An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 176

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Curam Nua Ltd**
Registered Capacity:	**Two Young People**
Type of Inspection:	**CAPA Review**
Date of inspection:	**17th and 23rd June 2025**
Registration Status:	**Registered from 20th September 2023 to 20th September 2026**
Inspection Team:	**Janice Ryan**
Date Report Issued:	**10th September 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 a corrective actions and preventative actions (CAPA) review 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 20th September 2020. At the time of this CAPA review the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 20th September 2023 to the 20th September 2026.

The centre was registered as a dual occupancy centre to provide medium term residential care for up to two children aged thirteen to seventeen years on admission. Their model of care was described as the provision of residential care for children using a '*blended theoretical and best practice approach*.' The model was underpinned by the theories and frameworks of a person-centred approach, attachment theory and attachment informed parenting, a resilience strengths-based approach and a trauma informed model of care. The engagement of children in outdoor pursuits was also a key component of the programme of care in the centre. At the time of this inspection there were no young people living in the centre as one young person had been discharged three weeks previous.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 8th, 9th and 10th July 2024. An announced desktop inspection took place to review the CAPA implementation. The centre was asked to submit documents electronically which would evidence the implementation of the CAPA. As there were no young people living in the centre at the time of this inspection care records from a previous resident was reviewed as part of this CAPA review.

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 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 28th July 2025. The findings of the CAPA review were used to inform the registration decision.

These findings determined that the centre had not substantially implemented the required actions to address the deficits identified. A regulatory compliance meeting was held with the registered proprietor and the person in charge on the 20th August 2025. Evidence was presented to demonstrate actions taken since the CAPA review and assurances were provided in relation to the centre maintaining regulatory compliance.

The findings of this report and consideration to the assurances provided by registered provider 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: 065 without attached conditions from the 20th September 2023 to the 20th September 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Issue Requiring Action:

- The centre manager must ensure there is a structured recording system in place to facilitate tracking and review of medication errors and to identify measures to mitigate such risks should they occur.

Corrective Actions:

- A pro forma has been structured and added to the medication record system on 15/07/24 to track any medication errors and a system in place to record measures to mitigate identified risks.

Review Findings:

On review of documentation submitted the inspector found that a new register to capture medication errors had been implemented. However, this register had no entries as there had been no errors since the last inspection. Additionally, the template on which staff recorded the administration of medication had been updated to include a section to document medication errors for the young person. On review of the team meeting minutes submitted the inspector found discussion had taken place around this new process and the implementation of this new document.

A staff member had been allocated to oversee the medication management file which included oversight of medication errors all of which were to be reported directly to the centre manager if concerns arose. The inspector could not determine whether this new system was effective as there had been no errors identified since the previous inspection. Within the training records examined the inspector found that all but one staff member had completed training in medication management.

Overall, the inspector was satisfied that the centre had implemented the actions agreed within the CAPA under this standard.

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

Compliance with standards	
Practices met the required standard	**Standard 4.2**
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**

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.

Issue Requiring Action:

- The centre manager must ensure that previous versions of the policies and procedures, both hard and soft copies, are removed from the centre and archived.
- The director of services and the auditing and governance officer must ensure the annual audit schedule is adhered to and that compliance audits are completed in a timely manner to ensure the delivery of care is safe, effective and in line with the National Standards for Children's Residential Centres (HIQA) 2018.
- The centre manager must ensure the risk register identifies the key high-level risks for the child and close off risk assessment that are no longer relevant.
- The centre manager must ensure the centres risk matrix is correctly applied and undertake a review of all risk assessments on file to ensure they are rated correctly and in line with the centre's risk matrix.
- The registered proprietor/director of services must ensure a formal risk assessment is undertaken with pregnant employees in line with the Safety, Health and Welfare at Work Act, 2005.

Corrective Actions:

- All previous versions of the policies and procedures have been archived on the 24/07/24 and are no longer accessible to staff.
- A schedule of compliance audits has been agreed between the director of services and the auditing and governance officer on the 03/09/24. This will seek to ensure that delivery of care is being provided in a safe and effective manner and in line with the National Standards for Children's Residential Centres (HIQA) 2018.
- The centre manager has completed a full review of the risk register on the 23/08/24 closing any risk assessments that are no longer relevant ensuring that high level risks are fully assessed and prevalent.
- The centre manager completed a full review of all risk assessments on 23/08/24 to ensure they are rated correctly and in line with the centre's risk matrix.
- The director of services consulted with the services HR advisors on 14/08/2024. They reviewed current risk assessment for pregnant employees and forwarded an updated template on the 22/08/2024. It has been forwarded to line manager for completion by the 10/09/2024 where relevant. The centre manager has completed a pregnancy risk assessment with relevant staff members.

Review Findings:

The centre manager confirmed that all previous versions of the organisations policies and procedures had been removed from the centre. The organisation had implemented training days on a monthly basis to support the staff team in embedding the policies and procedures into practice. These training days were facilitated by the auditing and governance officer (AGO) and were to include training and discussion on a range of topics including the organisations policies and procedures, National Standards for Children's Residential Centres, 2018 (HIQA), trauma informed practice and other topics relevant to the centre. The inspector found that since the previous inspection twelve training days had taken place which supported the delivery of effective care in the centre. The inspector also found that a training schedule had been implemented for the remainder of the year which identified further training to be completed by the staff team.

Within team meetings a set agenda was in place which incorporated a review of individual policies and procedures, risk management, significant events and the management of behaviour. The inspector reviewed a sample of team meeting

minutes and supervision records for staff and found that the team were proactively discussing various aspects of policies and procedures within this forum.

The inspector found that the external oversight system in place to ensure the delivery of safe and effective care was not robust. The AGO was responsible for completing audits against the National Standards for Children's Residential Centre, 2018 (HIQA). It had been agreed between the director of the organisation and the AGO that monthly meetings would take place to review the implementation of the audit schedule. The inspector found that the AGO had completed three audits since the previous inspection and monthly meetings had not always occurred between the director and AGO. The reason provided to the inspector for these audits not being completed was due to the AGO being re-assigned to manage a sister centre when the manager was on extended leave for a period of five months therefore this reduced their capacity to adhere to the planned audit schedule. In the absence of regular audits and monthly meetings taking place as planned, the oversight and governance of the operation of the centre in the provision of safe and effective care was reduced. During this CAPA review the centre manager provided the inspector with an updated schedule for the completion of audits for 2025/2026.

The inspector reviewed a sample of risk assessments for the previous resident and found that these assessments were risk rated appropriately and were reviewed in line with the young person's needs. A designated member of the staff team has been assigned to oversee risk assessments and monthly meetings were to take place with the centre manager to discuss any issues. However, the inspector found that the centre had multiple risk assessments for the same risk in place which had not been identified by the centre manager or by the AGO. The AGO completed a review of risk assessments in May 2025 and this deficit was identified, and feedback was provided to the centre manager in relation this. The inspector could not determine whether this feedback had been implemented in practice as there were no young people resident.

The centre manager confirmed in writing that a full review of the young person's risk register and associated risk assessments had taken place on the 23/08/24 to ensure they were relevant, rated correctly and were closed off where needed. The risk register for the previous resident was reviewed. The inspector found that this register had not been completed correctly, it had not been kept up to date and did not contain details in relation to the review of risk ratings or changes to these. At times during the interview the centre manager was not confident in the application of the risk

management framework and the inspectors recommend that further training is completed with centre management and the staff team in this area.

The centre manager confirmed in interview that ongoing discussions had taken place at handover meetings in relation to risk assessments. However, from a sample of handover records reviewed, the inspector found it hard to determine what discussions had occurred in relation to risk management as there was limited detail recorded. In interview with the centre manager, they confirmed that all open risk assessments were placed in the monthly file which contained up to date information for the young person and this was reviewed by the staff team. This was corroborated in interview with one staff member.

The centre manager was required to submit a risk assessment for one staff member who was pregnant at the time of the last inspection and the inspector found that this had been implemented.

Overall, the inspector found that the actions within this standard had not been implemented effectively. Further improvements are required in relation to the ongoing review, oversight and development of the quality assurance auditing systems and risk management in the centre to improve the quality of care and outcomes for all young people.

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**

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.

Issue Requiring Action:

- The director of services must ensure that staff at all levels are provided with the relevant job descriptions to assist in their understanding of their specific role.
- The auditing and governance officer must review the personnel files to ensure all mandatory training certificates are secured on file and are up to date.
  The director of services and the centre manager must ensure that all deficits as identified by the inspectors in relation to Children First are addressed as a matter of priority

Corrective Actions:

- The director of services in consultation with their HR advisors reviewed all job descriptions (completed 22/08/2024).
- The auditing and governance officer has completed a review of all personnel files on 26.09.24 to ensure that all mandatory training is completed in a timely manner.
- Immediate action has been taken. Children's First, Designated Liaison Person and Mandated Person training has been completed by all staff and managers with certificates evidenced in personnel files.

Review Findings:

A copy of the job descriptions for staff members was provided to the inspector and the centre manager confirmed this was maintained on the personnel files for all staff. The centre held an electronic record to track information held on staff personnel files. The centre manager confirmed that the AGO had responsibility to oversee this record alongside training records for staff members. On review of this electronic record the inspector found that this had not been updated. The centre manager also confirmed that an additional staff member had been employed within the organisation to assist with the implementation of a new HR process to track this information however, this

process had not commenced at the time of inspection. Furthermore, the inspector found no evidence of a personnel file audit being completed by the AGO. The centre manager had completed internal audits in relation to personnel files but where deficits were identified within these audits the inspector could not determine where these were addressed as the tracking tool in place was not robust or effective.

On review of the centre's training register the inspectors found that all staff had completed training in Children First National Guidance for the Protection and Welfare of Children, 2017 (Children's First, 2017) and mandated person training. Additionally, the inspector found that the staff team had completed in house child protection and safeguarding training on the 12th November 2024 and the centre manager had completed designated liaison person (DLP) training in March 2025. Within interviews staff were clear of their roles and responsibilities in relation to Children's First, 2017.

On further review of training records and the training register submitted to them the inspector found that training in relation to Children's First, 2017 for four staff members had not been completed in a timely manner which did not support safe and effective care in the centre. The centre manager explained that this had been completed following the previous inspection however, the training certificate had not printed, and this had to be completed again. The inspectors could not determine whether this was correct as this was not reflected within team meeting minutes or the training register reviewed. Additionally, the inspector found that following a review of supervision records for one staff member that training in Children First, 2017 had recently expired and this had not been identified or captured within the training register. The inspector found that the oversight and governance system in place to track mandatory training and records maintained on staff members file was not robust to underpin the safe delivery and oversight of the service.

Overall, the inspector found that the centre had not effectively implemented the actions agreed within the CAPA under this standard. Further improvement is required in relation to the organisations governance and oversight systems in relation to personnel files and training completed by staff.

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