An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 295

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Misty Croft Ltd**
Registered Capacity:	**Four Young People**
Type of Inspection:	**Announced**
Date of inspection:	**17th and 18th November 2025**
Registration Status:	**Registered from 17th April 2025 to 17th April 2028**
Inspection Team:	**Linda Mc Guinness** **Paschal Mc Mahon**
Date Report Issued:	**06/02/2025**

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 17th 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 without attached conditions from 17th of April 2025 to 17th of April 2028.

The centre was registered as a multi-occupancy service to assist and support four young people aged thirteen to seventeen years of age. These young people were separated from family and displaced from their country of origin and the stated aim was to prepare them for independent living or adult services, and live safe, meaningful lives in Ireland through providing dignity and respect as equal and valued members of society. The aim was also to deliver a high quality, child-centred service by a competent, skilled and caring workforce in partnership with each young person, the social work department and their family, where involved. Referrals were received through the Separated Children Seeking International Protection (SCSIP) department within Tusla who determined the suitability of referrals to the service.

The centre was initially registered to provide medium to long term care but a change in circumstance application (following a request from Tusla's SCSIP team) was approved by the alternative care inspection and monitoring service and the statement of purpose at the time of this inspection was the provision of short to medium care. Inspectors recommend a review of the stated purpose to assess if the stated aims above can be delivered to young people within a short to medium term timeframe. Social workers and Guardians ad Litem for the young people already placed were not aware of the change in purpose and function until after it took place, and to their knowledge there were no plans to move young people on to different placements meaning all young people at the time of inspection were outside the stated purpose. All professionals believed it was in the best interests of the young people to remain in placement as they were settled, attending education and engaged in the community.

There were three 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 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 12th 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 5th 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: 295 without attached conditions from the 17th of April 2025 to the 17th of April 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 7: Staffing
Regulation 9: Access Arrangements
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.

While this was a newly registered centre, the organisation had a long history of providing care to separated children seeking international protection.

Inspectors found that overall, the centre manager and care team were child centred in their approach and promoted and protected the rights of all young people. There was evidence that the care team were working to meet their health, education, cultural, religious and legal support needs. Inspectors observed during the course of the two days in the centre that there were good relationships between care staff, management and the young people. The social workers and Guardians Ad Litem (GALs) who spoke with inspectors were overall satisfied with the standard of care provided to the young people and felt it was improving as it took time to establish a new centre. They felt all young people were making slow and steady progress.
The team had undertaken some cultural awareness and diversity training, and the manager was planning further training in this area. Inspectors were provided with a proposed new model of care that would better support the assessment of needs and addressing specific requirements of separated children. There was a plan in place to train all care staff working in separated children's services within the organisation in this model of care once it was finalised.

Inspectors found that there was an unacceptable delay in the provision of translation services to young people that impinged upon their rights to express their views and was not aligned to the organisations' diversity policy. In June 2025, Tusla notified private providers of significant changes to accessing Tusla funded interpreter services. For the initial introduction meeting when young people moved in, the team

in consultation with the social work department, ensured a translator was available by telephone to communicate necessary information and answer questions. Following this, after admission, the organisation did not provide this service and would request one through Tusla on occasion. Inspectors reviewed a complaint made by a Guardian Ad Litem (GAL) on behalf of a young person in July 2025 where they stated they themselves were 'unable to have a meaningful discussion' with the young person and that the young person had 'no way of conversing with staff'. There was evidence that the centre manager had escalated this issue within the organisation, and the GAL agreed the manager was a good advocate. The GALs for two young people spoke with inspectors and expressed frustration that translation services were not available for an extended period. One Guardian ad Litem (GAL) said that they had to reassure their young person that they could be in the main living areas and receive support from the care team as they felt they had misunderstood this at the outset of the placement and spent long periods of time in their room. The social worker confirmed this in discussion with the inspector.

Inspectors found that the delay in provision of translation services was not without other impact. There was evidence that language differences and a lack of understanding caused frustration for some young people that led to dysregulated behaviour and the notification of significant events. It was also reported by management and care staff that the situation made keyworking and individual work difficult. The care team made efforts to use electronic applications and visual aids and at times, the support of other young people to communicate. This was not a substitute for effective translation especially for regional dialects used in certain countries and misunderstandings took place. The situation did not facilitate the implementation of other organisational policies such as complaints, managing challenging behaviour, access to information and key working policies amongst others. Given the specific nature of this service providing care to separated children, the registered provider must review the policies and procedures and include where appropriate, the provision of translation services to facilitate implementation of the policy and child centred care and support.

Inspectors found that conversations were undertaken during young people's meetings to revisit the information provided about rights during the admissions process. Notwithstanding this, two of the three young people regularly chose not to participate in this forum. Shared mealtimes were not a feature in this centre, and inspectors recommend that consideration is given to how to improve engagement with young people and promote group living as part of the therapeutic milieu.

The organisation had policies in place aligned to the National Standards for Children's Residential Centres, 2018, HIQA. These included rights and responsibilities, equality and diversity, contact with families, consultation, complaints as well as health, education and access to information policies. Care staff interviewed were familiar with these policies and procedures and the UN Convention on Rights of the Child.

If required, young people were supported by the care team and social work staff with their applications for refugee status. There was evidence that they were encouraged to be tolerant of cultural differences and that young people were supported to manage differences that arose between them.

Inspectors found that monetary consequences issued for certain behaviours such as not completing chores or adhering to bedtimes were not in line with the organisation's policies or best practice. This was highlighted by the regional manager however they were still in place at the time of inspection and one young person said they 'didn't care and they 'did not work'. This issue was highlighted in a previous inspection of another centre within the organisation in July 2025 and must be subject to review and appropriate action taken. One social worker also raised this as an issue they would like to see addressed within the organisation.

Another social worker who provided feedback to inspectors for a young person who had moved on was satisfied that the placement met their care needs and that their rights were upheld in most respects. They were, however, very unhappy that a request for a laptop to support the young persons education needs at that time, and into the future, was not provided. It was requested in August 2025, and the education placement wrote strongly in support of this. Despite numerous requests and escalations, the young person moved out in November 2025 without this resource. Inspectors were informed that they had purchased a laptop for 'house use' by all young people, supported the young person to join a local library and had applied for funding for a personal laptop from a benevolent fund. The director of service wrote to the inspector subsequently on the 2nd of December 2025 to state the young person would receive the laptop. Notwithstanding this, inspectors concur where an education placement writes in support of provision of a laptop (or other resource) and a social worker agrees as part of overall planning for a young person, that it is provided without delay.

The inspectors reviewed complaints records on file. They found that one young person made complaints and expressed dissatisfaction about quantity of, and

provision of culturally appropriate food during the early days of their placement. The appointed Guardian ad Litem (GAL) made a complaint on their behalf. There was evidence that this was explored with them, acted upon, and a resolution was reached. The young person informed inspectors they were satisfied with the outcome, and this was no longer an issue of concern for them.

There were alarms on young people's doors as a safeguarding measure. One young person expressed dissatisfaction about additional room checks that care staff undertook for all young people at morning and night time to ensure they were in their rooms. Young people were often asleep at these times and social workers who spoke with inspectors were unaware of this practice. Inspectors recommend that this practice is reviewed and, if deemed necessary as part of placement and/or safety planning, is implemented in consultation with supervising social workers and line with the centre's risk management framework. Any expressions of dissatisfaction should be managed in line with the centres' complaints policy and procedure.

The care team provided a step-by-step supported orientation to the local area and to the city where young people attended medical and legal appointments. Their right to education was promoted and upheld and they were supported to engage in preferred recreational activities in the community. Despite language barriers, good efforts took place to explain societal rules, norms and laws in Ireland that may differ from their own such as the role of An Garda Síochána, integration and safety in the community. When there was a planned anti-immigration protest, work took place (facilitated by a Tusla translator) with the young people to ensure they understood potential risks to their safety and what to do if they were at risk.

There were appropriate resources and arrangements in place to facilitate young people to practice their religion and religious festivals/observations if they wished. At the time of inspection, it was evident that young people had opportunities to shop for and cook their own meals if they wished and inspectors observed that wholesome and nutritious culturally appropriate food was made available.

They were facilitated to maintain contact if they were in communication with family members or significant people in their country of origin. Each young person had their own personal mobile phone to contact family and their allocated Tusla worker.

There was an established routine whereby care staff, and young people could meet on a weekly basis to discuss house routines and issues arising for them. However, as mentioned previously notwithstanding language barriers, some young people did not

participate, and one told inspectors there was 'no point'. The inspectors recommend that the management team review the structure and content of these meetings and find creative/alternative ways to encourage young people to participate in a meaningful way.

The organisation operated a digital recording system alongside a paper-based care record. Inspectors found that, while it was difficult to navigate, an individual care record was maintained for each young person as required. The organisation was in the process of adopting a new electronic system that they felt would better meet the needs of the service and facilitate planning and effective recording.

All young people returned questionnaires for inspectors and overall, they relayed they were satisfied with the care they received. They provided feedback that they were 'well looked after' and 'happy with the choice and amount of food'. Aside from the rural location, and poor Wi-Fi which all young people wanted to improve, the feedback was generally positive. One stated 'everything is perfect' and another said 'I do not have anything I wish to change'. All confirmed they were supported with their culture and education. There was evidence that the manager and team had listened to young people and were to working source a more reliable Wi-Fi service.

Compliance with Regulations	
Regulation met	**Regulation 5** **Regulation 7** **Regulation 9** **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 director of service must review the policies and procedures and where appropriate, include the provision of translation services to facilitate implementation of the policy and child centred care and support.

- The director of service must ensure translation services are available for young people where necessary, until such time it is jointly assessed with Tusla, the child and family agency that they no longer require it.
- The regional manager must ensure that identified actions in respect of the use of consequences in the centre are implemented and practice is aligned to best practice and organisational policies.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The inspectors found there was a focus on providing safe care and support to young people to safeguard and protect them from abuse and neglect. This was evidenced through review of individual risk assessments, monthly governance reports, management, team and handover meetings.

This was a new team, but most had some experience of residential care and there was evidence that they with the support of a strong manager, promoted the safety and welfare of the young people through risk assessments, review of incidents and an awareness of policies and procedures relating to safeguarding and child protection.

There was written child protection guiding principles and safeguarding procedures that set out the key roles in respect of safeguarding, and guidance to respond to and report any child protection or welfare concerns arising. Staff in interview were able to describe the procedures for reporting and responding to disclosures or allegations of abuse. The process for managing an allegation against a staff member was also outlined in the policy.

Inspectors were provided with the centres' child safeguarding statement. Care staff interviewed were able to identify the possible harm, in the associated risk assessment, that young people could be exposed to while living in the centre and could identify the mitigation measures implemented to minimise any potential risks.

Inspectors recommend the whistleblowing/protected disclosure policy is revisited as there were some gaps in knowledge during care staff interviews. While they did not

signpost the protected disclosures policy, they stated they would be confident to raise any concern with internal or external managers and that it would be taken seriously. The whistleblowing policy referenced that, in some circumstances, a protected disclosure could be made to an external body however, the agencies to whom staff could report wrongdoing or malpractice were not specifically identified in the written policy and this is recommended

Upon commencing employment all had undertaken the required Tulsa online training in Children First, National Guidance for the Protection and Welfare of Children, 2017 and mandated person training. The care team had completed the mandatory training relating to child sexual exploitation (CSE) procedure (including CSE as it pertains to child trafficking).

All care staff were identified as mandated persons in centre policy and the manager maintained a list of these people as required under legislation. The inspectors found that care staff interviewed were aware of their role and responsibilities as mandated persons. All identified the centre manager as Designated Liaison Person (DLP) and the social care leader as deputy DLP although this person had left the service in the weeks prior to inspection, and the regional manager held this responsibility until such time as a new social care leader was appointed.

Significant events were notified to the relevant social work department who had oversight of them, and they were accessible in real time to senior managers through the electronic recording system and also formally notified through monthly governance reports.

The inspectors reviewed child protection report forms and found they were recorded and submitted appropriately and were stored on individual young people's care records. There was evidence that issues of safety and risk relating to child protection concerns were discussed at team and management meetings.

The inspectors found there was a policy and system in place to record, manage and track concerns that did not meet the threshold for mandated reporting or reasonable ground for concern under Children First. Inspectors were satisfied that the team were alert to issues of safeguarding and child protection both in the centre and whilst young people were in the community. They had sought and received child safeguarding statements from churches and social groups that young people were engaged with.

There was evidence on care records that the team worked in partnership with the young people's social workers to promote their safety and well-being. All social workers confirmed to inspectors that they were confident the team could identify risk of harm under Children First and were satisfied that they would report and manage any concerns appropriately.

Notwithstanding the communication difficulties, there was evidence that the care team made efforts to develop knowledge, and skills needed for self-care and protection particularly where issues of potential risk were outside the centre. Young people were taught how to contact an Garda Síochána if required and had important numbers with them when they left the centre.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Standard 3.1**
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 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 the centre was well managed and that there were good systems in place to ensure accountability and effective risk management. The social care

manager was in post since registration and had the required qualifications, experience, and competencies to provide effective management and oversight of the centre. The care team reported that they were supportive, accessible and that they encouraged professional development.

There were clear lines of authority and accountability that were understood by all. The director of service was appointed in April 2025. A regional manager for SCSIP centres under the wider organisational umbrella was appointed in July 2025, and they were still settling into their post and becoming familiar with all centres under their remit. They had a regular presence in the centre and attended team meetings and planning meetings for young people.

There was a system in place whereby the internal social care manager/social care leader provided a detailed monthly governance report to the external managers. The information in the reports was reviewed and quality assured by the regional manager.

Prior to the appointment of the regional manager, the director of service completed child protection and safety audits. The methodology included visits to the centre and online review of centre records. Areas requiring improvements were identified for action and there was evidence that these were followed up with the centre manager and in team meetings.

In addition, the recently appointed regional manager had completed themed audits in respect of medication management, risk and behaviour management. Identified actions required were appropriately followed up, with the exception of where they noted the overuse of sanctions and consequences. There were regular file audits to ensure care records contained all relevant information.

Auditing was supported by the provision of guidance and audit tools by the quality assurance manager in the wider organisation. Furthermore, a review of audit templates across the organisation had commenced, and it was planned that, alongside the themed audits to date, audits going forward would assess compliance with the national standards and statutory regulations. There were arrangements in place for regular meetings between the director of service and regional manager. Meetings also took place between the regional manager and managers and social care leaders in their region to share information and learnings across the organisation.

Inspectors recommend that placement planning is prioritised for audit and review when scheduling future assessments of compliance. A review of care records found

that not all young people with a full care status had a care plan on file and that placement plans were sometimes drawn up from the centre's minutes of a child in care review. The plans were lengthy and there was not a clear assessment of need in each of the domains, rather a narrative of the current situation. They encompassed a progress report and were added to each month making them cumbersome and difficult to identify priority tasks to facilitate effective planning.

There was evidence that specific management tasks were delegated to appropriately qualified staff if the centre manager was absent.

There was a service level agreement and contracting arrangements in place between Tusla and the provider and these were subject to periodic review. Plans were in place to commence annual compliance reports and quarterly meetings took place between the directors, the proprietor and the quality assurance manager.

Policies and procedures were submitted upon application for registration, and relevant policies were subject to review as part of this inspection. Care staff confirmed that they were made aware of any updates to policies and procedures by email.

The centre operated a matrix-based risk management framework, and there were effective systems in place for the identification, assessment and management of risk. The care team were familiar with the risk assessment process, and there was evidence that risk was discussed at team and management meetings. Risk assessments and safety plans were implemented and updated as required. The external managers could access all information relating to risk through the organisation's IT system and through the daily updates from internal managers. Issues of risk were also reported through monthly governance reports.

Compliance with Regulation	
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 required

4. Corrective Actions and Preventive Actions (CAPA)

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
1	The director of service must review the policies and procedures and where appropriate, include the provision of translation services to facilitate implementation of the policy and child centred care and support.	The director of services will review and update the policies and procedures to reflect the recent changes in the use of Tusla funded translation services to clearly indicate the process for availing of translation services across centres.	The relevant policy will be circulated to all staff on or before 31st January 2026.
	The director of service must ensure translation services are available for young people where necessary, until such time it is jointly assessed with Tusla, the child and family agency that they no longer require it.	The director of services will ensure that translation services continue to be available to young people where necessary, whether funded by the provider or Tusla. The director of services agreed and signed a direct contract with an official translation service. This was finalised and implemented on the 31.10.25.	Clear guidance has been provided to all centre management teams in respect of accessing translation services.
	The regional manager must ensure that identified actions in respect of the use of consequences in the centre are implemented and practice is aligned to	The regional manager will review the effectiveness of consequences to ensure this is in line with best practice and policy. This review will be completed by 31st	The director of services will ensure that a review of use of consequences is carried out by regional management across all centres by 31st January 2026.

	best practice and organisational policies.	January 2026.	