



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 216

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Yeria Ltd Hata Homes
Registered Capacity:	14 Young People
Type of Inspection:	Announced
Date of inspection:	26th and 27th May 2025
Registration Status:	Registered from the 31st of March 2025 to the 31st of March 2026
Inspection Team:	Cora Kelly Lisa Tobin
Date Report Issued:	2nd July 2025

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 2: Effective Care and Support (Aspects of 2.3 only)	
3.2 Theme 4: Health, Wellbeing and Development (Standard 4.1 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.4 only)	
4. Corrective and Preventative Actions	15

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 13th March 2023. At the time of this inspection the centre was registered in accordance with the ‘Registration of Supported Care Accommodation for Young People seeking Protection from the Ukraine Crisis Protocol’ ACIMS-GDE02 published in February 2024. This protocol was published by Tusla in response to the EU Temporary Protection Directive/TPD to allow for the registration of TPD centres for young people aged sixteen to eighteen years of age. This centre was registered without attached conditions from the 31st of March 2025 to the 31st of March 2026 in line with protocol and the EU Temporary Protection Directive.

The centre was registered to provide multi occupancy care for fourteen young people, these young people shared bedrooms up to and including three young people per room. Specific agreements were in place for the minimum amount of personal bedroom space per person and the minimum amount of recreational space. The centre’s purpose and function was the provision of short term and emergency care for young people, under eighteen, entering the country unaccompanied and under a temporary protection order. The stated aims of the centre were to meet the young people’s primary care needs, provide emotional support and to assist the young people in accessing education, employment, health care and preparation for moving at eighteen into adult services. There were fourteen 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; Fire Safety only
4: Health, Wellbeing and Development	4.1
6: Responsive Workforce	6.4

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. 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 department on the 10th of June 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 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: 216 without attached conditions from the 31st of March 2025 to the 31st of March 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.

In line with statutory requirements the centre had an appropriate fire certificate. A stipulation within the certificate included the attic bedroom not being used as a bedroom. The inspectors found that at the time of the inspection that the daily staff member on the sleepover shift were using the attic room for the purpose of a sleepover room. The centre manager was directed to cease this immediately to ensure compliance with fire safety regulations. The centre manager confirmed this had occurred immediately.

The fire safety policy was included in the centres overall suite of policies and procedures. Procedures for day to day fire prevention were included in the policy in addition to the roles and responsibilities of the centre manager as the appointed fire safety representative, a staff member as the appointed fire safety officer and the general staff team. There was evidence of firefighting equipment and the fire alarm system being serviced quarterly by an external company and information on fire evacuation procedures were on display in the hallways of the property. In line with policy all staff had been provided with appropriate fire safety training that was up to date. Staff conducted daily and weekly checks with no issues noted across the records reviewed by the inspectors. Personal emergency evacuation plans (PEEP's) in the Ukrainian language were on file for the young people living in the centre with all having their own copy too.

It was stated in the centres fire safety policy that fire drills were to take place monthly at alternative times and dates. In practice, fire drills were occurring monthly, but at the same time each month, after the young people's house meeting which was not aligned to policy. Of the four that occurred to date this year the inspectors could not

determine what staff, and young people had participated in the fire drills due to the lack of recording of this detail in the fire register book. It was not recorded if a young person had refused to participate either. Rather, the initials of staff and term 'young people' were recorded in the fire register. In line with the requirements set out in the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses, 2017 procedures include that each person on the premises must be accounted for along with the dates, times, description, observations, or difficulties encountered, follow-up action. The inspectors could not determine either when newer staff or young people who moved to the centre had participated in a fire drill at the time of their employment/ admission to the centre. The centre manager advised the inspectors that there had been an occasion when a young person refused to participate in a fire drill and a risk assessment had not been completed for this. The centre manager was committed to reviewing past fire drills to assure themselves that all staff have participated in a fire drill and submitting details of the review to ACIMS.

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
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the centres fire safety procedures comply with legislation and regulations including the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses, 2017; to include the review and update of the centres fire safety policy, that complete and accurate fire drill records are maintained, and risk assessments are conducted when required.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The centre had a policy on general health and medication management. In line with policy the inspectors found good staff practice in how each young person's overall health was promoted and supported to achieve optimal health with practice improvements required regarding the implementation of the medication management policy. On review of each young person's care file, it was evident that the young people were supported by staff with respect to their physical, emotional, social and emotional needs as identified in their statutory section five placement plans. The centre had procedures in place that guided staff practice in the effective implementation of each individual's placement plans goals. The Tusla link worker, appointed on behalf of the social work department, worked collaboratively with the centre and in consultation with the young people's families in ensuring each young person's healthcare needs were identified and promoted.

The young people, all of whom were registered with a general practitioner and dental services, were supported by staff to access health information that they understood. In-house information workshops were held regularly where topics included for example online safety, sexual health awareness, and budgeting. Through regular key working and daily interactions with staff the young people were supported to access information in areas such as nutrition, exercise and physical health. There was evidence of the young people being informed of specialist support services available to them and of them being supported by the Tusla link worker regarding accessing suitable specialist support services where required.

The inspectors found that the young people were provided with adequate food, drink and nutritious meals and snacks with each young person having opportunities to contribute to meal planning and request particular food items of choice according to their diet and cultural beliefs. The young people had opportunities to prepare some meals with staff support if required.

There was evidence of the young people being enabled and supported by staff to develop skills in preparation for leaving care and to exercise autonomy with the

centres current model of care being reviewed to reflect this aspect of care. The centre placed a significant emphasis on supporting each young person choices regarding education, training or employment opportunities with good routines established by staff to support the young people.

It was included in the medication management policy that ‘young people are entitled to hold and administer their own medication, following centre risk assessment’. On review of each young person’s care file the inspectors did not see any risk assessments, where the inspectors identified as being required, in the files which could be a potential risk to the young people all of whom share bedrooms. It was also stated that ‘young people are entitled to hold and self-administer prescription medications of a noncontrolled nature.’ The inspectors were given inconsistent information on this across interviews conducted. The inspectors identified that improvement was required with respect to the record keeping requirement of over the counter medications administered by the centre to the young people. The current system did not account for the reason for the medication or the time it was administered.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
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 4.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that the procedures for recording the administering of medication are robust and the effective implementation of the policy.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

The inspectors found that the centres policy on induction and staff training and continuous professional development was guiding staff in the delivery of child-centred, safe and effective care and support. Through regular team meetings, the practice of regular supervision with staff, and their general day-to-day presence in the centre there was evidence of the centre manager promoting a culture of learning and ensuring good practices were being implemented by staff. In interview staff demonstrated an awareness of current legislation and standards guiding their practice. They spoke of the model of care, of the regular professional consultations regarding its implementation and of the ongoing amending of the model to reflect the needs of the young people living in the centre.

There was evidence of staff practice being informed by mandatory and supplementary training for example aspects of behaviour management, children first, first aid, cultural awareness, and model of care. The centres appointed training officer held responsibility for ensuring all staff training was up to date and scheduled when required with a centre training needs analysis maintained too in the centre and by the organisation.

There was evidence of the procedures named in the induction policy being implemented including that induction manuals are completed with new staff with copies held on respective personnel files.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.4
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.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that the centres fire safety procedures comply with legislation and regulations including the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses, 2017; to include the review and update of the centres fire safety policy, that complete and accurate fire drill records are maintained, and risk assessments are conducted when required.	A new fire drill template has been added to the fire register documenting date, time, nature of training i.e. fire drill, person giving instruction, person receiving instruction, duration and any difficulties /follow up action. All actions will be completed promptly by the centre manager or delegated to the team leader. Fire drills will be conducted monthly in both an announced and unannounced capacity or more frequently if risk changes. A risk assessment will be completed for those not attending the fire drill and case work will be completed with individual young people if required. Staff will attend an additional fire drill every six months as part of an in-person team meeting.	The centre manager will audit fire safety policies and procedures monthly. The operations manager will include fire safety policies and procedures in their quarterly audits. The director of services will incorporate fire protocols and procedures in the annual quality improvement audit. An annual review of policies and procedures document will occur with additions included if identified. Interim policy reviews can also be undertaken as and when items arise.
4	The centre manager must ensure that the procedures for recording the	A new medication template has been implemented which records the date, time,	The centre manager will continue to monitor medication management as a

	administering of medication are robust and the effective implementation of the policy.	<p>name of resident, medication type, reason for medication, quantity administered, quantity remaining, staff and young person's signature. The centre has an allocated medication officer to whom weekly audits of the medication documentation and stock is assigned.</p> <p>Medication sheets will be audited as part of manager's monthly audit and young person file audit. The director of services in consultation with the manager has reviewed and updated the Theme 4 Policies and Procedures.</p>	<p>function of their monthly audit. The operations manager undertakes quarterly audit and will review medication management as a function of their audits.</p> <p>The director of services will audit annually via the quality improvement plan all relevant procedures for medication management and associated theme four policies. Theme four policies will be reviewed annually as part of the full policy review or earlier if indicated.</p>
6	None identified.	NA	NA