



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 290

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:	17th & 18th November 2025
Registration Status:	Registered 4th of April 2025 to the 4th of April 2028
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	05/02/2026

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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 4th of April 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 for separated children seeking international protection. The children were of either gender and aged between 16 and 17 years on admission. It aimed to provide positive, responsive, creative, and flexible services, which are needs led, strength based, caring, warm and fun to young people in the centre. There were five 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, and some of the allocated social workers. All five young people in the centre completed and returned questionnaires. Inspectors also spoke in person with two of the young people, using an interpreter on the phone for one interview. 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 8th 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 23rd of December 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: 290 without attached conditions from the 4th of April 2025 to the 4th of April 2028 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.

There was information available to young people in the form of a welcome booklet – which provided a broad range of information to young people including the rights of a child under the United Nations Convention on the Rights of the Child (UNCRC), how to make a complaint, access to a doctor and dentist, and information on their social worker and care plan. Although all six placements that had occurred had been planned, with adequate time between referral and admission, this information booklet was given to staff working in the young peoples’ prior placement to be shared with them. Inspectors recommend that for future placements, efforts are made by the centre staff team to meet with young people before they move in and give them all relevant information themselves. The information booklet still listed a person as manager that had never been identified to the Alternative Care Inspection and Monitoring Service (ACIMS) as the person in charge for this centre. This booklet must be updated to reflect current information. These welcome booklets were not available in any other language. This same matter had been identified in a sister centre within the company during an inspection in November 2024 and preventative action had not yet been taken across the company to address this deficit.

Inspectors found that inconsistent and disjointed practice had occurred in providing young people with information regarding all aspects of their rights upon admission. Staff reported to inspectors that some of this work had been done with young people following admission, including seeking translated information. However, this had not been part of a structured and well-recorded piece of work that was easily read across files. This was a matter that the newly appointed manager had retrospectively attempted to address through directing key work on identified subject areas including children’s rights, complaints, Empowering People in Care (EPIC), amongst others. However, this work had been undertaken without the use of translators which

impacted on its effectiveness. In addition, there was no individual record of the actual key working, rather the information sheets were on file, some with initials and dates, but not all.

Respect for difference in culture, gender, sexual orientation, religion, and social beliefs was observed. Religious practice was supported and facilitated, including offering alternatives to in-person attendance for young people. Dietary needs and requirements were catered for appropriately with separate storage and food preparation areas, and these differences were respected and accommodated. Inspectors noted that some opportunities for expanded learning and support were missed where young people had brought issues of observed potential bullying in other environments, for example. These areas of practice and life within a shared living environment could be further developed through more structured work with young people as part of their placement plans.

Inspectors found that young people's rights to education and healthcare were generally well attended to, although they did find it difficult to track health goals/needs that had been identified at admission stage through to a conclusion. Better use of the placement plan system could be made to enable the staff team and manager to track achievement of identified needs and goals. Inspectors were unable to find definitive information/evidence to support why young people were not provided with consistent and reliable English language lessons when this had been identified as a need for them. Some efforts had been made, and some classes attended though these were reported by young people and staff as being of little benefit and certainly not meeting the presenting need. Records at the centre lacked information captured regarding previous education attended by young people either here or in other countries. There was inconsistent information across records as well as references to the need for some type of English language and/or educational assessments recommended by the placing social work department but there was no evidence of follow through or efforts to gather a comprehensive picture and plan to meet the needs accordingly.

Inspectors found that overall young people's right to be provided with all relevant information in a manner that they could understand well had not been upheld in full and in accordance with the revised policy on this area of practice. The use of and access to translators for young people when the need was evident had not been supported by the company. One young person that spoke with inspectors did not understand how they could make a complaint if they needed to. They also did not know if there were persons within the company but outside of the centre that would

be available to them if a concern arose. Whilst the new management team of centre manager and regional manager indicated to inspectors that the availability and use of translators for young people would be provided for in accordance with company policy, staff interviewed referenced what they experienced to be significant barriers in the past and no known change. Clear communication needs to happen with the staff team with assurances made that translators will be made available as necessary and without undue challenges.

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

Actions required

- The centre manager must provide information booklets to young people in their language of origin.
- Centre management must ensure that all young people are informed of their rights in a timely manner and in a way that is clearly understood, through the provision of translation services to young people in line with their stated policy.
- Centre management must establish agreed systems of language supports where needed for young people.

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.

There was an overarching child safeguarding policy that included individual policies on child sexual exploitation (CSE), the identification and reporting of abuse, allegations, code of conduct and professional practice, anti-bullying and protected disclosures and whistleblowing, amongst others. Specific direction on amendments required to this policy had been given in the inspection of the sister centre in July of 2025. Inspectors were informed that this policy had been reviewed since the regional manager commenced in their role one month prior to this inspection and they requested an updated version to review. This remained outstanding at the time of this draft report being issued.

The manager stated that they had prioritised attention to ensuring that the staff team understood child protection and their responsibility to report any relevant concern as a mandated person. Inspectors found that the staff interviewed demonstrated a good level of knowledge and awareness of safeguarding and child protection. They were aware of their role as a mandated person and were familiar with how to submit a child protection concern on the portal via a shared centre email to report such concerns. Feedback following an inspection in a sister centre earlier in 2025 had recommended individual staff emails for mandated reporting going forward. This had not been actioned across the company. However, they were less clear about measures in place at the centre such as the recent introduction of alarms on bedroom doors and the reasons for same. These were not clearly understood as being a safeguarding measure. Staff were not aware of the centres lone working policy and didn't reference anti-bullying policies in the context of safeguarding. The manager was not familiar with the location of each young person's bedroom when conducting the walkthrough of the property with inspectors. Although child protection was a standing agenda item at staff meetings, inspectors did not see significant evidence of discussions at meetings on the topic of safeguarding and child protection aligned to centre policy and procedures and this should be a regular feature of staff discussion.

A child safeguarding statement (CSS) was in place and displayed in the staff office, with a young person-friendly version included in the young person's booklet.

However, staff and the manager interviewed were not familiar with the risks outlined within the CSS. Child sexual exploitation (CSE) and the risk of trafficking were individually risk assessed in the CSS as required in the Tusla CSE protocol distributed to providers in February 2025.

From a review of staff training records provided, all staff were found to have completed two versions of Children First training (online and in-person) with two exceptions to the in-person training, and this must be attended to. All staff had completed the mandated person online training. The manager was the named designated liaison person (DLP) and informed inspectors that they had completed relevant training although the centre records provided to inspectors didn't show evidence of this and should be updated to reflect this information. The centre policy, and the centre child safeguarding statement named the deputy manager as the deputy DLP. However, there was no evidence of them having completed the relevant training either on records reviewed. There were gaps in staff having completed child sexual exploitation (CSE) training and these should be attended to. There were gaps also in completing separated children seeking international protection (SCSIP) training facilitated by an external provider and none of the team had completed training on female genital mutilation (FGM), both of which would further develop the understanding and awareness of this specific safeguarding concern for the staff team.

There was evidence that some good pieces of work had been done with some young people in relation to self-care and protection, however this was more ad-hoc, opportunity-led and did not appear to be part of any structured programme aligned to individual placement plans. The manager informed inspectors that they were of the view that significant work was needed across the areas of sexual health and identity, and personal care and wellbeing. Mental health and sleep-related issues had been identified as areas of concern for some young people and whilst some external services and input had been sought, a multidisciplinary forum may need to be pursued to ensure young people are being provided with the necessary supports to meet their need. Improvement is needed here in equipping the staff team to be appropriately responsive to the presenting needs of young people. This should be supported by upskilling and training of the staff team as necessary.

A policy on whistle blowing / protected disclosures was in place, and staff expressed confidence in reporting concerns to senior management if required. There had been several concerns in relation to staff and internal management practice relating to staff members that had since left the centre. Inspectors remained unclear if the whistleblowing policy had been used in these instances. It was unclear what

restorative action had been taken at a team level, although the current manager did indicate that they had offered supports to staff affected. Centre management must ensure that they are responding appropriately to concerns raised and that this policy is utilised as necessary.

The use of risk assessments will be discussed in greater detail in standard 5.2 of this report, however inspectors found that where safeguarding required additional risk assessment and safety planning, the staff team lacked knowledge in this area. There was one shared bedroom in this centre. Two young people had initially been approved via the collective risk assessment (CRA) process to share this bedroom. However, when concerns arose regarding the shared arrangement, there was no evidence of additional risk assessments or safety plans being implemented as a result. Staff informed inspectors that their concerns were reported to senior management at a team meeting however there was no evidence that any change to practice occurred at that stage. The situation escalated between the two young people resulting in an incident that had safety implications and as a result, changes were made to the allocation of rooms within the house so that each young person had their own bedroom. Centre management must ensure that staff are aware of and can implement additional risk assessments and safety plans where necessary. There should be an effective escalation system in place for a timely response by senior management to such matters.

Inspectors observed that the layout of the house at the time of the inspection did not lend itself well to the natural supervision of young people and recommend that it be reconfigured so that natural presence and proximity of staff to young people is maximised. Two of the young people that inspectors met with described the centre as 'safe', with one stating that a recent change meant that young people could lock their bedrooms doors if they wished. There were two staff on duty daily for a sleepover shift and they were responsible for facilitating education, various activities, and appointments as these arose from a rural location base. The use of a third staff, on a day shift, should be given greater consideration by management of the centre, particularly at busy times to ensure the safety of all.

Inspectors reviewed a dedicated child protection and welfare report form (CPWRF) folder that had been implemented by the new manager upon their review of files at the centre. The manager informed inspectors that a senior manager had identified during an audit that CPWRFs had not been printed off by the previous manager for the individual records. The centre manager had taken on the task of attempting to provide clarity on matters reported and seek outcomes from the social workers to

whom reports had been made known. Inspectors provided detailed verbal feedback to centre management based on their review of that folder. Significant event notifications (SENs) that corresponded with CPWRFs were on file however these were on Tusla-headed paper and this practice must cease. There was inadequate detail within the SEN records which related to child protection matters and greater detail must be included going forward. A cover letter on records by the person responsible for auditing and finding the deficits, including an additional deficit noted by the current manager lacked relevant information connecting it to the audit undertaken, the specific incident/event to which it relates, and any action taken thereafter. The audit referenced 'technical difficulties' resulting in the CPWRFs not being printed off – these were not clarified to inspectors and were unknown by the current manager. Clarity on this needs to be pursued so that corrective action can be taken should the same technical difficulty arise again.

Inspectors spoke with a social worker that had been allocated to two young people in this centre prior to their cases being transferred, and an acting social work team leader who had oversight case responsibility for a further three young people. Neither professional raised any concerns in relation to child protection, although the social worker stated that they were not satisfied with how a social worker colleague had responded to a child protection concern and asked the centre to resubmit this. When interviewed, the acting social work team leader was not familiar with all child protection reports relating to young people in the centre but stated that they did not have concerns for their welfare in the centre. Actions identified in some SENs relating to the reported child protection concern here were not evidenced in files as being followed through on, e.g. one CPWRF identified that alterations to the young person's behavioural support plan (BSP) be made and this was not evidenced. Additional deficits noted by inspectors in their review related to conflicting information and separately a CPWRF located within an individual file but not in the collective file. Inspectors recommend that the regional manager complete a full audit of child protection concerns reported and ensure that records available are accurate, stored together. Centre management must ensure that sufficient detail is provided to social workers and that updates from the social work department regarding their status is noted. Given the additional findings and deficits noted by inspectors after an internal audit, inspectors recommend that the registered proprietor conduct a review of their auditing and governance systems and in doing so ensure that these are appropriately identifying deficits and that corrective action is taken to address same.

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	3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Senior management must conclude their review of the suite of child protection policies and share it with the staff team. Centre management must ensure that all staff working in the centre have a thorough working knowledge of all safeguarding and child protection policies and practices including the risks detailed in the child safeguarding statement.
- Centre management must attend to the outstanding gaps in training related to child protection and safeguarding. All training records must be updated.
- Centre management must seek out relevant and necessary training and upskilling opportunities for the staff team so that they can adequately support young people.
- Centre management must ensure that the whistleblowing/protected disclosures policy is implemented as necessary.
- The registered proprietor and centre management must ensure that staff are familiar with and confident in escalating risks and that the system in place is appropriately responsive.
- The regional manager must complete a full audit of child protection concerns reported and ensure that records available are accurate, stored together and that updates from the social work department regarding their status is noted.

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.

Inspectors found that effective leadership had not been consistently demonstrated in this centre since it commenced operations in April 2025. There had been multiple changes to personnel in the roles of manager, deputy and social care leader in the centres' seven months of operation. Inspectors found that difficulties experienced by the staff team in making information known to management, and its impact on the delivery of care to young people was not responded to appropriately at multiple layers of management within the company. This included the use and availability of interpreters to ensure work being done and information presented to young people was well understood, as well as concerns relating to young people's safety in sharing a bedroom. Child protection concerns had not been tracked appropriately and overseen by senior management to ensure there were clear and detailed records with follow up as necessary. Inspectors note that the recently appointed centre manager (October 2025) and regional manager (November 2025) demonstrated an understanding of the deficits that had occurred in practice in the centre and its impact on young people and the staff team prior to their respective role commencement. They both assured inspectors that they understood the work that was required of them to bring about the necessary changes to the service. The registered proprietor and senior management within the company must undertake a review of all governance arrangements and mechanisms within and external to the centre and take necessary action to optimise their effectiveness. This should include supervision and probation systems; training and professional development for staff; as well as auditing systems. This review should ensure that governance arrangements for the centre are effective in responding to all operational matters and that accountability is clearly understood at all levels.

The recently appointed centre manager had been in post in an acting capacity since the beginning of October 2025 and formally appointed in early November 2025. They were appropriately qualified for the post and had several years' experience including at deputy manager and acting manager level in mainstream children's residential

services. Although not new to the provision of residential care, they were new to working with separated children seeking international protection (SCSIP). They worked normal office hours Monday to Friday and were being supported in their role by a deputy manager who worked similar hours. The deputy had been appointed to their post in June 2025 and had experience in children's residential care but not specifically SCSIP. There were two social care leaders in post therefore the internal management structure was adequate. One young person inspectors interviewed understood the deputy manager to be the manager and they had no awareness of anyone outside of the centre with responsibility for the service there. Inspectors were informed that some tasks were being delegated to the deputy and social care leaders and that more would as time and skillset progressed. The registered proprietor and senior management will need to ensure that all those in post are appropriately supported in the delivery of their duties.

There was a centre-specific contract in place with Tusla, and the regional manager stated that this was scheduled for review in the days following the inspection.

There was a policy and procedure review underway. This had been an identified action in the inspection of the sister centre in July 2025 and had been responded to with an expected completion date of November 2025. The regional manager had, since coming onboard, already commenced their own review of relevant policies and was actively reviewing the suite of child protection policies at the time of this inspection. It is important that all policies and procedures are integrated into practice - staff should have a clear understanding that these inform their daily practice.

There were a risk framework and associated matrix in place. Staff understood the reasons for conducting risk assessments and when to initiate these. Some risks were identified at admission stage, in behaviour support plans (BSPs), risk assessments and in the centre risk registers. Inspectors found however that there appeared to be an absence of risk assessments where there should have been some, for example with the room sharing of two young people. There was no evidence to indicate that this was continually assessed from a risk perspective with updated assessments, interventions and safety plans implemented. Inspectors could also not find risk assessments for when one staff on duty was responsible for doing all the driving on a shift where they were on duty with a non-driver. A review of this situation via the risk assessment process is required as a matter of priority.

Significant event notification (SENs) included an area to discuss risk rating however these were not consistently completed. On occasion where they had been completed

with an initial risk rating inputted by the previous manager representing the view of the staff team, the regional manager had disagreed with the initial risk rating and rated it at the opposite end of the scale. Where this occurred, there didn't appear to be any follow up done with the centre manager and staff team to tease out this issue. The centre was not using the Tusla/An Garda Síochána (AGS) standard template for absence management plans (AMPs). Instead, inspectors found a centre-specific template, with little evidence of social work input. These require review by the centre management and social worker responsible to ensure all parties are satisfied with the content of these, as they permitted young people to be away from the centre for significant periods of time. There is significant work to be done in understanding and realising a robust and connected approach to risk assessment and management in this centre.

Compliance with regulations	
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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 5.2

Actions required

- The registered proprietor and senior management must undertake a review of all governance arrangements and auditing mechanisms within and external to the centre to ensure they are effective.
- Centre management must take the necessary action to realise a robust and effective risk management system.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must provide information booklets to young people in their language of origin.</p> <p>Centre management must ensure that all young people are informed of their rights in a timely manner and in a way that is clearly understood, through the provision of translation services to young people in line with their stated policy.</p>	<p>Welcome booklets are now available for all young people in the centre. Work was completed with each young person throughout the month of November by their keyworkers to ensure they had access to and understood the content of the welcome booklets. Centre also now recorded where a translator was used, their name and if the young person refused the use of a translator.</p> <p>Over the month of November all residents were informed of their rights with translation services supporting this work. This is evidenced in keyworking sessions for each young person. Children's Rights are also displayed in the centre in each young person's language</p>	<p>Where a young person is admitted from another country, the Centre Manager will ensure that the welcome pack is translated into their language and made available to them. Senior Management will review the welcome pack to improve clarity and develop a version that is more age appropriate and young person friendly.</p> <p>The Centre Manager will oversee all admissions to the centre and will ensure that translators are used to support admissions and other important discussions, so that young people understand, their voices are heard, and they are supported to play an active role in their care.</p>

	<p>Centre management must establish agreed systems of language supports where needed for young people.</p>	<p>The use of Translation Services was discussed at the team meeting on 20.11.25 to ensure the team are aware of the process and services are utilised when needed.</p> <p>We have secured one-to-one online tutoring for all young people who require support with learning English. Each young person has an individual subscription to and can access unlimited tutoring sessions during evenings and weekends. We have also purchased a shared laptop to enable the young people to access their tutoring sessions.</p> <p>To date, the four young people who require support with English have all participated in multiple sessions, and feedback from them has been positive. In addition, the young people have been attending a weekly in-person English class at the local library.</p>	<p>Senior Management will review and update the Translation Policy by 30th January 2026 to include a clear procedure for assessing, providing, and monitoring language supports for young people, as well as team training to ensure consistent implementation going forward.</p> <p>Going forward, upon admission, any young person who requires support with English language skills will be set up with a subscription to the online tutoring service and will be supported to attend the weekly in-person English course at the local library.</p> <p>These measures are in place alongside the young people's regular attendance at school to further develop their English-speaking skills</p>
<p>3</p>	<p>Senior management must conclude their review of the suite of child</p>	<p>We aim to complete the review and update of the full suite of policies by the end of</p>	<p>As each policy is updated, training will be provided by Regional Management to the</p>

	<p>protection policies and share it with the staff team. Centre management must ensure that all staff working in the centre have a thorough working knowledge of all safeguarding and child protection policies and practices including the risks detailed in the child safeguarding statement.</p>	<p>2026.</p> <p>The Incident Prevention & Management and Risk Management policies were updated, training completed during Centre Manager’s Meeting held on December 10th. The Feedback and Complaints policy will be trained and implemented in January, and we plan to review, update, and deliver training on the Child Protection Policies in February’s Management Meeting. Which is scheduled for February 11th.</p> <p>The Centre Team has completed a refresher in Tusla CSE training, which concluded on 12.12.2025. The Regional Manager completed a full review of the risk assessments outlined in the Child Safeguarding Statement, which was discussed with the Centre Manager during supervision on 17.12.2025. The Centre Manager then completed a full review of the Child Safeguarding Statement and associated risk assessments with the team at a meeting on 18.12.2025. Lone Working</p>	<p>Centre Manager during monthly management meetings. The Centre Manager will then deliver training to teams at team meetings. This will be evidenced through meeting minutes, staff sign-off, and will remain a standing item in supervision.</p> <p>Child Safeguarding Policy will be routinely discussed at Team Meetings and Supervisions. The Centre Manager will be responsible for this.</p> <p>Knowledge checks will be completed by the Centre Manager at supervision to ensure learning and upskilling.</p>
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	<p>Centre management must attend to the outstanding gaps in training related to child protection and safeguarding. All training records must be updated.</p> <p>Centre management must seek out relevant and necessary training and upskilling opportunities for the staff team so that they can adequately support young people.</p>	<p>and Anti-Bullying will be discussed at the team meeting in January 2026.</p> <p>The outstanding child protection training will be completed by the 15.01.2026. The training record for the DLP training has been updated to reflect that the manager and deputy manager had completed this training.</p> <p>SCSIP Training will be scheduled for the team members who require this. The 2026 training plan is being finalised at present, once dates are confirmed, the team members requiring same will be scheduled to attend.</p>	<p>The Centre Manager will ensure that the team training record is reviewed and updated and that all training needs are planned for to ensure there are no gaps in training.</p> <p>The Centre Manager will ensure that the team training record is reviewed and updated and that all training needs are planned for to ensure there are no gaps in training. Any additional training needs for the team will be identified and planned for with the Regional Manager.</p> <p>We also plan to recruit a Training Manager early in the new year, with a view to the person in role in Q2. This person will be responsible for the provision of training to all teams in line with the training plan.</p>
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	<p>Centre management must ensure that the whistleblowing/protected disclosures policy is implemented as necessary.</p> <p>The registered proprietor and centre management must ensure that staff are familiar with and confident in escalating risks and that the system in place is appropriately responsive.</p> <p>The regional manager must complete a full audit of child protection concerns reported and ensure that records available are accurate, stored together and that updates from the social work department regarding their status is noted.</p>	<p>Whistleblowing / protected disclosures policy and scenarios completed with the team on the 20.11.2025. CPDs are on file.</p> <p>The Risk Management Policy has been reviewed and updated to ensure clear escalation pathways to manage, monitor and review and safely respond to risk. This was implemented on the 10.12.2025 and trained in by the Regional Managers at the Monthly Managers meeting. The Centre Manager completed this policy training with the team on 18.12.2025.</p> <p>The audit remains ongoing at present. The Regional Manager intends to finalise the Child Protection Audit by 30th January 2026.</p>	<p>The Centre Manager will be responsible for ensuring that the Protected Disclosure Policy is implemented as required.</p> <p>Centre Manager will ensure through team meetings and supervision that the team are familiar with and confident in escalating risks in line with the updated policy.</p> <p>The Centre Manager will oversee all child protection concerns and ensure the relevant documents are available, accurate and filed together. The child protection folder will be audited periodically by the Regional Manager and also as part of internal audits.</p>
5	<p>The registered proprietor and senior management must undertake a review of all governance arrangements and</p>	<p>This is an ongoing initiative that began in recent months with the introduction of additional Regional Managers and a COO.</p>	<p>A Centre Management Report is currently being developed and will be implemented in January 2026 to further enhance</p>

	<p>auditing mechanisms within and external to the centre to ensure they are effective.</p> <p>Centre management must take the necessary action to realise a robust and effective risk management system.</p>	<p>To date, a full review of the Risk Management Policy and the Incident Prevention and Management Policy has been completed, with training provided and implementation underway, establishing clearer and more easily understood governance procedures. This was completed on 10th December 2025. Significant Event Notifications, Centre Risk Registers, and Risk Assessment Forms have also been developed to support these policies and are now in use.</p> <p>The Tusla Absence Management Plan has been implemented and is currently being reviewed and signed off with the Social Worker for each young person, with completion expected by the end of 2025. Additionally, the Risk Management Policy and framework have been updated, implemented, and communicated to the team.</p>	<p>support, governance, and oversight. This report will form part of centre management supervision with the Regional Manager. Additional governance arrangements will be communicated, trained, and understood by the Centre Manager as they are introduced.</p> <p>The Centre Manager will discuss the Absence Management Plans and risk assessments with the team during team meetings and is responsible for reporting all Centre risks to the Regional Manager on a monthly basis. The Regional Manager will ensure that learning is communicated to the team through centre visits and audits.</p>
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