



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 297

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Rowan Child and Parent Services
Registered Capacity:	Six young people
Type of Inspection:	Announced inspection
Date of inspection:	14th, 17th and 18th November 2025
Registration Status:	Registered from the 17th April 2025 to the 17th April 2028
Inspection Team:	Anne McEvoy Lorna Wogan
Date Report Issued:	06th of February 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 17th April 2025. At the time of this inspection the centre was in its first registration. The centre was registered without attached conditions from the 17th of April 2025 to the 17th of April 2026.

The centre was registered as a multi-occupancy service. It aimed to provide accommodation for six young people between the ages of 16 and 17 years on admission in need of international protection. It aimed to provide trauma informed care that was responsive to the individual needs of the young people within a person centred, safe and supportive environment. There were six 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 19th 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 30th 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 297: without attached conditions from the 17th April 2025 to the 17th 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.

Inspectors offered all young people the opportunity to meet with them throughout the course of the inspection. Four young people availed of this offer, while five completed an inspection questionnaire referencing their thoughts and opinions on all aspects of care in the centre. They stated they were happy living there, felt “*cared for*” and that the house was “*safe and comfortable*”. One young person wrote “*living in this house most of the time is fun and happy. I miss my family so much but the staff cheer me up and I become less sad and without that I would have been very different*”. Another wrote “*The best things are that I feel safe, respected and listened to*”. Inspectors also observed interactions between the young people and care staff and found that they were attuned to the needs of the young people, treated them with respect and were available to support them at all times. The allocated social worker stated that the young people were well looked after in the centre and due care was given to their rights.

Inspectors found that the United Nations Convention on the Rights of the Child (UNCRC) document was displayed in the common area. Care staff were aware of the rights of children as set out in the (UNCRC) and as prescribed in Irish law. Seven members of the care team had undertaken additional training in rights based and diversity training modules such as “Diversity Equality and Inclusion” training and training supplied by the Health Information and Quality Authority (HIQA) on “applying a human rights-based approach in health and social care: putting National Standards into practice”.

Inspectors reviewed care records for each young person. It was found that on each young person’s their first visit to the house they were provided with a welcome booklet. This booklet identified that the centre cared for young people from diverse

backgrounds and that respect was an integral part of the culture within the house. Resolutions on conflict and misunderstandings in the house were dealt with in a proactive and timely manner upholding the culture of respect and consideration for all cultural views and differences. The young people in interview reiterated that cultural differences and respect for same was discussed with them regularly in individual work. Inspectors found evidence of this in written key work records.

The welcome booklet was made available to each young person in a language that best met their communication needs. There was a translator available for each first meeting with the young person regardless of their ability to communicate in English to ensure accurate transfer of information and to support young people in understanding the topics covered. One young person experienced difficulties in understanding written information and a translator was made available on a regular basis to support them to communicate effectively with care staff.

Young people were advised on the centre's internal complaints process and were provided a copy of this procedure and the complaint form in relevant languages. Young people were informed of the national independent advocacy agency EPIC (Empowering People In Care) and a representative from EPIC had visited the centre and explained their role and the rights of young people. They were also advised of the Tusla Tell Us complaints process.

Inspectors found that each young person was treated with dignity and respect and where incidents of misunderstanding occurred due to cultural difference, the care staff and manager were proactive in addressing and resolving issues. Inspectors found that care staff supported the young people to make links in the local community with people of all cultural backgrounds to support their understanding of cultural differences and promote inclusivity.

Young people were encouraged to practice their respective religious and cultural traditions and were provided with all necessary materials to do so. They were supported to travel to respective places of worship and facilitated to purchase food appropriate to their religious and dietary requirements. This was recorded in their care record.

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	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.

The centre had a suite of policies and procedures in place to support safe care and these were found to be in compliance with the Children First Act 2015, and the Children First Guidance for the Protection and Welfare of Children 2017. There was a child safeguarding statement (CSS) displayed in a prominent position in the staff office. This was relevant to the statement of purpose and function of the centre and identified appropriate risks and mitigation measures. In interview, staff members were familiar with the presence of the child safeguarding statement and its location but had limited knowledge of the risks of harm identified on the statement or the measures in place to mitigate these risks. Inspectors recommend that additional training is carried out to embed the contents of the CSS. Staff were aware of the individuals who held the roles of the appointed designated liaison person (DLP) and deputy designated liaison person (DDLDP). All care staff were identified as mandated persons and the centre manager maintained a list of mandated persons in accordance with the Children First Act 2015.

Inspectors found that consideration was given when devising the rota to ensure that a female care staff member was always available to the female residents based on the expectations within their culture.

A review of personnel files evidenced that all staff members had completed the Introduction to Children First e-learning and mandated persons e-learning modules. Five care staff had completed e-learning modules around recognising the signs of child sexual exploitation (CSE) and/or human trafficking awareness. The centre manager stated that there was a plan for updated, in-person, CSE awareness training to be completed in quarter one 2026. Inspectors reviewed personnel files and found that all new staff members had the required vetting completed by An Garda Síochána and overseas police checks where required. There were three references on file for each staff member and these were verbally verified prior to staff taking up their posts.

Centre policies identified procedures to address all forms of bullying. Inspectors found that care staff were attuned to the potential for bullying and any potential bullying behaviour was addressed as soon as it was identified. Individual work was completed with young people on how to keep themselves safe while out in the community. This was confirmed in interview by three young people who stated that they were guided on what to do should they feel threatened or vulnerable while on free time or engaging in community activities. Inspectors found that the centre had a comprehensive policy around mobile phone and internet usage which identified that “key work on digital citizenship [was to] be carried out by staff on a regular basis and this [aimed] to tackle online etiquette, data security, scam spotting, cyber bullying and keeping safe online”. Inspectors found that this policy was not being implemented robustly. Inspectors recommend that the centre manager review centre practice and implement centre policies in full.

Inspectors found that each young person had a placement plan devised by the young person’s key worker. This document identified areas for development to support the young persons journey towards adulthood and independent living. Inspectors found that there was progress noted in areas of independent living skills. However given the ages of the young people and their recent entry to the country, inspectors recommend that individual work is undertaken to inform young people of the role of An Garda Síochána, the legislation governing the age of consent and including discussion on sexual health and healthy relationships. This would further develop the skills for self-care and protection.

There was a personal support plan (PSP) developed for each young person. This included the individual absence management plan (IAMP) and the individual crisis support plan (ICSP). Inspectors found that these documents were not sufficiently detailed to guide staff in their practice. The centre manager must ensure that the PSP is reviewed and updated to include potential triggers and de-escalation techniques that were suitable and appropriate in the management of unmet needs and dysregulated behaviours. Inspectors reviewed current risk assessments in place for each of the young people and found that there were gaps in the identification of individual areas of vulnerability for young people. The centre manager must ensure they review current risk assessments to determine suitability and where additional risks are identified, appropriate risk assessments are devised to safeguard the young people.

In interview, the allocated social worker for the young people stated that where they had contact with parents or guardians, there was an agreement that they notified them of any incident or allegation of abuse. The allocated social worker stated that they were satisfied with the care being provided to the young people and noted that in their discussions with each of the young people, they presented as happy and well cared for.

The centre had a policy and procedure on protected disclosures. Inspectors reviewed this policy and found that it signposted staff members to internal and appropriate external bodies should they have concerns. In interview, staff members were familiar with the policy and where to locate it should they require it.

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 manager must ensure that the PSP is reviewed and updated to include potential triggers and de-escalation techniques available to care staff in the management of unmet needs and dysregulated behaviours.
- The centre manager must ensure they review current risk assessments to determine suitability and where additional risks are identified, appropriate risk assessments are devised to safeguard the 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.

At the time of the inspection, the centre was being managed by the registered provider. They held the title of person in charge and were fully aware of their responsibilities under this title. They were suitably qualified and experienced to undertake the role. In interview, they stated that their plan for quarter one 2026 was to appoint a centre manager and a deputy manager and there was ongoing recruitment occurring at the time of inspection for both positions. The registered provider stated that on appointment of a management team, they will resume the role of senior manager. At the time of the inspection, the centre operated with the centre manager, three social care leaders, four social care workers and three support workers. Inspectors were satisfied that strong leadership was evidenced and a review of team meeting minutes evidenced a culture of learning, quality and safety. In interview care staff stated that they were confident in the centre manager and the social care leaders to provide clear guidance.

Inspectors were provided with job descriptions for each role within the management structure, however these were not up to date or aligned to the purpose and function of the centre and must be reviewed and updated. Similarly, while care staff had received an induction when the centre first opened, inspectors found that following the change of purpose and function, care staff had not received a new induction aligned to the new purpose and function. Additionally, where staff had moved from a sister centre, no corresponding centre specific induction had occurred. Inspectors

found that several staff induction records on file were not completed in full. The centre manager must ensure that each staff member receives an accurate job description and centre specific induction relevant to the purpose and function

The contract to operate a residential centre was held by a separate company and subcontracted to the registered provider. Inspectors were provided with evidence of the contract to the parent company and subsequent subcontract to the registered provider.

The registered provider stated in interview that policies and procedures were signposted at induction and staff were encouraged to familiarise themselves with them. Inspectors found that post induction, there was no further discussion on the content and implementation of policies and in interview staff displayed limited knowledge on policies specific to child safeguarding and protection. Inspectors acknowledged that the registered provider had identified this as a deficit, and it was discussed and decided at team meetings for policies and procedures discussion to be added as a standing item to the agenda in December 2025.

The centre had a risk management framework and risk rating matrix in place for the identification, assessment, management and review of risk. In interview care staff were familiar with the risk matrix. As addressed earlier, some deficits were found by inspectors in relation to individual risks. All risk assessments relating to the young people and the centre were maintained in a risk management folder. The register included appropriate risks such as the risk posed by the language barrier between care staff and young people as well as environmental risks such as slips, trips and hazards.

There were alternative management arrangements in place should the person in charge be absent. Inspectors found that there was a suitable delegation log devised outlining the tasks to be undertaken. The inspectors recommend that the format of the log be reviewed to evidence that a comprehensive handover has taken place on the managers return from leave. At weekends and evenings, the centre manager and a social care leader operated a rota of on-call. While the staff confirmed the person on call was not set out on a schedule, they were confident that if they did not get one manager they could call the other manager.

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

Actions required

- The centre manager must ensure that each staff member receives an accurate job description and centre specific induction relevant to the purpose and function.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager must ensure that the PSP is reviewed and updated to include potential triggers and de-escalation techniques available to care staff in the management of unmet needs and dysregulated behaviours.</p> <p>The centre manager must ensure they review current risk assessments to determine suitability and where additional risks are identified, appropriate risk assessments are devised to safeguard the young people.</p>	<p>All PSP's have been updated and amended to reflect known and potential triggers for all young people in the centre.</p> <p>All behaviour management techniques have been added to each young person's PSP. Completed 01.12.2025</p> <p>A review of all risk assessments has been completed on the 22.12.2025.</p> <p>All current risk assessments have been amended to reflect a more accurate assessment of risk and safeguarding of young people. Completed 22.12.2025.</p> <p>Risk assessment format and completion of</p>	<p>The PSP has been amended to include additional instruction/guidance on its use and development. In particular, the crisis management section now reflects intervention strategies/techniques which can and cannot be used.</p> <p>All PSP's will be routinely reviewed on a monthly basis at team meetings and supervision, and more frequently if updates are required.</p> <p>PSP review to be completed monthly during PIC audit.</p> <p>Risk assessments to be reviewed formally on a monthly basis at team meetings.</p> <p>Risk assessment template has been amended to more accurately reflect level of risk and all measures in place to manage risk.</p>

		risk assessments to be discussed at team meetings on a monthly basis commencing 07.01.2026	
5	The centre manager must ensure that each staff member receives an accurate job description and centre specific induction relevant to the purpose and function.	<p>All personnel files have been reviewed and updated job descriptions have been added to each file. Completed 29.12.2025. Each staff member will receive and review same at their next scheduled supervision session throughout January 2026.</p> <p>Staff members transferred to this centre from another Rowan service centre are scheduled to review centre specific areas of induction on 22.01.2026. Some areas have been completed including; fire safety / care files and recordings / CSE training – however a more thorough review will take place to ensure all areas have been covered satisfactorily. The review is scheduled for 22.01.2026 – due to extended leave over the Christmas period for both staff members.</p>	All staff members recruited throughout 2026 or any staff member who may transfer between services will undergo full centre specific induction. Rowan CPS policies and procedures reflect same and this will be strictly adhered to.