



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 279

Year: 2026

Inspection Report

Year:	2026
Name of Organisation:	Clarion Healthcare Limited
Registered Capacity:	Dual Occupancy
Type of Inspection:	Announced
Date of inspection:	12th, 13th and 14th January
Registration Status:	Registered from the 23rd December 2024 to the 23rd December 2027
Inspection Team:	Cora Kelly Catherine Hanly
Date Report Issued:	30th of March 2026

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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 23rd December 2024. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 23rd December 2024 to the 23rd December 2027.

The centre was registered to provide dual occupancy care and accommodation to young people aged between thirteen and seventeen on admission on a short-term basis with the objective of facilitating a transition to an appropriate long-term residential care arrangement. Through an individualised, person-centred model of care the centre aimed to provide support that would enhance a child's emotional well-being, promote resilience, and empower children to achieve their goals. There was one child living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4

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 and the allocated social worker. The young person was afforded the opportunity to speak with the inspectors about living in the centre, but they declined. 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 person, 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 4th February 2026. 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 22nd February. 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: 279 without attached conditions from the 23rd December 2024 to the 23rd December 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect, and their care and welfare is protected and promoted.

The centre had developed safeguarding and child protection policies and procedures since the previous and first ACIMS inspection of the centre in April 2025. The inspectors found on review of the documents that Children First: National Guidance for the Protection and Welfare of Children, (2017) was not being implemented in full. The inspector's identified gaps in the documentation however, it was not resulting in a risk to the young person living in the centre at the time of the inspection. Policies and procedures for making a protected disclosure, recording incidents/concerns regarding child safeguarding, information sharing & record keeping, responding to protection concerns that do not meet the threshold to report to Tusla along with robust reporting procedures must be developed to ensure full compliance with legislation.

In compliance with the Children First Act (2015) the centres child safeguarding statement (CSS) was up to date, signed and prominently displayed in the centre. Presenting risks were appropriately included in the statement along with the contact details of the centre manager as the appointed relevant person who was also the appointed Designated Liaison Person (DLP). There was also reference to the operations manager being the appointed relevant person in the CSS. The inspectors sought clarification on this with centre management and requested an updated copy of the CSS which was submitted to the inspectors in the days following the inspection. As there was a deputy manager vacancy at the time of the inspection there was no appointed deputy DLP. However, during the inspection process a deputy DLP had been appointed, and relevant training had been scheduled to occur in March 2026 for both persons holding this role. Staff in the centre were aware of who the DLP was and of their role.

A requirement under Children First is a procedure to provide information and training to staff on child protection and safeguarding issues. In line with policy, information on the centres safeguarding and child protection policy was available to

staff. There was evidence of staff having completed the mandatory Tusla E-Learning module: Introduction to Children First, 2017 and the Tusla E-Learning module: Children First: Mandated Person role and responsibilities training. Staff had been provided with a safeguarding and child protection workshop by the agency. However, given the deficit in operational policy staff in interview did not present a sound knowledge of reporting procedures and this is an area that required further work. The registered provider scheduled child protection training with an external agency during the inspection process evidence of which was provided to the inspectors. They were committed to scheduling safeguarding and child protection training on their own policy as part of their training arrangements and keeping staff refreshed at regular team meetings. During the inspection process the centre manager scheduled an external in-person child sexual exploitation training workshop that was attended by all staff and the centre manager.

The centre manager held responsibility for maintaining child protection records and it was evident that child protection and welfare report forms (CPWR's) were appropriately submitted to Tusla via the online portal and followed up. The inspectors recommended that a register is maintained to allow the tracking and monitoring of reported concerns. A log of child sexual exploitation concerns was in place and staff demonstrated well the purpose and procedure for maintaining the log. The allocated social worker was aware of the concerns tracked on the log and of the CPWR's open to them.

There was evidence of the centre manager and staff working in partnership with the young person's family and allocated social worker. There was regular contact between all parties aimed at promoting the wellbeing and safety of the young person. This included telephone contact, and the centre submitting significant event notifications (SEN's), risk assessments, weekly updates and placement plans for example. The social worker had reviewed the young person's care records on a visit to the young person in the centre. In interview with the inspectors the social worker spoke positively of the centre manager and staff, stating they were open to suggestions, feedback and responded well to specific requests made by them. Weekly core meetings were also being held to discuss the young person's immediate safety needs. Contact records were appropriately held on the young person's care records. There was evidence of the centre manager and staff being proactive in devising strategies to mitigate the young person's vulnerabilities and risks. These included risk assessments and safety plans. The inspectors found that they both required review by the centre manager to ensure they are accurately reflecting the significant risks the young person is presenting with and include specific actions to address identified

risks. Where possible, the young person’s parent was kept informed of SEN’s and other relevant information. In line with the young person’s statutory care plan there was evidence of staff supporting the young person’s relationship with family.

The inspectors found that staff had a good awareness of the young person’s vulnerabilities that included education, physical and emotional well-being. In line with care planning there was evidence of the staff teams efforts in assisting the young person to develop age-appropriate self-care and protection skills. This work was ongoing due to the young person being at the rapport stage of relationship building with staff having lived in the centre for five months at the time of the inspection. This was preventing identified work from being completed with some of their needs continuing being unmet. In line with the centres statement of purpose the young person’s placement was due to cease in the next month. If a placement extension was considered by the social worker and centre manager greater clarity and planning is required between all professionals involved in planning for the young person on how this would be worked on. For this young person and future admissions, the inspectors recommend that the centre manager considers ways of improving ways to build relationships with young people who live in the centre for a six-month period.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must review and update the centres safeguarding and child protection policies and procedures to ensure they comply with legislation and that staff are familiar with these.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The inspectors found that the organisation was committed and working to improving the safety and quality of care provided in the centre to achieve better outcomes for the young person in placement. This was a significant improvement since the previous ACIMS inspection of the centre in April 2025 where poor practices in the operational running were identified. It was evident the centres response to the corrective and preventive actions of that inspection report was implemented. The appointment of a qualified and experienced centre manager in June 2025 with the support of a social care leader had led to the delivery of better leadership, governance and management arrangements.

The centre had established a governance system and was committed to achieving a culture of learning that supported the learning and development of staff. There was evidence of shared learning too in the organisation following a recent ACIMS inspection of a sister centre. The centre manager spoke of updates to centre practices across the areas of placement planning, risk management and team meetings following that inspection. The inspectors verified these during the inspection.

The mechanisms in place to review the quality and safety of practices included regular team meetings, supervision, weekly workshops, internal and external auditing arrangements, and SEN review group (SERG) meetings. Team meetings were held regularly, and attendance was good overall. Complaints, incidents, and concerns were standing agenda items for discussion at these meetings. On their review of a sample of team meeting records the inspectors found the policies and procedures for these areas were recorded as opposed to the implementation of staff practices being discussed and reviewed that reflected learning and identified improvement in care practices. The inspectors recommend that the centre manager considers this at future team meetings. The centre manager held responsibility for ensuring that staff were provided with regular supervision where staff practices were reviewed. As the centre manager had not been provided with training to deliver professional supervision a date had been scheduled for them to attend the training.

The inspectors identified to centre and senior management that improvement was required in how SERG's were conducted to ensure that they inform and lead to improvement in practices. The inspectors recommend that attendees required to attend at SERG meetings is reviewed to garner different perspectives and potential learning outcomes. Further, the inspectors advised that they focus on reviewing specific SENs in terms of how the incidents were responded to and identify how they could have been potentially managed better.

Internal and external auditing arrangements had been developed with the latter requiring improvement. The arrangements had recently been revised with the centre manager now having responsibility for completing monthly core audits across the areas of SEN's, a general centre audit, medication, restrictive practices, maintenance, and petty cash. The newly appointed compliance manager had responsibility for completing the external quality assurance audit monthly. On review of these audits the inspectors found that they were not formatted in a manner that assessed compliance against the National Standards for Children's Residential Centres, 2018 (HIQA) and they lacked a qualitative focus. The centre was aware that improvement in this was required and had sought training in 'auditing of residential services' training with an external agency in late 2025. The centre manager and compliance manager are scheduled to attend the training in February 2026. Through team meetings and staff surveys there was evidence of the views of staff informing practices, staff in interview also named supervision and handovers as areas too that had informed practices.

The previous compliance manager who was recently appointed as operations manager completed the centre's annual review of compliance in December 2025. The inspectors found that it was broad and lacked specific detail across the areas being reviewed. That said, areas in governance improvement were identified along with specific staff training that have been named in this report along with professional report writing and post crisis debriefing training scheduled for staff too.

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 5.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that auditing arrangements against the National Standards for Children’s Residential Centres, 2018 (HIQA) are implemented following auditing training scheduled for February 2026.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered provider must review and update the centres safeguarding and child protection policies and procedures to ensure they comply with legislation, and that staff are familiar with these.	The centre's safeguarding and child protection policies and procedures have been updated to align with all relevant legislation. Staff training and ongoing team discussions on the revised policy are currently underway to ensure that all staff members are fully informed and familiar with the updates	The operations manager will continue to review all policies to ensure they remain aligned with national legislation.
5	The registered provider must ensure that auditing arrangements against the National Standards for Children's Residential Centres, 2018 (HIQA) are implemented following auditing training scheduled for February 2026.	Training on auditing has been completed by the centre manager. A comprehensive review of the auditing process has also been carried out by the operations manager. A new auditing tool and recordkeeping system has now been implemented to ensure full alignment with the National Standards for Children's Residential Centres, 2018 (HIQA).	Auditing within the centre will continue to be monitored by the operations manager. Further training on auditing will be provided to all individuals involved in the audit process to ensure consistency, accuracy, and compliance with organisational and regulatory requirements.