An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 221

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Glenarm Care t/a Hata Homes**
Registered Capacity:	**Fifteen young people**
Type of Inspection:	**Announced**
Date of inspection:	**29th of August, 1st & 2nd of September 2025**
Registration Status:	**Registered from the 31st of March 2025 to the 31st of March 2026**
Inspection Team:	**Eileen Woods** **Cora Kelly**
Date Report Issued:	**25th November 2025**

Contents

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 on the 5th of May 2023. At the time of this inspection the centre was in its third yearly registration. The centre was registered without attached conditions from the 31st of March 2025 to 31st March 2026.

This centre was established under the Temporary Protection Directive (TPD). The directive provides a wide range of supports to persons including permission to reside in Ireland for an initial period of one year, access to accommodation, education, medical care, and the labour market for persons seeking international protection. The directive was put in place for a minimum of one year but can be extended depending on the unfolding situation in Ukraine. Young people who present as separated children fall under the auspices of the Child Care Act 1991. The Child & Family Agency are required to respond to the needs of these young people and to provide suitable residential care settings for these young people. This centre was registered under Part VIII of the Child Care Act 1991 for the duration of the TPD.

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-GDE01 published 25th of August 2022. 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.

The young people shared four bedrooms up to and including five 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 to medium term care for young people, aged sixteen until their eighteenth birthday, entering the country unaccompanied and under a temporary protection order. The centres model of care was a recognised model which takes a trauma informed approach. 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 fifteen 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
4: Health, Wellbeing and Development	4.1
7: Use of Resources	7.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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 3rd of October 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 15th of October 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: 221 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.

The house has been operational for three years accommodating up to fifteen young people on a continuous basis. Therefore, the physical property has had and continues to have a high level of daily traffic and use. Inspectors found that the house was well presented and attractively decorated with bright decorative items displayed, there was a large kitchen and dining area, an open plan seating area and a separate large living room that also contained desks for study and online education. The garden had a large deck with well utilised table and chairs. There had been a table tennis table bought at the young people's request along with a basketball hoop.

The young people's input was evident in the recreation and activity choices, this was found by inspectors through the young people's meetings, one to one work and the young people themselves told inspectors that living in the centre was overall a good experience. Some of the feedback received by inspectors from the fifteen young people included that they were almost like family, and that being with other Ukrainian teenagers helped with adapting and not feeling lonely, that they were very grateful for the people they had met, that the staff listened and tried to solve problems and they felt protected. Areas noted for improvement were that several of the young people were not sure where they could safely store some of their personal items and were not yet aware that records were maintained of their placement. Inspectors did observe that young people were offered their records to read and that several had, so staff should ensure that all young people are equally aware. One young person noted that privacy was absent due to the numbers of young people sharing each room and that their hope was for more privacy and space.

Inspectors found that there were weekly health and safety checks of the interior rooms and communal areas of the house and maintenance requests were generated both through this and through staff day to day observations. There were areas of wear and tear visible on stair carpets and the interior paint required a refresh in hallways and other communal areas. The proprietor confirmed that plans were in place to attend to outstanding items. Inspectors visited all the bedrooms and ensuites and spoke with some of the young people there and at lunch. They were happy with their bedrooms, and all rooms had wardrobe space, lockers and lamps, there was storage elsewhere for suitcases. Surge protected extension leads were replacing ordinary ones in rooms where they were in use and electric scooters were not allowed due to fire risks. Rooms had a variety of occupation levels from five young people in a room to three in a room being the lowest occupancy. The ACIMS advice is to reduce high levels of room occupancy as the opportunity arises in order to best support and protect young people. Only one of the rooms retained the privacy curtains, in all other rooms inspectors were informed that the young people had opted to not have screens provided. As room occupants change the management must ensure that privacy screens are offered again.

The one issue raised by all the young people in responding to the inspection was the lack of reliability of the Wi-Fi and inspectors found efforts made to change providers, add modems and other actions but that the area itself had poor reception speeds at times.

Inspectors found that the location of the fire safety equipment was in line with the fire plans and there was evidence of fire exit plans displayed and follow up on any risk factors was attended to. There had been an upgrade to the fire panel with a new one installed and staff were trained in fire safety and had been inducted into the new fire panel. Inspectors found that although fire drills took place that the records maintained of these varied in quality and content and during interviews staff and management had different information related to how regular they should be in line with policy and how they should be recorded, this required attention. The young people are all to have risk assessments on file for room sharing and risks in the community and there were some gaps on files which must be addressed.

There was an up to date safety statement in place and staff had been directed to read it. There was a staff assigned to completing health and safety checks with a checklist, they were not a trained health and safety representative and this should be considered as an option. Accidents had happened for the young people within the house and these were recorded. Inspectors could not find a full account of where

accidents within the home, for example a cut from knife when cooking or a fall from a sofa resulting in injury had been reviewed and led to changes or additional precautions within the house. Where an injury resulted in a surgery there was some evidence of contact with family and the social work department, but inspectors recommend that this type of record be completed with all relevant details and saved on the young person's care record and also addressed as part of accident and injury reviews. Proof of adequate insurance was provided to the ACIMS.

The centre shared use of a vehicle with co-located centres nearby. there was a vehicle check book in place, but this was not well maintained, it did not track repairs and services well and the records were not clear regarding some delays in certificates for the car. Inspectors confirmed that the insurance and motor tax were in date and valid but were not displayed in the car at that time.

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 centre manager must ensure that staff know and follow the policy and directions in relation to fire drills. That they record those drills in an agreed location with the required details.
- The centre manager and service director must ensure that where accidents, injuries and resulting medical treatment take place that these are reviewed for any health and safety learning within the centre.
- The centre manager must ensure that the vehicle checks are carried out to a good standard including dates of repairs and services.

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.

Inspectors found evidence of engagement by case workers with the young people, particularly by the more experienced staff who provided good role modelling of practice to newer staff. There was evidence of feedback on practice and guidance from the centre manager who promoted a positive, problem-solving approach with the young people. Inspectors reviewed records and heard from young people that staff engaged with them, and evidence was seen of work to build the types of relationships that could lead to young people confiding where they might be struggling or needing more guidance.

Inspectors found that young people's meetings were held weekly, with high standards maintained within it, that they were adapted to encourage more engagement, weekend check ins were completed also. There was a focus on safety and ensuring young people had workshops on a variety of matters from social media to third level education options in Ireland. The young people have had issues arise for them individually and at times smaller groups breaking rules and some disruption occurring. The rules of the house were clear and explained with an interpreter and translated information was available. Inspectors found that the centre utilised a system of warnings when behaviours continued but that this was not clearly recorded regarding what the time frames were for the warnings so that a young person would have the information they needed. The team put interventions in around alcohol use to support and promote healthy choices. A review of the existing policies and procedures by inspectors showed a gap in procedures for staff to follow in regard to warnings and the policy booklet should be reviewed with this in mind.

In response to the emotional and mental health needs of the young people as stated above their case workers engaged with them. They were offered an opportunity for therapy by Tusla upon admission and the team were trained in a recognised model of crisis response. A child and adolescent psychotherapist met with the team once a month to help the team support the young people. Young people had been referred to Jigsaw, a national mental health charity for young people aged twelve to twenty four,

and some had been assigned support from the Youth Advocacy Programme (YAP) and both services were working well for the young people involved.

There was evidence of the promotion of healthy dietary and physical activity habits with gym memberships and sports supported. Workshops were completed with the young people on health promotion topics, and the menu was discussed with the young people on a weekly basis. There was a shopping list that young people could add to. There were GP and dental visits completed, and onward referral had taken place for young people requiring same to specialists.

There was a degree of independence fostered with the young people who were all aged over sixteen, with shared cooking and some money management opportunities introduced. Several young people had employment and all travelled independently, their English skills were focused on and key areas of social welfare, taxation and status explained. The empowering people in care advocacy and advice group (EPIC), visited the centre regularly and their information was available to the young people. Inspectors observed that the kitchen was the hub of the house where a lot of engagement happened naturally in conversations and skills development.

Planning for the young peoples health, wellbeing and life skills was undertaken by the centre staff team. The Section 5 placement plan was the document for collaborative planning between Tusla, the centre and the young people and the young people did not, at the time of the inspection, have a named Tusla social work member of staff available to them or to the team. The centre manager and social care leader were updating the Section 5 plans that were due for review and sending these to the social work department for review and approval along with absence management plans. The centres service director had escalated this matter to a principal social worker within the social work department and a social work department family support worker had been assigned to visit the centre to meet the young people.

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 service director must ensure that there is a set of suitable procedures available to guide the team and young people when responding to behaviours within the centre.

Regulation 7: Staffing

Theme 7: Use of Resources

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

Inspectors reviewed the weekly budget for the centre and found that there was a reliable healthy budget and how this was spent was demonstrated to inspectors. The centre manager also had access to a budget to use should that be needed. There was a structure in place for approval of additional spending requests and there appeared to be few impediments to spending for entertainment, décor, heat, lighting, outings, daily needs, education and routine dental work. The service had its own contracted translation service, and this resource was well used.

There were few reported delays in repairs and replacements just with perhaps some waiting periods. Inspectors found that the maintenance records and health and safety checklists did not capture any improvements that had been identified and recommend that the centre manager keep a record of improvements they hope for the property and timeframes for that.

There had been mandatory training completed, as well as supplementary training on occasion relevant to this service type and the centre manager maintained a record of this. The training was in line with a previous inspection action plan/CAPA and mandatory training requirements. The team had changed significantly in the intervening year and a half since the last inspection with a centre manager and eight whole time equivalent staff in post, there were two dedicated night staff also. The centre manager and service director were actively engaged in recruiting as the high occupancy level of the centre and purpose and function of the centre required additional staff to support the young people and the staff team.

The service director informed inspectors of upcoming policy review for the service and had reviewed the child protection and safeguarding policies and procedures in May 2025. Evidence was provided of audits conducted in 2025, one was a short form safety audit using a tool from the Health and Safety Authority in January 2025 and audits were conducted in April, May and August. These focused on care delivery in line with the relevant standards and generated actions for the centre manager to follow up. Audits were conducted both by the service director on occasion and primarily by the operations manager, with the centre management completing a monthly internal audit process and their weekly governance reporting to the service director. The previous inspections CAPA had been followed up regarding centre compliance on two occasions, July 2024 and August 2025, the service director completed in conjunction with the centre manager.

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

Compliance with standards	
Practices met the required standard	**Standard 7.1**
Practices met the required standard in some respects only	**The single standard under this theme was assessed**
Practices did not meet the required standard	**The single standard under this theme was 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 centre manager must ensure that staff know and follow the policy and directions in relation to fire drills. That they record those drills in an agreed location with the required details.	The Centre Manager will review the current fire drill policy with all staff to ensure full understanding of the procedures and documentation requirements. A clear process of recording fire drills, including names and dates will be implemented and communicated to all team members. • Policy review and staff briefing will be completed by 22.10.2025 • Updated fire drill record log will be completed by 29.10.2025 • Ongoing monitoring to ensure compliance during each fire drill thereafter (monthly per managers audit schedule).	The Centre Manager will ensure that all staff receive refresher training on the fire drill policy and procedures, including the correct recording and location details. Regular internal audits of fire drill records will be carried out which will identity any areas for improvement. Outcomes of these audits will be discussed in team meetings to reinforce good practice and maintain consistent standards across the house.
	The centre manager and service director must ensure that where accidents, injuries and resulting	The Centre Manager and Service Director will review the current accident and incident reporting procedures to ensure	The Centre Manager and Service Director will make sure that all accidents, injuries, and medical treatments are reviewed to

	medical treatment take place that these are reviewed for any health and safety learning within the centre.	that all accidents, injuries, and any resulting medical treatments are reviewed for health and safety learning. Learning outcomes will be shared in team meetings with all staff to promote improvement in safety practices. • Ongoing review to ensure continued improvement and learning practises completed by the manager (monthly) and Operations Manager (Quarterly).	identify any health and safety learning. This will be added to the senior management team agenda as a standing item for all centres from the next scheduled meeting (20.10.2025). Learning outcomes from these reviews will be shared with staff by the centre managers to promote higher learning outcomes.
	The centre manager must ensure that the vehicle checks are carried out to a good standard including dates of repairs and services.	The Centre Manager will review and strengthen the current vehicle check procedures to ensure all checks are completed thoroughly and documented accurately. This will include, recording the dates of all repairs, services, and maintenance actions. A more detailed vehicle template will be introduced (17.10.2025) and staff will receive updated training and guidance to reflect. The vehicle check template will be reviewed weekly by the centre managers or	The Centre Manager will make sure that all vehicle checks are completed properly and recorded accurately, including dates of repairs and services. Staff responsible for vehicle checks will receive additional training to meet the new standards. Centre Manager will continue to complete monthly audits ensuring that the checks are being completed in compliance to the new standards.

		delegated to the Team Leaders.	
4	The service director must ensure that there is a set of suitable procedures available to guide the team and young people when responding to behaviours within the centre.	The Service Director completed a policy review and implemented a new procedure 13.10.2025 to incorporate the management of behaviours that challenge and procedurally how staff and management in the centres approach positive behaviour support. This included the clarification around the use of a warning and consequence system. The new procedure as above was shared with the managers of all company centres 13.10.2025 with a request for feedback. The new procedure was approved and implemented 15.10.2025 and added to the agenda for the next senior management meeting (20.10.2025). All managers will be required to bring this to their team meetings (21.10.2025)	The Service Director will complete an annual review of all company policies with the input from centre managers on any recommendations for amendments or additions. The Centre Manager will review and monitor any incidents where the warning/consequence system is engaged with a young person and notify/consult with the Service Director and Tusla personnel when this is enacted.