



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 105

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	National Childcare Residential Services
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	13th & 14th October 2025
Registration Status:	15th August 2023 to 15th August 2026
Inspection Team:	Janice Ryan Ciara Nangle
Date Report Issued:	19th of December 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 15th of August 2008. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from the 15th of August 2023 to the 15th of August 2026.

The centre was registered as a multi-occupancy centre to provide medium to long term care for four young people aged thirteen to seventeen years on admission. The model of care was described as being tailored to the individual needs and characteristics of each young person. It was a ‘*whole person*’ holistic approach and aimed to assist young people in developing physically, socially, morally, emotionally, cognitively, and educationally. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3, 2.6
6: Responsive Workforce	6.3

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 25th 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 28th November 2025. This was deemed to be satisfactory.

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: 105 without attached conditions from the 15th August 2023 to the 15th August 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 centre was situated in a rural area, it was a large bungalow and had a large garden to facilitate young people to engage in recreational activities. Inspectors found that the layout and design of the residential centre was suitable for providing safe and effective care for the four young people living there and was suitable to meet the needs of each child. The outdoor space and gardens were well maintained, and they contained garden benches and a goal post. There was an oil tank positioned to the rear of the centre however, this was not fenced in. The registered provider must ensure that this is fenced off for health and safety reasons.

The centre was well lit, ventilated and heated. The communal areas were small but sufficient; however, more personalised items and soft furnishings would create a more, homely environment in these areas. The centre manager confirmed that this was in process as they had recently removed items pertaining to previous young people that lived there. There was a games room and a living room for young people to spend time within. The games room had a range of board games and books available to the young people.

Each child had their own bedroom which was age appropriately decorated. The young people had sufficient storage facilities for their personal belongings. Their bedrooms contained personalised items including soft furnishings and personal photos. Three young people confirmed to the inspectors that they had participated in the decoration of their bedrooms which was also confirmed by the staff team in interview and by one assigned social worker.

There was a small kitchen area which contained a range of cooking appliances for young people to use. Adjoining this was a large dining area for young people to enjoy meals together. A staff member confirmed that at times throughout the week young people sat together to enjoy a meal.

The centre had three-bathroom facilities available to the young people. The main bathroom was in the process of undergoing refurbishment as the young people had raised issues in relation to this area. The inspectors found that the young people wishes were listened to and work was initiated quiet quickly following their feedback.

There were two additional bedrooms which were used for staff to sleep overnight in. The inspectors found that these rooms were cluttered and disorganised and contained a range of items and belongings. These bedrooms spaces were not conducive to supporting a calm and improved wellbeing for staff when they had completed their working shift.

The inspectors found that all electrical equipment contained within the property appeared to be of good standard. The centre manager advised that the centre did not undertake regular testing of electrical equipment. Within one staff bedroom the inspectors found that the electrical sockets appeared scorched. The inspectors recommend that portable appliance testing (PAT) testing is completed in line with best practice and these sockets are checked immediately.

The entrance to the property requires improvement. The entrance wall and electric gates requires upgrading as the main intercom system to allow people access the property was not working and may cause delay in entry if emergency services required access. This was also identified within a previous inspection report. Furthermore, the left entrance wall on entering the property was leaning over and it had a large visible crack from the top of the wall to the bottom. Within the maintenance records reviewed the inspectors found that this issue had not been identified. The inspectors also found entry dates for maintenance requests were completed on the same day that these were fixed. Due to this the inspectors found it difficult to determine whether maintenance requests were completed in a timely manner which was also identified as part of a previous inspection and must be addressed as a matter of priority.

Health and safety audits took place on a monthly basis however, the inspectors found that these were not always accurate and at times contained contradictory information. Where deficits were identified these were not accurately reflected

month to month and it was difficult for inspectors to track when these deficits had been addressed. These issues in recording practices had not been identified by the centre manager or external management as part of their audits.

Inspectors reviewed fire, health and safety records and found that there was no emergency lighting system report on file for the year 2024 or 2025. The centre manager confirmed that they had requested this from the external fire company who had completed same, and this was provided to inspectors during the course of this inspection. The centre had engaged in regular fire drills however, one new staff member who had recently commenced working had not completed this yet and this must be actioned. Furthermore, the inspectors found no visual evacuation plan or procedures throughout the centre to support young people and staff leave the premises should a fire break out. The inspectors observed that all fire doors were propped open with a door stop which was not safe and in line with fire safety legislation. This practice should cease. Additionally, the inspectors found that two fire doors were not closing properly, and this had not been identified within the monthly health and safety audits or as part of the maintenance system. These must be fixed immediately.

The inspectors reviewed the safety statement for the centre and found that it contained a range of spelling errors within, it was generic and not centre specific. It did not identify the roles and responsibilities of first aid and fire safety staff, nor was it signed by centre management or the staff team. In interview with staff members the inspectors found that they were not clear of the purpose of the safety statement, nor could they specify or identify risks to the health and safety of young people or staff. The centre had not identified any health and safety risks to the young people, staff or visitors. The inspectors found that where risks existed (e.g. staff member driving at night) these were not assessed. The centre manager must review the procedures in place for managing of risks to the health and safety of young people, staff and visitors and ensure that they are correctly identified, risk assessed and that measures are put in place to ensure that safety of all individuals.

The centre had a system in place for the recording of accident/injuries to staff and young people and these were appropriately reported. On review of records the inspectors found that no accidents met the criteria for referral to the Health and Safety Authority

The centre had two vehicles which were taxed, insured, roadworthy and regularly serviced. One vehicle had been involved in a small accident; however, this car was

due to be repaired in the coming weeks. On review of staff team personnel files, the inspectors found that all but two staff members were licenced to drive.

The centre manager confirmed to inspectors that this was considered when the staff roster was compiled. In line with best practice the centre manager must ensure that the car contains emergency equipment secured in the boot should a breakdown or accident occur.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Inspectors found that the young people living in the centre were well cared for, safe and content. Inspectors observed positive interactions with the young people and the staff team that created a nurturing environment and supported the young people to make progress. There was a warm and happy atmosphere, and the inspectors observed the staff developing positive relationships with one young person who had recently moved into the centre. The inspectors observed the staff team engaging with the young people through daily activities such as helping them to complete their laundry and going offsite to do activities. Three young people spoke to inspectors and said they were very happy and liked living in the centre and that they were supported in their plans on a daily basis. This was also confirmed in interview with one social worker and a parent.

Of the four young people two were aged seventeen and were in different stages of their independent living programmes including preparation for leaving care. Both young people had an allocated social worker however, only one had an aftercare worker assigned to them. The centre manager confirmed the reason cited for this was due to resources within the aftercare department. This was also confirmed by the allocated social worker who also advised that the allocation of an aftercare worker was recently discussed and was being prioritised for this young person. The inspectors found that where this young person was without an allocated aftercare worker there was no documented evidence on file of how the team was advocating for this young person. The centre manager confirmed that they would be linking with Empowering People In Care (EPIC) however this had yet to be recorded within the young person's record.

On review of records for the other young person the inspectors found that there was no aftercare needs assessment or aftercare plan on file. The centre manager advised that the aftercare needs assessment had been completed and that the aftercare plan was in progress. The inspectors found that there was regular phone calls, visits and meetings in place to support this young person in linking with services including

applications for accommodation. This young person was due to turn 18 years old in the coming months and was completing their final year in school. The centre manager confirmed that discussions had taken place with the relevant social work department in relation to a plan being implemented to support this young person to remain in placement and complete their educational programme.

The inspectors reviewed the placement plan for both young people and found that more specific individualised life skills goals are required which are aligned to the young people’s independent living programme. The centre manager confirmed that the centre was adopting a specific aftercare model however, from documentation reviewed the inspectors found limited documented evidence of how this programme was being incorporated into the individual goals for the young people. Furthermore, the inspectors found from a review of individual work and key working sessions completed there was limited documented evidence of sessions on file. However, from discussion with staff and interviews with young people it was clear that team were supporting the young people gain independent life skills and transition to adult life.

Both young people were in education and the inspectors found that from discussions and interviews with the staff team that there was a strong emphasis on the social aspect of independence such as encouraging young people to pursue their educational achievements while living in the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 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 2.3 Standard 2.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that there is a suitable system in place to allow for entry/exit to the property and they must fix the entrance walls to the property.
- The centre manager must ensure that maintenance records contain accurate data to allow for oversight of maintenance tasks.
- The centre manager must ensure that all fire doors are self-closing and fit for purpose.
- The centre manager must review the procedures in place for managing risks to the health and safety of young people, staff and visitors and ensure that they are correctly identified, risk assessed and that measures are put in place to ensure that safety of all individuals.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

There were systems in place to ensure that the centre was delivering child centred, safe and effective care and support. All those interviewed understood their roles and responsibilities and were clear of the individual needs of the young people. Within interview the inspectors found that the staff team did not always demonstrate a good knowledge of specific centre policies and procedures as already mentioned in the above section. On review of staff personnel files, the inspectors found limited documented evidence of induction for new staff members that had recently commenced employment. In line with best practice the organisation must ensure that there is an induction system in place to support the induction of new staff members. This will provide them with clear understanding in relation to their responsibilities, performance expectations and organisational policies and procedures that guide their practice.

The inspectors found that the centre had undergone recent changes within the staff team and that a new team was very much in the early stages of forming. Within team meeting minutes and supervision meeting minutes reviewed the inspectors found that at times there was good discussions taking place in relation to particular policies

and procedures, accountable practice, reflective practice and supporting the staff members understand their roles and responsibilities while working in residential care however, further development is required. The inspectors found that there was a culture of learning and development and that the staff team were encouraged to use their professional judgment and to make decisions with their colleagues at handovers, during the course of their shifts and in supervision. Inspectors were satisfied from interviews and a review of records that there was a culture of learning. This was evident in team meetings, managers commentary on significant event reports, significant event review group (SERG) minutes, supervision records and centre audits.

All of the team were required to have mandatory training to enable them to provide safe care. However, at the time of inspection a number of the team did not have the required training including training in a behaviour management model and Children's First - National Guidance for the Protection and Welfare of Children, 2017. The centre management must ensure that these mandatory training deficits are addressed without delay.

The organisation had a supervision policy in place. Supervision was provided to the staff team by the centre management and the social care leaders all of whom who had completed supervision training. The inspectors reviewed a sample of supervision records and found at times supervision was not always conducted in line with the organisations policy. Not all staff members had completed supervisee training.

Inspectors were informed that employees were subject to a six-monthly probation review. On review of a sample of personnel files the inspectors found that this was not consistently completed for staff members when required. There was no performance review/appraisal in place to review staff performance, and this must be implemented to support the development of the staff team in line with the National Standards for Residential Centres, 2018 (HIQA).

There were no formal systems in place to support the staff team to manage the impact of working in the centre. Staff in interview confirmed that they received internal support from the centre manager following critical incidents and additional supervision if needed. Additionally following a difficult period in the centre external counselling was made available to the staff team. All staff members interviewed confirmed that they were satisfied with the level of support they received from the organisation and centre management.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
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 6.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that there is a system in place to review individual staff's performance in line Standard 6.3 of the National Standards for Children's Residential Centres, 2018 (HIQA).
- The centre manager must ensure that all staff members have completed mandatory training.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The registered provider must ensure that there is a suitable system in place to allow for entry/exit to the property and they must fix the entrance walls to the property.</p> <p>The centre manager must ensure that maintenance records contain accurate data to allow for oversight of maintenance tasks.</p> <p>The centre manager must ensure that all fire doors are self-closing and fit for purpose.</p>	<p>The registered providers will implement a system in place that allows for entry/exit to the property whereby a sign will be mounted on the entrance wall of the centre with contact details to phone for entry. The wall at the entrance will also be repaired. This will be completed on the 11th December 2025.</p> <p>The centre manager will ensure that the maintenance records contain accurate data allowing for oversight and time frames of the maintenance been carried out within the centre.</p> <p>The centre manager will ensure that maintenance is carried out to the fire doors that are not self-closing to ensure moving forward all fire doors are self-</p>	<p>The registered providers will ensure the internal and external upkeep and maintenance of the centre is well maintained, regular review will be carried out during regular visits to the centre and while conducting audits.</p> <p>The centre manager and internal management team will regularly review the centres maintenance records to ensure the information has been accurately recorded and discuss this within staff meetings with the care team.</p> <p>During the monthly health and safety checks all fire doors should be checked to ensure they are self-closing, and any issues should be recorded and addressed with immediate effect. These health and safety</p>

	<p>The centre manager must review the procedures in place for managing risks to the health and safety of young people, staff and visitors and ensure that they are correctly identified, risk assessed and that measures are put in place to ensure that safety of all individuals.</p>	<p>closing. This will be completed on the 11th December 2025.</p> <p>The centre manager has reviewed the procedures in place for managing risks to health and safety of young people, staff and visitors and moving forward risks will be entered on to the centre's risk register and the health and safety document will be amended to identify the roles and responsibilities of the first aid and fire safety staff.</p>	<p>checks will be overseen by the centre manager.</p> <p>The centre manager will review the centre's risk register and health and safety statement regularly with the internal management team.</p>
6	<p>The centre manager must ensure that there is a system in place to review individual staff's performance in line Standard 6.3 of the National Standards for Children's Residential Centres, 2018.</p> <p>The centre manager must ensure that all staff members have completed mandatory training.</p>	<p>The centre manager will implement staff performance review/appraisals to review staff performance to further support staff development in line with the National Standards for Residential Centres, 2018 (HIQA).</p> <p>The centre manager will continue to source and confirm all mandatory training for all staff and prioritise this for new staff coming to work for the service.</p>	<p>The centre manager to conduct regular appraisals/performance reviews with the care team. The register providers to oversee this practice has been conducted as part of their auditing process.</p> <p>The centre manager will continue to develop a training schedule yearly, but will review this when new staff join the service and will prioritise mandatory training of new staff.</p>