



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 086

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Streetline CLG
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	13th, 14th & 15th of May 2025
Registration Status:	Registered from 31st of May 2023 to the 31st of May 2026
Inspection Team:	Lorraine Egan Mark McGuire
Date Report Issued:	9th of July 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.



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 31st May 2002. At the time of this inspection the centre was in its eight registration and was in year two of the cycle. The centre was registered without attached conditions from the 31st of May 2023 to the 31st of May 2026.

The centre was registered as a multi-occupancy service for up to a maximum of four young people on a medium to long term basis aged 13 to 17 years old. The model of care was psychodynamic, humanistic and trauma informed, creating a safe and secure environment with everyday reparative opportunities for growth and development. The staff team were guided and briefed on how to implement the model to enhance their understanding of the young people. There were four young people living in the centre at the time the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.4
3: Safe Care and Support	3.1
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 26th May 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 3rd June 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: 086 without attached conditions from the 31st May 2023 to 31st May 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 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Inspectors carried out an announced inspection of the centre and found good evidence that all of the young people living there received high quality care and support from a committed staff team. There were four young people living in the centre at the time of the inspection aged between 13 and 17 years old. All were progressing in their placement and were engaged in either school or apprenticeship training. The staff team supported the young people's right to be included in the planning of their daily activities and routines as well as for their long-term goals. They were encouraged to maintain relationships with family members and friends where it was appropriate to do so. Two young people spoke with inspectors and described what they liked about living in the centre. They said they got on well with staff and one outlined their plans for college in the autumn as part of their apprenticeship training. Both liked all the food that was bought and prepared in the centre and got to eat their favourite meals when they wanted. They said they could speak to any of the staff about issues important to them whenever they needed to. Inspectors spoke to all four of the placing social workers who all commented that the staff team were child centred in their relationships with young people and advocated strongly for their needs. They said they were professional in their contact with them and had a clear understanding of protocols and safety plans that were jointly implemented.

There was an individual care record maintained for each young person living in the centre. Overall, the files were up to date and contained documentation to support the staff team to meet young people's specific needs in line with regulations. A current care plan was not in place for one young person. However, centre management had made requests for it to be shared with them and child in care review minutes were forwarded by the allocated social worker while the inspection was ongoing. While in general the files were organised and easy to navigate, some minor improvements were required so that all care records for young people were arranged

chronologically. In this way a full picture of the current supports and services being provided could be tracked more easily. Some documents such as risk assessments and safety plans were not always in date order and past resident's archiving details had not been logged as the template required in the young people's register. Inspectors found that the content of files such as key working and placement plans in particular were very well recorded and done so in a way that was clear, and reflective of the young people's input and the team's understanding of their needs and goals.

The care files were stored securely and held confidentially in cabinets in the staff office which was locked. There were policies in place that supported the maintenance of care records in accordance with the centre's legislative responsibilities and in line with best practice such as retention of records, GDPR and digital policies. In addition a consent form had been developed for young people and parents/guardians to sign regarding the sharing of young people's information on a need to know basis only.

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

Compliance with standards	
Practices met the required standard	Standard 2.4
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 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had policies and procedures in place to safeguard children, however these needed to be reviewed in order to comply fully with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. Despite this, staff had good knowledge of best practice for following the mandated reporting procedures. Inspectors identified some discrepancies in the centre's policy including; the reporting of disclosures, allegations and concerns. There was no mandated persons reporting procedure outlined in the document including the use of the Tusla portal for each mandated person for the submission of child protection and welfare report forms when making a referral. There was a lack of clarity regarding the steps to take if concerns did not meet the mandated threshold but needed to be reported to Tusla.

Additional improvements were required in the development of procedures on; retrospective disclosures, safe recruitment, online safety, child sexual exploitation, the role of the designated liaison person (DLP), a code of behaviour for children, protected disclosures and working in partnership with parents/guardians such as informing them of any incident or allegation of abuse. While the majority of the staff team had completed the Tusla online child protection modules, they had not undertaken Tusla's online mandated persons training or centre specific training on child protection and safeguarding policies and this must be put in place as soon as the policy is reviewed so that it is implemented fully within the service. The centre had an up to date child safeguarding statement (CSS) in place that had been reviewed in May 2025 along with a letter of compliance from the Child Safeguarding Statement Compliance Unit (CSSCU). The statement was displayed prominently in several places in the centre and it identified the centre manager as the DLP and the deputy manager as the deputy DLP. From a review of the training records, neither had attended training related to their roles and this must be provided for both.

Members of the staff team who spoke to inspectors had a good understanding of safeguarding and could name the DLP and their role in the child protection process. They were familiar with the risks set out in the CSS and could clearly outline the absence management plans when young people did not return from free time within their agreed curfew. They could also describe the safety plans in place to mitigate risks and these were done jointly with the allocated social workers for the young people. There was good evidence on care records of communication with local gardai and placing social work departments sharing the centre's concerns for the safety of young people. Social workers told inspectors that young people were kept safe in the centre and the staff team were swift in their responses to child safeguarding issues that arose. They said they received all of the appropriate documentation from the

centre management team including significant event notifications, information regarding child protection and welfare reports and safety plans. They described how staff were always available to discuss the young people's needs and their updates were frequent and of a high standard.

From a review of centre records, the staff team strongly supported young people with identified risks such as low mood, isolation and suicidal ideation through key working and facilitating appointments with specialist services. These files reflected strong trusting relationships built over time with young people and addressed issues and risks such as drug and alcohol misuse and safe attendance at parties and concerts. Staff remained in contact with young people when they were out of the centre and accompanied them on access visits when needed. Key working records evidenced age-appropriate work undertaken with young people to help them understand the skills needed for self-care and protection.

Collective risk assessments were on file and each young person's history was taken into account in this regard. In general risks were well managed by centre staff including following the appropriate supervision plans within the centre, joint working with relevant agencies to mitigate concerns and consistent communication with parents and guardians around safety protocols. Safety plans and associated risk assessments on file were reviewed and updated as necessary.

However, risk assessments for two significant incidents of young people's drug use and related issues were not on their care records. These incidents were not reported to Tusla as child protection and welfare concerns. Centre management stated that the thresholds for reporting these concerns had been considered and advice sought from the allocated social workers. They followed the guidance provided which was that they did not meet the threshold for reporting via the portal. Significant event notifications had been made by the centre in this regard. The DLP must ensure that child protection reporting procedures are followed in line with the centre's own reviewed policy on reasonable grounds for concern. This means that where advice has been given by the placing social workers not to report, this is clearly outlined on the young people's files. There was a child protection and welfare register in place and gaps were found in entries for a two year period. The centre submitted additional evidence to ACIMS of two logged reports during one of those years. However, inspectors recommend that the register is reviewed so that all entries are consistently aligned to significant event notifications as well as the child protection and welfare report (CPWR) number for tracking purposes. Submitted reports should reflect an open or closed status.

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 registered proprietor must ensure that the centre's child protection and safeguarding policies are reviewed so that they fully comply with Children First: National Guidance for the Protection and Welfare of Children, 2017, the Children First Act, 2015 and Child Safeguarding: A Guide for Policy, Procedure and Practice.
- Centre and senior management must ensure that all mandated staff attend mandated persons training as well as centre specific training on the reviewed child protection and safeguarding policies. The DLP and deputy DLP should be provided with specific DLP training appropriate to their role.
- The centre manager as the DLP must ensure that child protection reporting procedures are followed for all identified incidents and concerns in line with the centre's reviewed policy.

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.

There was a change in centre management since the last inspection in 2024 and the new manager took up their post two weeks prior to the current inspection. They had also completed one month of induction and a formal handover with the previous

manager before commencing their role. Inspectors found that there was a clear management structure in place that also included a deputy manager, four social care leaders with one post shared between two staff and seven social care workers including two half posts. The centre also had access to a panel of five relief workers. Although there had been changes to the composition of the team in the last six months with three staff leaving, inspectors found that the core team were stable, consistent and provided strong skills and experience to respond to the needs of the young people living there. The manager and deputy were present in the centre during the day and were involved in handovers, team meetings, social care leaders meetings and senior management meetings. It was evident from the care records and interviews that centre management took a lead role in the delivery of care for the young people and this was done in partnership with staff.

The centre manager was responsible for the day to day running of the centre and reported to the board of management. The governance manager maintained oversight of the centre in collaboration with the board of directors. They undertook audits aligned to the National Standards, however, from a review of these, they required improvement so that progress and outcomes can be tracked and any deficits identified are clearly highlighted. Where there are none, evidence should be provided to reflect the findings. There should also be an action plan in place for the manager to address the gaps in service provision after the audits are complete. There was no specified scheduling in place for monitoring by the operations manager.

At interview the centre manager demonstrated a good knowledge of the governance structures and arrangements in place and gave an outline of how they were going to continue to improve on the systems already in operation. They understood their leadership function and their responsibilities as the person in charge of the centre. Staff and young people who spoke with inspectors gave positive feedback so far about the manager. Staff described a team that was child-centred, committed to young people and open to learning so that young people's specific needs and goals could be supported to a high standard. They had awareness of their roles in practice and demonstrated very well how experienced members of the team shared their skills, competencies and knowledge to improve the young people's daily living experience in the centre and help them to feel safe.

Since the last inspection in 2024 which was a corrective and preventative actions review (CAPA), inspectors found that there was good progress made by the centre in the quality of the governance systems across the documentation they reviewed. However, some additional improvements were required in the areas of auditing and

the risk management framework to strengthen the structures already in place for identification and management and monitoring of risk. There were gaps identified regarding the application of the risk matrix in use as it was not clear how risks were individually rated, and how the scoring was linked to the assessment and review of risks specific to each young person and this system needs to be reviewed.

The centre had a risk management policy in place and risk assessments were in the main completed and of a good standard and stored on young people's individual files. Appropriate control measures were in place to manage the risks. In general, there were also safety plans developed along with the placing social worker to reduce the possibility of harm for young people and these were practical and easy to follow. However, as referred to above, inspectors identified two additional risks and incidents for young people where risk assessments and safety plans should be in place but were not and these should be reviewed. The centre maintained a risk register and some of the recorded risks included risk to the safety and welfare of young people in the centre due to staff misconduct, lack of supervision and inadequate staffing. Not all of the young people's individual risks were entered on the register.

Regular team meetings were taking place. From the samples reviewed, there was an absence of a consistent agenda that included standard items for discussion each week such as child protection and safeguarding, reflective learning for the team, auditing and monitoring, centre policies and risk management. Inspectors recommend that the meeting minutes are revised to reflect this practice.

The centre had a suite of policies and procedures developed and as referred to above the child safeguarding policies require review. Policies were developed by the governance manager and signed off on by the board of directors. Inspectors recommend that all policies are kept together in one document for clarity and ease of implementation within the service. Overall the centre's policies require more regular review and update.

There was an alternative management arrangement in place when the centre manager was absent and the deputy manager undertook this function as the person in charge. At interview staff who were delegated extra duties were able to describe their role in good detail. There was no delegation list in place that reflected this or the identified responsibilities and associated decisions made.

The chairperson of the board of management said they were responsible for the service level agreement with Tusla, The Child and Family Agency and that it was not

fully completed at this time. Challenges for the centre were ongoing with Tusla regarding funding for the organisation.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure that the organisation's auditing system is improved so that deficits can be clearly identified and evidence provided to reflect all findings. There should also be an action plan in place for the manager to address the gaps in service provision.
- Centre and senior management must ensure that the risk management system in place is strengthened in the areas of identification, assessment and recording of risk and aligned to the centre's own policy framework. The specific incidents as referred to in this report must be reviewed.
- The registered proprietor must ensure that all of the centre's policies are regularly reviewed and updated in line with specified review dates.
- The centre manager must ensure that where duties and tasks are delegated to staff members, a written record is kept including key decisions made.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
3	<p>The registered proprietor must ensure that the centre's child protection and safeguarding policies are reviewed so that they fully comply with Children First: National Guidance for the Protection and Welfare of Children, 2017, the Children First Act, 2015 and Child Safeguarding: A Guide for Policy, Procedure and Practice.</p> <p>Centre and senior management must ensure that all mandated staff attend mandated persons training as well as centre specific training on the reviewed child protection and safeguarding policies. The DLP and deputy DLP should be provided with specific DLP training appropriate to their role.</p>	<p>We will review all child protection and safeguarding policies by the end of September 2025. We are also going to put them in one consolidated document. Policies will be included as standing agenda item in team meetings as part of continuous professional development.</p> <p>All mandated staff have now completed their Children's First (Mandated Persons Training).</p> <p>The centre manager and deputy manager will both complete designated liaison person (DLP) training by the end of June 2025.</p>	<p>Changes to policies and procedures will become a standing 'centre management meeting' agenda item, with a clear action plan and timescales.</p> <p>Continuous monitoring through the centre's auditing process. We will also ensure that all DLP's maintain their relevant training for their role.</p>

	The centre manager as the DLP must ensure that child protection reporting procedures are followed for all identified incidents and concerns in line with the centre's reviewed policy.	The centre manager as the DLP will ensure that the centre's reporting procedures are followed and that there is suitable tracking of opened reports. That they have been dealt with, including recorded outcomes. This has already been actioned.	Centre Management agenda to include Child protection and welfare reports.
5	<p>The registered proprietor must ensure that the organisation's auditing system is improved so that deficits can be clearly identified and evidence provided to reflect all findings. There should also be an action plan in place for the manager to address the gaps in service provision.</p> <p>Centre and senior management must ensure that the risk management system in place is strengthened in the areas of identification, assessment and recording of risk and aligned to the centre's own policy framework. The specific incidents as referred to in this report must be reviewed.</p>	<p>The centre has a structured auditing system. This will be adapted to include and document any deficits by the end of July 2025.</p> <p>We plan to train staff on the centre's risk management system by August 2025. This will include the scoring system in place to ensure competency across the staff team in its engagement. The two incidents referred to have been reviewed.</p>	<p>Action this item on the centre management meetings with documented deficits and improvements.</p> <p>Risk management and child protection have been added to the standing agenda for team meetings. We plan to introduce SERG meetings quarterly, with other local voluntary CRC's to review and plan regarding significant events in the centre.</p>

	<p>The registered proprietor must ensure that all of the centre's policies are regularly reviewed and updated in line with specified review dates.</p> <p>The centre manager must ensure that where duties and tasks are delegated to staff members, a written record is kept including key decisions made.</p>	<p>Policy review will be added to the centre management agenda by the end of June 2025.</p> <p>Delegation of any duties and tasks will be added to the standing social care leadership agenda by the end of June 2025.</p>	<p>Changes to policies and procedures will become a standing centre management meeting agenda item, with a clear action plan and timescale</p> <p>Delegation of any duties and tasks will be added to the standing social care leadership agenda and key decisions will be recorded in the minutes.</p>
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