



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 289

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	McCare Ltd
Registered Capacity:	Eleven young people
Type of Inspection:	Announced
Date of inspection:	9th, 10th & 12th December 2025
Registration Status:	Registered from the 21st of March 2025 to the 21st of March 2028
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	06/02/2026

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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 21st of March 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 as a multi-occupancy service. It described its mission as being to provide whatever supports were required to assist children seeking international protection in reaching their potential and becoming integrated into their new community. The centre was registered to cater for a maximum of eleven young people of either gender, aged between sixteen and seventeen years on admission. There were eleven young people living in the centre at the time of the inspection.

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 care leader working with the social work team responsible for these young people. Inspectors received nine completed questionnaires from young people and spoke with nine young people in person at the centre as part of this inspection. Their views are included in this report. 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 23rd of December 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 16th of January 2026. 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: 289 without attached conditions from the 21st of March 2025 to the 21st of March 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 11: Religion

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.

Inspectors experienced and observed an environment of respect at the centre during their visit there. Young people told inspectors that they felt respected, listened to, and that rules and decisions were fair. They had a good understanding of their rights and expressed that this was not necessarily something that they felt they needed information on. Staff clearly understood, when interviewed, the rights of young people and these were supported and facilitated. This was particularly evident in areas of care including education, health and religious practice/observation. Young people's right to privacy was very much respected also and this was balanced with explanations by staff of their responsibility to keep young people safe through knowing where they were and who they spent time with in and outside of the centre. Staff could build on existing practice and understanding using rights-based language and more open discussions regarding same, in the context of the United Nations Convention on the Rights of the Child.

There was evidence that young people were consulted with by staff and involved in decision-making at the centre. This inclusion ranged from decorating the house for Christmas to having a say in how an overview of their day and associated records relating to that were maintained. Young people found some aspects of living in the centre frustrating, and it was apparent that this was heard by staff, respected and responded to promptly. Some young people had made complaints, and these had been appropriately responded to. Management could make improvements to the centre registers in this regard to ensure oversight and tracking of matters was to a high standard.

Young people were provided with an information booklet on their arrival/admission to the centre. This information was relayed by staff, using an interpreter where necessary. It gave them information on all aspects of living in the centre from staffing

to daily activities and including complaints systems and supports available. All young people residing in the centre at the time of this inspection were from the same country of origin. They described the centre as offering a safe and good place to live. Aspects of independent living and plans post-eighteen were areas that young people identified as ones they required more support and information on.

Some parents had been available for consultation by the social care leader within the social work department assigned to work with the young people in this centre. Where this had occurred, their views were included in their placement plan. Planning documents took account of young people's individual educational/training requirements and their religious needs. Young people informed inspectors that there was regular contact between them and their family members, with some parents having visited the centre on a trip to Ireland and other young people having travelled home for a period.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 11 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.1
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.

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.

Centre management had initially developed a child safeguarding policy to guide staff practice in line with Children First and relevant legislation. This policy had been reviewed in early September 2025. The policy documents provided clear guidance for staff in outlining their respective responsibilities, as well as reporting and response processes in relation to safeguarding young people. The manager clearly understood their responsibilities in line with their role as Designated Liaison Person (DLP) for this centre and had completed relevant training. The deputy manager was the named deputy DLP and had not yet completed this training. Centre management should ensure it is prioritised. Staff that inspectors interviewed as part of this inspection understood their responsibilities as mandated persons, knew the role of the DLP and were registered with their individual work emails on the Tusla portal to report any concerns if needed. They had completed two online modules of Children First and records of this were maintained. There were no records provided to inspectors of mandated persons training completed and these should be included with overall training records. Some young people's Tusla Section 5 placement plans implied that staff had completed all three online modules of Children First as well as having completed child sexual exploitation (CSE) training. The centre manager confirmed that CSE training had been sourced and would be provided for the staff team but had not been completed yet. They confirmed that some, but not all the staff team had completed training in cultural diversity and all three modules of Children First online training. They committed to liaising with the social work department to ensure clarity and accuracy of content on placement plans developed by representatives of the social work team.

The appointed social care leader, working with the social work team responsible for the placement of young people in this centre, had frequent contact with and visits to young people. They conducted safeguarding visits in line with social work practice guidelines and maintained ongoing communication with the centre manager and staff team. They reported confidence in the staff team in their ability to safeguard young people and cited the collective risk assessment process undertaken pre-admission as an important factor in this. There was one young person that was

admitted and subsequently discharged due to safeguarding concerns according to the social care leader. This placement pre-dated the current managers appointment and the young person's files were since archived. Nonetheless the director of children residential service and deputy manager were in post at the time of that placement, and inspectors suggest a review to ascertain if any learnings can be gained or alterations to existing practices required as a result.

A child safeguarding statement (CSS) had been submitted with the company's application for registration. This did not include specific reference to trafficking and child sexual exploitation (CSE) as was required specifically for a service accommodating separated children seeking international protection. When this was identified to the company, they submitted a revised CSS in early December 2025. This version, however, was found to have some duplication, highlighted sections, and mixed messaging relating to the identification of mandated persons. Centre management must revise their CSS; ensure it is accurate and submit this as part of the inspection process. This updated CSS should then be put on display at the centre and a copy made available to relevant parties, including parents. This latter point about being on display had also been identified during an internal audit by the company's head of care.

According to the centre policy, mandated persons, as defined in the Children First Act, 2015, had a responsibility to report a child protection concern. The manager was clear, however, that all grades of staff completed the same training in child protection and safeguarding. There had been several child protection reports submitted pertaining to young people, all of which were accounted for in a centre register. The manager and deputy were actively seeking updates on these submissions at the time of this inspection. The manager should ensure, going forward, that they print off Tusla portal entries to retain on individual files.

There were collective risk assessments on file only for some young people, as well as individual risk assessments on file for some – both of which will be referenced further under standard 5.2. These documents assisted in the identification of risk and vulnerabilities for young people. Both types of risk assessment were mainly generically applied to all young people, for example 'risk in the community'. In interview, when the matter was pursued by inspectors', staff were able to name some individual vulnerabilities for some young people. However, the evidence of individual vulnerabilities as a considered factor in daily practice was somewhat lacking.

Inspectors were informed that bullying had not been a feature of the placements of any young person currently in the centre. Several young people indicated on their questionnaires that they were “unsure” if staff took bullying seriously. Following inspectors review of various records pertaining to different young people, they formed the view that one young person was the victim of bullying by a co-resident that has since left the centre. These two young people had been sharing the sole dual-occupancy apartment in the building and difficulties had arisen in the shared accommodation. Centre management should review the records relating to interactions between those young people as well as conversations that staff have had with a third young person related to possible bullying-type behaviour and discuss as a team any learnings. There should be a clear contingency plan in place, as part of the risk assessment for apartment sharing, to allow prompt responses where difficulties arise. This was not evident from the records at that time. Centre management should build on staff knowledge through discussion at various forums so that the approach to the identification of vulnerabilities and interventions required to address same is in line with their own detailed policies and procedures on this matter.

Compliance with regulations	
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 centre management must ensure a clear and accurate child safeguarding statement is devised and put on display at the centre.
- The centre management must ensure that greater consideration is given to risk assessment of bullying amongst young people.

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 manager had been in post approximately three months at the time of this inspection. They were appropriately qualified and had significant experience of working with separated children seeking international protection in a residential setting, including at management level. They were familiar with many aspects of providing care and accommodation for this cohort of young people and were striving to achieve a high standard of care. The manager described a team that were open to learning and adapting ways of working to achieve this common goal. The staff team in turn described the manager as approachable and supportive. The manager worked normal office hours Monday to Friday, had oversight of records, was providing direction and guidance to staff across many forums, and was familiar with each of the young people and their respective circumstances. They were supported in their role by a fulltime deputy manager that worked similar hours across the same days. The deputy manager would provide cover for periods of leave taken by the manager. The internal management structure also consisted of a social care leader who had delegated responsibilities separate to the remainder of the staff team. Prior to the current manager taking up their post, the centre had two separately named managers in post, despite only being registered to commence operations in March 2025 (nine months prior to this inspection).

The manager reported directly to a director of children residential services within the company. They had an office base at the centre, provided supervision to the centre manager and had an oversight role in relation to significant event notifications (SENs), complaints, child protection and welfare report forms (CPWRFs), as well as having attended pre-admission meetings for current young people in placement. Inspectors interviewed the company's managing director as part of this inspection process. They described developing governance structures and arrangements including a recently onboarded director of care that had completed one audit at this centre and would conduct more in the future until a planned quality assurance role can be filled. There were senior management meetings being convened, at which the

director of children residential services presented an oversight report of matters at the centre. A recently developed weekly report, to be completed by the director of children residential services for the managing director as part of their governance arrangements, was due to come into place. The director of children residential services will also be present for all future pre-admission meetings for this centre as the managing director described this as an important gatekeeping process to ensure safeguarding.

The managing director was involved in previous contracting discussions with Tusla and will remain the primary person with responsibility for future contracting discussions and arrangements.

A suite of policy and procedures had been submitted to the Alternative Care Inspection and Monitoring Service (ACIMS) at the point of registration application. The managing director informed inspectors that the head of care, who had a policy background, and a recently recruited regional manager would hold responsibility for review and amendment of these going forward. The staff interviewed by inspectors were aware of the policy document and knew to refer to it if unclear about any guiding policies.

There was a risk framework in place. As referenced previously in this report, there were individual and collective risk assessments on file, and these were tracked on a centre register. There was evidence that they were subject to regular review and closed off when appropriate. Staff were familiar with the risk assessments, understood the reasons for same and were confident in developing these if required. The manager had already reviewed the systems in place related to risk assessment and management and determined that risk assessment forms needed to be shortened to ensure they were more user friendly both for completion and review purposes. Inspectors concurred with this view upon their review of risk assessments on file and recommended (under standard 3.1) specific action to be taken in the area of risk assessment.

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

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

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3</p>	<p>The centre management must ensure a clear and accurate child safeguarding statement is devised and put on display at the centre.</p> <p>The centre management must ensure that greater consideration is given to risk assessment of bullying amongst young people.</p>	<p>Reviewed Child Safeguarding Statement on display. Centre management submitted a copy of this to inspectors.</p> <p>An updated risk assessment for the assessment and interventions related to the risk of peer-on-peer bullying was implemented with immediate effect and submitted to inspectors for review.</p>	<p>Senior Management will maintain ongoing oversight of the CSS and will formally review it every two years, or sooner where a material change occurs in any matter to which the CSS refers.</p> <p>A cross-centre Risk Review Forum will be established to review safeguarding risks (including peer-on-peer bullying), share learning and best practice, and drive consistent improvements across centres.</p> <p>Risk assessments and relevant policies will be updated as required based on audit findings, incident/complaint reviews, and forum outcomes, with actions tracked to completion.</p> <p>A Policy Review Group is being established to oversee the systematic review, update,</p>

			and dissemination of all core policies, including safeguarding and risk-related policies relevant to the management of bullying and peer-on-peer risk.
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