



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 042

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Misty Croft Ltd
Registered Capacity:	Six young people
Type of Inspection:	Unannounced
Date of inspection:	23rd & 25th July 2025
Registration Status:	Registered from the 17th of July 2024 to the 17th of July 2027
Inspection Team:	Eileen Woods Lorraine Egan
Date Report Issued:	30th October 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 17th of July 2009. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from the 17th of July 2024 to the 17th of July 2027.

The centre was registered as a multi-occupancy service for up to six young people. It aimed to provide a placement for young people aged from thirteen to seventeen years on admission on a medium to long term basis. Referrals were accepted from Tusla's dedicated social work team for separated children seeking international protection social work department. The model of care was underpinned by Maslow's hierarchy of needs and the purpose was to meet the primary, individualised needs of young people through a person-centred approach with the aim of supporting integration. 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
2: Effective Care and Support	2.2
4: Health, Wellbeing and Development	4.3
7: Use of Resources	7.1

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. This was an unannounced inspection of the centre and centre management were not available initially due to a variety of reasons. They later met with inspectors to complete the process.

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 4th of 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 18th of September 2025. This was deemed to be satisfactory once the inspection service received additional information and evidence of the issues addressed, this was concluded on the 14th of October 2025.

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: 042 without attached conditions from the 17th of July 2024 to the 17th of July 2027 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 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

The centre staff and young people were welcoming and due to the centre using an online recording system inspectors needed to be allowed access to that system. Once arranged it was clear to inspectors that this recording system was not as user friendly as it should be to allow for good record management and information flow. Staff struggled to assist inspectors to find care plans, care orders, section 5 placement plans and other documents. It is recommended that this digital recording system be updated to ensure that users can readily navigate it.

Once inspectors had access to the system and additional hard copy records it was found that all six young people had centre placement plans on file, these were titled 'placement plan progress reports' PP/PRs, not all of which were up to date regarding review schedules at the time of the inspection. The PP/PR's had though been developed as soon as young people moved into the centre and there was evidence of the team getting actions underway upon admission. This was an experienced team and centre manager, it was clear from interviews and evidence of actions that the team knew what was needed and acted on these items, for example orientation, sourcing education, medical and dental care and supporting legal matters.

The PP/PR's represented the young people's voice and input well, they functioned more clearly as a record of what had happened and less so as a plan for what was coming next. Inspectors found that a document and meeting called the key work supervisions was where the forward planning, alongside the young people, took place for the next series of goals and what the young people's wishes were. As these meetings/records were not linked on the online system to the PP/PR it took time for inspectors to find them. Inspectors recommend a review of the PP/PR and key work planning formats and storage so as to better reflect and track the ongoing work. Recent changes have taken place on the team with more recruitment upcoming and this is an opportune time to streamline and connect planning documents.

There were good records of key work with regular evidence of use of interpreters. Due to changes within the Tusla social work department around access arrangements for interpreters this has resulted in the centre needing to source a suitable direct contract for interpreting services themselves. The key working and the young people's individual records demonstrated good attention given by the team to the needs of the young people and their independent living skills for those over sixteen. Inspectors could see that there was overall good relationships between staff, management and the young people, it was visible in daily communication, key work and the way that the young people could and did speak out. The staff interviews were informative, and the team were knowledgeable regarding the area and the young people and have built on those skills with a stable management and staff team over the years.

The inspectors met with two of the six young people with five in total giving feedback for this inspection and they said that they were happy to live in this house and got to do nice things together and with their key worker. One described the rules as strict but clear and another noted that the rules were there to keep everyone safe and that despite some concerns over financing that they liked the staff and the centre.

The young people's care status and therefore their care planning varied. Four were the subject of a full or interim care order and two were being accommodated under Section 5 of the Child Care Act. Of the four with a care status one was a recent admission and awaiting a first care plan meeting, they were the subject of an interim care order, this was not on file. Another had a child in care review held in April 2025 and the centre were awaiting a copy of this care plan; a copy of their full care order was on file. The third young person had their child in care review held in June 2025 and a copy of the care plan and the care order were on file. The fourth young person, also a recent admission, was pending the booking of a date for their first care plan meeting and awaiting a copy of their interim care order. The inspectors struggled to find copies of which care plans and section 5 placement plans that had been supplied to the centre due to how these were stored. The storage of and links between documents and where to locate them must be more clearly organised at the centre. The two remaining young people have Tusla Section 5 placement plans and copies of both were on file with a review having been completed for one of those of which a copy was due to be issued.

There was evidence of the young people's views and input on the care plans and the centre team supported their involvement in their meetings with the social work department. The social workers said that the team were skilled and proactive at staying in touch and supporting the young people on a practical level. They received

significant event reports and were aware of complaints having supported young people in addressing some of these issues. They described a theme of issues arising over centre funding decisions had caused some confusion and that this was an ongoing matter in that it delayed some young people in reaching some of their personal goals. This is discussed further under standard 7 of this report.

The independent living skills and mental health needs of the young people were responded to with advocacy shown by the team for getting referrals to external specialist supports. Inspectors found that whilst the team were good advocates for the young people that the records lacked evidence of interventions at centre level or tracking of issues raised, for example around food intake and diet. Inspectors determined that significant time had passed since the centre completed additional training in trauma informed care practices and complementary skills training in national programmes such as Safe Talk and ASIST and that it would benefit the teams direct work with young people to have access to such training again.

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

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The centre management and registered proprietor must ensure that the digital recording system for young peoples care files is fit for purpose for tracking and planning around young people's care.
- The centre management must explore additional training for the staff team in the model of care and complementary training linked to the group's needs.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The young people told inspectors that they were well supported with their education. They described the evening routine of providing homework support and that English language assistance was provided also. They described very well how the team helped them with their daily routines of breakfast, bus timetables and trips to and from school which they mainly undertook independently. One noted that if it there was bad weather the team drove them to the bus stop or to school with the centre car.

Depending on their admission timeframes all the young people were either in a school, a course or applications had been made soon after moving into the house. The team then made connections with the education providers regarding year heads, principals, course tutors and maintained contact throughout. The young people had no concerns regarding school supplies at the time of the inspection although an issue had arisen around the provision of a laptop for education purposes prior to the inspection. This had been resolved and occurred at a time of change in the funding arrangements between Tusla and the provider. The provision of all such equipment will be the responsibility of the centre from now on and they must put reasonable arrangements in place where required and be prepared for such requests in the future and how they might respond to them.

There was therefore ample evidence of the team being proactive and proficient at establishing links to courses, assessment of language skills and enrolment in education. There was evidence of good links to schools with staff going to meetings. Where issues arose in education the team attended meetings and informed social workers who were all satisfied with the quality and standard of educational support at the centre.

There were links to organisations such as Way to Work which offer a range of employment skills related courses and training. Young people were linked to EPIC empowering people in care, to the YAP youth advocacy service and some to the Tusla SCSIP aftercare workers.

Compliance with Regulation	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

None identified

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

Inspectors found that within the records provided onsite that there was a mixture of approaches to daily and ongoing finances for the young people. Some related to strict definitions of cost per item of clothing which inspectors were later informed belonged to the previous short term purpose and function. This centre's purpose is now a medium to long term care setting and the internal financing systems did not present as fully transitioned into the placement type as yet. Inspectors found that there was a system of negative consequence of pocket money alongside a system of additional monies allocated to meet the young people's needs. Whilst structured to positively support ethnic and religious needs rules and requirements around these additional monies were found by inspectors to have led to varied understanding on the team about their use.

There were recent conflicts and complaints from young people related to delays in requests being granted, for decorating a room, getting a bike for example. The ultimate responsibility for these delays and any misunderstandings within them were difficult for inspectors to track. There was a thread of records where the young people were being held accountable for asking in what was assessed by the team as being a rude manner and requests were being passed onto the social work department.

Whilst it was clear to inspectors that there was a lot of care and respect in this centre and that prosocial modelling on Irish societal norms was being shown to the young people in order for them to navigate this in life. And that good financial role modelling had a place in the care structure there was evidence that the full system of allocation of monies needed to be reviewed in how it is approached, for example positive reinforcement as opposed to loss of pocket money for a daily chore should be considered.

The director along with the centre management must review the structure for financing of bigger items also following a change in the finance agreements with Tusla and look at timing, sourcing and being creative in how items are funded and provided for at the centre, whether that be bikes, driver theory tests, education related tech such as laptops and so forth. There are community-based resources and options that can be tapped into and the young people made aware of that they then can follow up after they leave the care of the centre.

Inspectors observed the property upon arrival and throughout the day onsite, available records of maintenance and health and safety audits were also reviewed. Whilst these records looked at the day to day needs arising at the house there was no document that looked at the overall goals for the upkeep of the property given its high level of use over the years. There had been a recent project to update the living room and this looked well, the young people were involved in this and really liked the changes. The kitchen had significant visible wear and tear in cupboards and flooring, the light fitting was dirty with grease and debris, the two fridges presented as needing replacement. The external areas require a clear out and the garden furniture did not appear to have been used in a long time.

There was a balance of experienced staff at the centre with stability in the centre management and core staff. Some vacancies had recently arisen and there was evidence of consistent follow up by the centre manager on filling these posts. At the time of the inspection the centre was short by two staff on the minimum number of eight staff and not in compliance with the stated staffing objectives on their own statement of purpose and function. The centre manager informed inspectors that staff were identified to start in post following successful recruitment and that they would update the inspectorate on coming into compliance on their staffing.

Compliance with Regulation	
Regulation met	Regulation 7
Regulation not met	Not all areas under this standard were assessed

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 7.1
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The centre manager and director of service must review the internal finance arrangements for the centre. There must be a full revision of the guidance documents on monies for the young people.
- The director of service and centre management must establish a structure of allocation of funds taking account of the purpose and function of the centre and the needs of the young people.
- The director of service and registered proprietors must ensure that there is a plan in place for the upgrading and repair of the property and fixtures and fittings that ensures it remains a well presented, safe and effective care environment internally and externally.
- The centre manager must provide an up to date list of staff verifying that the centre staffing is in compliance with their statement of purpose and function and the ACIMS memo on staffing.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre management and registered proprietor must ensure that the digital recording system for young people's care files is fit for purpose for tracking and planning around young people's care.</p> <p>The centre management must explore additional training for the staff team in the model of care and complementary training linked to the group's needs.</p>	<p>A full review of the online digital recording system is underway to create a more streamlined and effective system for recording, reviewing, and managing young people's care in a user -friendly manner. The new recording system is currently being developed with our IT partners and is scheduled to be operational in early 2026.</p> <p>Senior management have created a working group who will develop a model of care training programme. This model of care training will be delivered to all staff members. This modular training course will be completed by the working group by November 2025, and training will commence in December 2025. Additional training required will be identified through team meetings and supervision and will be scheduled as</p>	<p>The Senior Management Team and Quality Assurance will ensure the effectiveness and complete pilot testing on the new system prior to rolling out of the system.</p> <p>All staff members will be fully trained in the model of care and will apply same to all aspects of their role. The model of care will be evident through practice with young people, and throughout young people's care documents to ensure best practice in line with the organisations model of care. There will be a model of care role allocated to one social care worker who is responsible for the roll out of the model of care within the unit.</p>

		required. The team have recently received training in FGM.	Centre Manager to discuss and explore areas for development with the staff team via the upcoming team meeting to meet the evolving needs of the young people. Centre Manager to communicate additional identified training needs for upskilling of the staff team with senior management.
7	<p>The centre manager and director of service must review the internal finance arrangements for the centre. There must be a full revision of the guidance documents on monies for the young people.</p> <p>The director of service and centre management must establish a structure of allocation of funds taking account of the purpose and function of the centre and the needs of the young people.</p>	<p>A full review of internal finance will be completed for the centre, and a guidance document will be devised with clear and explicit details of all finances available to young people, and timeframes and dates of when finances are due to each young person. Where additional expenses are required, a clear instruction will be detailed on how to request same. Centre Manager and Regional Manager will complete by 13/10/25.</p> <p>The Director of Services has communicated to centre management the protocol and process for requesting any centre or client funding requirements outside of standard weekly petty cash systems. This includes additional funding</p>	<p>Clear guidance will be available to the staff team; this will be discussed at team meetings and updated as necessary.</p> <p>If any issues arise, this is to be raised with the centre Regional Manager who will raise this with the Director of Services if required. Monthly Regional meetings are available to discuss additionally if required.</p>

	<p>The director of service and registered proprietors must ensure that there is a plan in place for the upgrading and repair of the property and fixtures and fittings that ensures it remains a well presented, safe and effective care environment internally and externally.</p> <p>The centre manager must provide an up to date list of staff verifying that the centre staffing is in compliance with their statement of purpose and function and the ACIMS memo on staffing.</p>	<p>requests as well as emergency funding requests.</p> <p>A programme of works for maintenance and upgrading of the centre will be carried out by the Director of Service, Regional Manager and Centre Manager by the 1st of October with clearly identified timeframes of completion of tasks in conjunction with the maintenance department.</p> <p>Additional maintenance resources are currently being sourced with a view to ensuring that the centre remains well presented and in good repair.</p> <p>The Centre Manager has forwarded a staff list to inspectors. We are now in compliance with our statement of purpose and function and the ACIMS memo on staffing.</p> <p>8 fulltime SCW's, 1 SCTL, 1 SCM.</p>	<p>The Director of Services will source additional maintenance resources to ensure that centres remain well presented.</p> <p>Staffing needs emailed to Regional Manager weekly by SCM identifying deficits within the team or potential moves in the future. Weekly meetings held between Regional Manager and recruitment department and feedback provided to SCM.</p>
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