satisfy themselves that centre management and staff understand their safeguarding responsibilities in the detection and management of safeguarding risks. This is to include ensuring that staff are accurately capturing the types of</p>	<p>The CSS will be reviewed in quarter 1 2026 with the organisations DLP. It will be updated to respond to the memo of March 2025 and the updated version will be submitted to ACIMS for approval.</p> <p>The senior manager satisfies themselves that centre management and staff understand their safeguarding responsibilities in the detection and management of safeguarding risks through supervision of the centre manager, attending team meeting, visiting the</p>	<p>The risk register is to continue to be reviewed in the quarterly SERG and any new risks that are experienced or flagged in the profile of a young person referred added. The next meeting is the 9<sup>th</sup> of January 2026 and will review the inspection report recommendations with the DLP who over sees the CSS for the organisation. The Senior manager will be responsible for the CSS meeting the requirements stipulated under the Children First Act, 2015</p> <p>Incident types are reviewed by the centre management as every event is signed off. The incident types come to SERG quarterly and while SERG is looking back at the previous quarter the current issues in the house are always discussed too, this will be minuted clearer going forward.</p>

	<p>incidents in Significant Event Notifications (SENs).</p> <p>Senior management must ensure that the ‘whistleblowing policy’ s developed without delay and ensure staff are well-informed and confident in the procedures for making protected disclosures. This policy development should include comprehensive training for all staff on the Protected Disclosures Act, 2014, ensuring clarity on the channels for reporting concerns.</p>	<p>service, conducting SERG and conducting SWOTs after placements. To build on this team training session to be held in Q1 of 2026 focusing on the SEN process and accurate capturing of the types on incidents. A child protection refresher will also be held.</p> <p>The whistle blowing policy has been reviewed in the organisation and is in line with the legislation. In a previous CAPA the senior manager badly worded the corrective action suggesting the policy would be more project specific. This is incorrect as in line with the legislation the policy is organisation wide. A 2026 refresher training with the team in will be held on the 7<sup>th</sup> of January 2026.</p>	<p>A copy of the whistleblowing policy has been left for all staff in the daily folder with a signing sheet that it has been read. All staff will have read this before the refresher training. This will be revisited with the internal audit process in 2026.</p>
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