An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 281

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Harmony Residential Care Ltd.**
Registered Capacity:	**Six young people**
Type of Inspection:	**Announced**
Date of inspection:	**9th & 10th of July 2025**
Registration Status:	**Registered from the 3rd of January 2025 to the 3rd of January 2026**
Inspection Team:	**Mark McGuire** **Eileen Woods**
Date Report Issued:	**16th September 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 3rd of January 2025. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 3rd of January 2025 to the 3rd of January 2026.

The centre was registered to provide multiple occupancy for up to six young people aged from sixteen to seventeen years on admission. The cohort comprised unaccompanied minors seeking international protection and young people entitled to support under the EU Temporary Protection Directive. The centre operated in line with a recognised model of care that emphasised the development of wellbeing skills as a means of addressing the impact of trauma. At the time of inspection, six young people were residing in the centre.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2

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 6th of August 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 19th of August 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: 281 without attached conditions from the 3rd of January 2025 to the 3rd of January 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 11: Religion
Regulation 12: Provision of Food and Cooking Facilities
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

This was the first inspection for this centre that opened in January 2025. Inspectors found that the care team took time to educate young people on their rights, including the United Nations Convention on the Right of the Child (UNCRC), educational entitlements, and health rights. Rights-based information was clearly visible throughout the centre and well integrated into the young persons booklet, which was well developed and accessible. Young people who met with inspector's spoke of how the UNCRC was discussed with them and how they met with the advocacy group Empowering People in Care (EPIC).

It was evident that young people had access to multilingual materials across a range of topics, including their rights, and that a strong culture of using interpreters was embedded in practice. This supported young people to understand and participate meaningfully in key work conversations that took place. Inspectors were informed of recent changes to Tusla's translation service access, which had made it more difficult to secure interpreting support at weekends or on short notice. The Head of Care advised that they were actively negotiating a new service level agreement with translation service providers to address this issue. Inspectors were also advised that the centre's policy on translation services would be reviewed and updated once an agreement was in place.

Inspectors observed a strong commitment from the care team to promoting a culture of respect and inclusion. Young people's rights to express themselves and participate in decision making was well facilitated through day-to-day interactions and structured forums such as the young person's meeting, which included rights-based discussions and captured feedback effectively. Inspectors also found that young peoples religious and cultural practices were, in general, well respected and supported. For example, the centre provided items that young people required to practice their faiths and facilitated attendance at religious facilities as well as displaying thoughtful signage to support prayer times. However, in questionnaires completed as part of the inspection process, some young people reported that they did not always feel supported in relation to their culture or religion. Inspectors spoke with young people who described a recent incident during a religious festival which had caused them some upset due to misunderstanding. Centre management and staff acknowledged this, confirmed that apologies were made, and that the incident was used a learning opportunity.

Inspectors also received feedback from both young people and staff that learning from the incident surrounding the religious festival had led to reflection and change. The team had taken steps to adapt their approach to better meet cultural expectation, including practices related to gifting. This demonstrated a willingness to learn and improve in response to young people's experiences.

Inspectors found that dietary requirements were met in line with young people's faith-based needs and this was highlighted positively by young people during interview with inspectors, and they acknowledged feeling supported by the care team with this regard. Both social workers interviewed also complimented the team for their thoughtful and consistent support of young people's religious dietary requirements. However, in inspection questionnaires, some young people reported that access to meals or food outside of standard mealtimes could be improved. Inspectors brought this feedback to the attention of the centre management who committed to addressing this misunderstanding and ensuring that young people knew they could access meals and food at any time in the centre.

While overall the centre demonstrated strong rights-based and culturally sensitive practice, inspectors found that staff would benefit from further training on the International Protection Office (IPO) application process and EU Temporary Protection Directive. This would strengthen the team's ability to support young people more effectively through these channels.

Inspectors saw evidence of a significant amount of rights-based work being completed with young people through key work sessions, alongside continuous professional development (CPD) for staff in these areas. These sessions were mainly focused on understanding and implementing cultural norms from the young people's countries of origin. While this is supportive and appropriate, inspectors recommend that the team also consider how they can further support young people to understand Irish social and cultural norms.

Inspectors also reviewed additional training developed by the management team, which had focused on areas such as cultural awareness, the UNCRC, and religion. While this seen as a positive approach to internal centre-based training, inspectors advise that further training be developed to incorporate the specific cultural needs of all young people who avail of the service, as existing content appeared to focus primarily on one culture.

Young people's views were also being captured through the complaints process. A complaints register was in place with evidence of appropriate follow up and communication with social work departments. Young people reported to inspectors during a meeting that they feel supported when making complaints and demonstrated a clear understanding of who they could approach within the centre. However, some young people noted separately on questionnaires not feeling listened to and the centre manager committed to following up with this to ensure the young people were aware that their opinions were welcomed and valued by the team. Inspectors recommend that the complaints register be enhanced to include clearer tracking of dates and cross-referencing with the significant event register to improve oversight and ease of review.

Compliance with Regulations	
Regulation met	**Regulation 5** **Regulation 11** **Regulation 12** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all areas under this standard were assessed**
Practices met the required standard in some respects only	**Standard 1.1**
Practices did not meet the required standard	**Not all areas under this standard were assessed**

Actions required

- Centre management must provide further training for staff on the International Protection Office (IPO) application process and the Temporary Protection Directive to enhance their capacity to support young people effectively through these processes.
- Centre management must review cultural awareness training content to ensure that it included guidance on the needs and customs of all young people who avail of the service.
- Centre management must speak with the young people and establish why they felt they were not listened to.

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.

Inspectors found that a suite of safeguarding and child protection policies were in place within the centre. These included policies on child sexual exploitation (CSE), the identification and reporting of abuse, allegations, and protected disclosures. However, the care team's understanding of these policies was found to be mixed. While staff demonstrated a clear understanding of the requirement to identify and report abuse, there was a lack of clarity regarding the use of the Tusla portal for submitting mandated reports, and staff indicated that they were not registered for portal use in some instances. Centre management must ensure that all staff have appropriate access to the portal and are confident in its use.

All staff were found to have completed CSE training however inspectors found that the CSE policy and related reporting procedures were not well understood by the team, and that this was an area requiring immediate refresher training. Inspectors reviewed training records and noted that while the majority of staff had completed two versions of Children First training (online and in-person) in line with centre policy, that a newly appointed team member had not completed either version of the training despite the Head of Care advising inspectors that this is a mandatory requirement prior to new staff commencing on shift. Completion of Tusla's mandated person training was mixed and should be promoted again by centre management,

and all staff must complete Children First training in line with centre policy and national guidelines.

Inspectors noted positively that most of the team had completed separated children seeking international protection (SCSIP) training facilitated by an external provider along with training on female genital mutilation (FGM) to help the team with understanding the specific safeguarding concerns for this demographic. However, only one staff member had completed training on children's rights, which was a gap noted by the service's internal auditor in March 2025 with regards to the services own training expectations.

Inspectors reviewed centre records and found strong communication with social workers when child protection concerns arose. Inspectors saw evidence that centre management were actively submitting reports and following up on outstanding matters with social work departments. Significant event notifications (SENs) and child protection and welfare report forms (CPWRFs) were submitted by centre management as required. However, there had been no recent follow up with social work departments to confirm the status of submitted CPWRFs. Furthermore, there was no evidence that the internal escalation procedure had been followed in this regard. The Head of Care acknowledged this oversight to inspectors and committed to following up with same post inspection.

A child safeguarding statement (CSS) was in place and clearly displayed in the staff office, with a young person-friendly version included in the young persons booklet. However, staff were not familiar with the risks outlined within the CSS and could not demonstrate a clear understanding of the service's overall safeguarding approach. Inspectors recommend that the CSS be reviewed with the team and the refresher training is provided. Inspectors agreed with the feedback received via Tusla's CSS compliance letter which advised that the detailed content of the CSS may be better situated in the services wider policy and procedure documents. While a review date was outlined in the CSS, a publication date should also be added, and the CSS needs to be signed by the relevant person. Additionally, CSE was not risk assessed in the CSS as required in the Tusla CSE protocol distributed to providers in February 2025 and this must be addressed as part of the overall CSS review required.

Inspectors reviewed the centre's policy on CSE and found it to be detailed but not fully aligned with Tusla's CSE protocol document. Specifically, the current procedure omits the step that directs staff to discuss concerns with the social worker prior to

completing the checklist and CSE reporting form and the policy must be updated to reflect the requirements as outlined in the Tusla protocol document.

Inspectors saw that key work sessions were being used effectively to support young people in developing self-care skills and to build their confidence in raising sensitive concerns. The team demonstrated a strong commitment to promoting safety and acting in young people's best interests. Targeted key work and awareness-raising sessions were seen where specific safeguarding concerns arose for young people. However, inspectors found that more proactive work was needed in relation to online safety, particularly regarding social media use. For example, there was no evidence that staff considered the possibility that a young person may be using social media to connect with a person of concern following an incident.

Inspectors reviewed the centre's approach to safety planning and found that individual risks were identified and addressed through placement plans, behaviour support plans (BSPs), risk assessments and risk registers. The Tusla/An Garda Síochána (AGS) standard template for absence management plans (AMPs) was not used. Instead, inspectors found a centre-specific template, with little evidence of social work or AGS sign off. While the centre had its own AMPs that staff demonstrated a clear understanding of, AMPs must be agreed and signed by all relevant parties.

Inspectors found the service was proactive in supporting young people with access to mental health support and in responding to sensitive issues relating for example to sexual health and childhood trauma. Inspectors were advised of a creative engagement with the CARI (Children at Risk in Ireland) Foundation and that they would be providing group art therapy for the young people, which was praised by social workers interviewed during the inspection as the centre 'thinking outside the box' to support the young people with their past traumas. However, inspectors found that while the care team were making consistent efforts to support young people experiencing sleep-related difficulties linked to trauma, additional targeted clinical input may be required. The Head of Care advised that guidance had been obtained in this area and that a follow-up with the care team would take place to ensure that the recommended strategies were implemented in practice.

A policy on protected disclosures was in place, and staff expressed confidence in reporting concerns to senior management if required. However their understanding of the protection afforded to them under the policy was limited, and a refresher in this area would be beneficial.

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

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

Actions required

- Centre management must ensure that all staff have appropriate access to the Tusla portal and receive refresher training on its use.
- The registered proprietor must ensure that the child sexual exploitation (CSE) policy and child safeguarding statement aligns with the Tusla CSE protocol document and that refresher training is then provided to the team.
- Centre management must ensure that absence management plans are agreed and signed by all parties.

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.

The centre and deputy centre manager were present in the centre during standard business hours. Inspectors found that leadership and governance was demonstrated in some areas within the centre. There was evidence of management oversight through regular email communication, signature trails on key documents, and minutes of meetings. However, improved oversight was required in areas previously identified in this report such as staff knowledge of key policies.

Inspectors were advised during the inspection process that the deputy centre manager had left their role. The Head of Care outlined the measures being taken to support the centre manager during this period, including recruitment efforts to fill the post and interim supports being put in place. A risk assessment had been completed to identify potential risks to leadership continuity and detail the control measures put in place to mitigate any impact on service delivery.

The care team were found to have some understanding of their roles and responsibilities in the centre, aside from the gaps already mentioned in this report, and were familiar with the management structure within the organisation. They all knew who the senior management team were and described finding them accessible to them. There was evidence of the senior management team being regularly in the centre. Their input was evident in SEN records and other documents, with contributions noted in relation to learning and service improvement.

A positive culture of learning was evident across the team meeting minutes. Inspectors found that CPD programmes were being rolled out by the centre manager and that complaints, child protection matters, and some policy discussion was also taking place. All young people were discussed at each team meeting in detail. However, the quality of the minutes varied, and inspectors found that on occasion, the depth and content of discussion could have been better recorded, particularly in relation to policy items such as cyberbullying for example.

Inspectors reviewed records of team meetings and found that significant event review group (SERG) outcomes were included as a standing agenda item to ensure shared learning across the team. Inspectors reviewed a sample of SERG meetings that had taken place both at centre and organisational level. These meetings were well attended by members of the wider management team. Inspectors found that incidents were discussed, and that both organisational and centre-level learning was identified, with clear direction that this learning be shared with the wider care team.

A service level agreement (SLA) was in place, and the centre was subject to a quality assurance process. Inspectors reviewed audits carried out by the services quality assurance team against the National Standards and found them to be detailed. A themes and biannual audit action list was in use and supported tracking of actions to completion. Inspectors advise that the accompanying text box on this document be used more effectively to demonstrate how actions have been implemented. Compliance reports were also reviewed and were found to be detailed and aligned with key governance areas in the centre.

Internal governance systems were well integrated, including a biannual managers audit, monthly health and safety audits, safeguarding audits, supervision audits, young people file audits, and regional manager audits. However, the audits failed to identify the deficits found during this inspection despite governance and operational areas being a key focus area. Inspectors recommend that the methods used to triangulate findings in these systems be reviewed to better capture care practices and adherence to relevant standards in the centre.

Inspectors found evidence that policies and procedures were being reviewed regularly at an organisational level, with updates made to documents such as the governance framework, risk rating system, archiving procedures, and translation policy. Policy discussions were also taking place during team meetings, which is good practice, although as noted previously, discussion was not always fully or clearly recorded.

A risk management framework was in place, supported by a clear policy outlining the rating, communication, and review process for risks. However, inspectors found that staff were unclear about the framework and their role in the risk review process. Risks assessments were mainly completed by centre management, and the team reported that they were not involved in risk reviews. Despite this, risk assessments reviewed by inspectors were of good quality, with a clear outline of the presenting concern, risk rating, management plan, and timelines for review. The care team were familiar with risk assessments in place and were able to describe the individual vulnerabilities of the young people in the centre.

A clear delegation list was found to be in place to support role clarity and accountability.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all areas under this standard were assessed**
Practices met the required standard in some respects only	**Standard 5.2**
Practices did not meet the required standard	**Not all areas under this standard were assessed**

Actions required

- Centre management must ensure that all staff have a clear understanding of the centre's risk management framework and that staff are more actively involved in the risk review process.
- Centre management must facilitate a team-based review of all operational policies and procedures, incorporating insights and learning gathered to date.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	Centre management must provide further training for staff on the International Protection Office (IPO) application process and the Temporary Protection Directive to enhance their capacity to support young people effectively through these processes.	The centre manager will create a guide on the International Protection Office application process and the Temporary Protection Directive. The guide will be presented and reviewed with the care team at a team meeting on 29.08.25	The senior management team will ensure that all new staff to SCSIP services receive adequate training on both the IPO and Temporary Protection Directive processes going forward. The centre manager will be responsible for completing the review of the guide during day two of the induction process. Senior management will also ensure the team understanding of same through the governance and audit processes.
	Centre management must review cultural awareness training content to ensure that it included guidance on the needs and customs of all young people who avail of the service.	The centre manager will create CPD for the care team by 12.09.25 to ensure effective guidance on the needs and customs of all young people. CPD will be reviewed and discussed with the care team at the team meeting on 12.09.25. On 28.07.25, the centre manager reviewed the key working planner to ensure key	As part of the admission process for all young people, the centre manager will ensure that a comprehensive review of each referred young person will take place based on their place of origin, religion and culture. This will be a theme of key working sessions for all new admissions going

		working incorporated discussion on all cultures including Irish social and cultural norms.	forward as well as being included in practice guidelines for each young person. Senior management, through review of key working, young person meetings and team meetings will ensure that this is being upheld within the centre. Parallel to this the organisation will identify appropriate external cultural awareness training, provided by a recognised body, for all care team members working in SCSIP Centres. The Chief Operations Officer will be responsible for sourcing this training and its implementation. With the intention of it commencing October 2025. Once identified, the training will be provided to all care team members in SCSIP services and will be included on annual training schedule.
	Centre management must speak with the young people and establish why they felt they were not listened to.	On 18.07.25, the centre manager met with the young people residing in the centre to establish why they felt they were not listened to. The outcome was that the centre manager,	Centre manager, in conjunction with the young people, will create and display calendars to include all religious celebrations and important holidays in the centre.

		in collaboration with the young people, would develop a calendar that included all important dates for all religious beliefs in the centre by 01.08.25.	Upon the admission of a new young person, the centre manager will ensure the young person is afforded the opportunity to contribute to the above calendar. Senior management will ensure the voice of the young person is being captured and responded to through review of feedback received from them as part of regional management meetings and governance meetings where these are outlined.
3	Centre management must ensure that all staff have appropriate access to the Tusla portal and receive refresher training on its use.	On 15.08.25 the centre manager created a business email account for staff use while submitting Tusla portal referrals. The centre manager will include the services '*How to Guide: Submitting a CPWRF*' on the next team meeting agenda, scheduled for 29.08.25, actively demonstrating how to use the portal during the meeting to provide practical training on same.	An update to the services electronic auditing tool will be completed by 31.08.2025. This will allow for planned audits, completed by the centre manager to occur twice per annum, focusing on individual and team knowledge base. If there are deficits identified, the centre manager will complete a team refresher to prevent this issue from arising again. Senior management will ensure appropriate Tusla portal access and staff competency regarding same through review and oversight of child protection matters in the centre.

	The registered proprietor must ensure that the child sexual exploitation (CSE) policy and child safeguarding statement aligns with the Tusla CSE protocol document and that refresher training is then provided to the team. Centre management must ensure that absence management plans are agreed and signed by all parties.	The CSE policy was updated by the relevant person and chief operating officer on 07.08.2025. The centre manager will communicate the updated policy to the centre team at the team meeting on 29.08.25. The relevant person and chief operating officer will complete a review and update of the child safeguarding statement for the centre on 21.08.2025 and return this to the CSSU for compliance. Once approved, the centre manager will communicate and discuss this with all care team members at their team meeting. This will be completed in full by end of September 2025. By 29.08.25, the centre manager will review and update the parameters of all young people's absent management plans and forward to the relevant parties for input, agreement and sign-off.	An annual review of the CSE policy and the child safeguarding statement will take place to ensure it aligns with the Tusla CSE protocol. This will be completed by the chief operating officer and relevant person. Any changes or updates will be communicated to the social care team by the centre manager. Senior management will ensure the escalation policy is followed should there be a delay in receipt of the signed absence management plans going forward.
5	Centre management must ensure that all staff have a clear understanding of the centre's risk management framework and that staff are more	On 29.08.25, a review of the risk assessment policy will take place with the team during the team meeting. Thereafter, the centre manager will ensure more	The internal auditing tool for risk assessments will be updated by senior management to check that team meetings, case management and internal

	actively involved in the risk review process. Centre management must facilitate a team-based review of all operational policies and procedures, incorporating insights and learning gathered to date.	robust discussions and reviews of risk assessments take place at the team meetings and the team will be encouraged to be central to the risk reviews. An external independent review of all organisational policy and procedures is currently in progress. This is being led by the chief operations officer, head of quality risk and practice and quality assurance manager. This is expected to be completed by November 2025. Once completed, the centre manager will devise a plan to ensure operational policies are communicated and discussed with all care team members. These will be a feature of team meetings.	management meetings evidence that the team are actively involved in risk reviews. In future, training will be provided to centre managers by the head of quality risk and practice on the introduction of new polices or policy updates. Senior management will the ensure that the centre manager has delivered training to their own teams and ensure they are understood and implemented and regularly reviewed in team meeting forum.