An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 220

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**Focus Ireland Ltd**
Registered Capacity:	**Ten young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**26th and 27th January 2026**
Registration Status:	**Registered from 03rd May 2026 to the 03rd May 2029**
Inspection Team:	**Anne McEvoy** **Sinéad Tierney** **Kelly Murphy** **Catherine Fitzgerald**
Date Report Issued:	**24th of August 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 3rd May 2023. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 3rd May 2026 to the 3rd May 2029.

The centre was registered to provide multiple occupancy care for ten young people seeking international protection aged fifteen to seventeen years on admission. The objective of the service was to provide a safe place for young people ensuring emotional containment using trauma informed practice. There were ten children living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.1

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 25th March 2026. 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 14th April 2026. Shortfalls were identified in the CAPA and additional information was requested. The amended CAPA was received on the 28th April 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: 220 without attached conditions from the 3rd May 2026 to the 3rd May 2029 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

A number of the young people resident in the centre agreed to meet and speak to inspectors over the course of the inspection. They stated to inspectors that they felt safe living there, they knew who they could speak to if they had an issue of concern and were confident that the care team listened to their concerns when they raised them. This was also confirmed in key work documents maintained on young people's care records.

The centre had a suite of policies and procedures designed to protect young people from all forms of abuse and neglect. Inspectors reviewed these policies and found them to be in line with Children First and relevant legislation. In interview care staff were familiar with these policies and were knowledgeable of the procedures to follow should they become aware of a potential child abuse concern.

Inspectors were provided with a training log maintained by the centre which indicated that all care staff had completed the Tusla e-Learning module: Introduction to Children First. The majority of the care team had completed training on recognising signs of child sexual exploitation and additionally ten members of the core care team had undertaken anti-trafficking training. This log referenced that only one member of the care team had completed refresher training in the centre's own child protection and safeguarding policy within the timeframe outlined in the centre policy. The log did not track the completion of mandated persons training but in interview members of the care team were familiar with their responsibilities as a mandated person. The centre manager stated that training certificates were not retained by the centre or the agency. The centre manager must ensure that all mandatory training is completed by all staff members and that all training certificates are maintained on file to evidence completion of mandatory training. While care staff, in interview, were familiar with the centre's child safeguarding policy, inspectors recommend that refresher training is completed in line with the centres policy on training on child safeguarding and safe practice. The centre had a child

safeguarding statement (CSS) displayed in a public location. In interview, care staff were familiar with the CSS but had limited knowledge of the risks it contained. It is recommended that the centre manager include discussion on the CSS when refreshing the care team on the centre's child safeguarding and safe practice policy. Inspectors found that child protection and welfare report forms (CPWRF's) were appropriately submitted to Tusla Child and Family Agency when a child protection concern arose, however, it was noted that the staff member who received the information was not recorded on the form. This was confirmed in interview with one member of the care team who stated that the manager submitted the CPWRF to Tusla. The centre manager must ensure that the member of the care team who received the information is recorded on the CPWRF.

The centre utilised a recognised behaviour management framework and the training log indicated that all members of staff had completed initial training in this framework. The refresher training for this framework was not completed in line with implementation criteria set down by the awarding body. Whilst acknowledging that the centre did not have any physical restraints or significant incidents of dysregulated behaviour, inspectors advise that the centre manager and registered provider review the refresher training frequency to align with the awarding body recommendations.

Inspectors reviewed personnel files for staff who began employment since the last inspection and found that vetting checks undertaken by An Garda Siochána and relevant international police checks were maintained on personnel records. Additionally, there were written and verbal references stored to indicate the applicant's suitability for residential childcare. Inspectors found that while all newly appointed staff members had a qualification in social care or another relevant qualification, none of these qualifications were verified with the college or awarding bodies. The centre's recruitment policy stated that employees were requested to submit a copy of their qualification which was to be held on their personnel file but it did not reference the requirement for applicants' qualifications to be verified prior to employment in the centre. The registered provider must ensure that qualification verification is undertaken for all employment applicants and current members of the care team for whom verification is outstanding.

The centre did not have any incidents of bullying and this was confirmed by the young people who spoke to the inspectors. In interview, members of the care team were very cognisant of the different cultures living there and were mindful of the requirement to ensure constant supervision to minimise risk. This was supported by a policy on the identification and management of bullying. Inspectors found that

there was comprehensive individual work completed with the young people on keeping themselves safe. Inspectors found that the care team had access to, and utilised, good resources on all aspects of self-care and protection relevant to the cohort of young people in the centre. This included individual work on legislation supporting safe and consensual relationships, safety online and how to keep oneself safe in the community.

At the time of this inspection, the young people living there did not have any identified specific individual areas of vulnerability. Risk assessments were in place for the management of risks relevant to all, such as young people having free time in the community, or potentially young people being missing from care. These were found to be suitable for the management of these risks.

The centre had an agreement with the allocated Tusla assigned worker that where an incident or allegation of abuse arose, it was the Tusla assigned worker who informed parents and/or guardians where possible. In interview, the Tusla assigned worker stated that they had an excellent working relationship with the care team and were informed promptly of significant events or complaints made by the young people. One Tusla social care worker stated that they met with the young people regularly and were very satisfied with the care offered to the young people.

In interview, the care team were familiar with the protected disclosure policy and were confident in the process to follow in the event they had concerns.

Compliance with Regulation	
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 all mandatory training is completed by all staff members and that all training certificates are maintained on file to evidence completion of mandatory training.
- The centre manager must ensure that the member of the care team who received the information is recorded on the CPWRF.
- The registered provider must ensure that qualification verification is undertaken for all employment applicants and current members of the care team.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors found that while there were a number of audit mechanisms in place to assess the quality, safety and continuity of care provided to the young people, these mechanisms were not sufficiently robust at senior management level to capture deficits in care provision or to inform improvements in practice. Internal audits undertaken by the care team were quantitative in nature and focused primarily on medication management, fire safety and daily task lists. These achieved the function of ensuring core safety and task objectives. In 2025 there were two external audits undertaken by the safeguarding and governance manager. These were thematic and based on the National Standards for Children's Residential Centres (HIQA) 2018. However, on review, these audits were not robust enough to capture deficits identified in this inspection. The audit did not provide an overview as to how the centre was performing, the methodology used or reference records or individuals who had contributed to the collection of evidence to support the audit. Inspectors were provided with an annual service review for year-end 2024 (ASR) but similarly to the audit practice, this document was not effective in identifying compliance or promoting improvements in work practices. The ASR did not reflect on internal or external audits undertaken, was not conducted against the centre's objectives or the National Standards. In interview, the safeguarding and governance manager clarified the extent of their role in relation to the current auditing process. The safeguarding and governance role covered support to over 100 services nationally across a range of

services. This role was fully funded by a local authority and was not Tusla funded. The current auditing process in children's residential services was an addition to the role following the organisations expansion in recent years. For this role to meet requirements in relation to the National Standards for Children's Residential Centres (2018) HIQA, it will be necessary to resource this post to ensure compliance at the level which is required. Inspectors were informed that from February 2026, a new monthly auditing system was being introduced focusing on one theme of the National Standards per month. The registered provider must ensure that the auditing system planned for implementation is actioned to facilitate the review of quality, safety and care practice and that an annual review of compliance is undertaken to promote improvements in work practices.

Inspectors found that there were limited complaints made by the young people living in the centre but for those who did make a complaint, the complaint form did not record if the young person was responded to or if they were satisfied with the outcome of the complaint. This issue was identified in an inspection of a sister centre and inspectors were informed that a review of the complaints process for young people under the age of 18 years was ongoing and a new complaints process was due to be launched in February 2026. Inspectors were advised that the new complaints system was to be identified as a feedback management system. This system was to include suggestions, compliments and complaints and was designed so that users could not close a complaint unless the voice of the young person/customer was also recorded. All closures were to be reviewed in advance by practice development workers to ensure they were in line with organisational values and policy. Inspectors found that the centre maintained a tracker of complaints made by young people but this tracker did not identify whether the complaint was upheld, if the young person was advised of the appeal process and if the outcome was appealed. Similarly, while inspectors acknowledge that there were limited significant events taking place in the centre, there was no identified external process for significant event notifications (SEN's) to be reviewed external to the centre manager and the care team. This limited the opportunity for the centre manager and senior managers to analyse and learn from significant events or complaints. The registered provider must ensure that information relating to complaints, concerns and incidents is monitored and analysed.

Compliance with Regulation	
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 5.4**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must ensure that the comprehensive auditing system, planned for implementation in 2026 is actioned to facilitate the review of quality, safety and care practice and that an annual review of compliance is undertaken to promote improvements in work practices.
- The registered provider must ensure that information relating to complaints, concerns and incidents is monitored and analysed.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

At the time of inspection, although the centre was operating at a deficit of 2.5 social care workers, the number of social care staff employed in the centre was above minimum requirements. Inspectors found, through a review of centre records and from interviews with young people, that this deficit did not impact on care provision and each young person had their respective needs met with the current number of care staff employed. This was confirmed in interview by one Tusla social care worker who stated that the young people were brought to their respective appointments and in their interviews with young people, they stated that their needs were met. The centre manager, in consultation with senior management, initiated a variety of responses to assign care staff in a way that best met the needs of the service and needs of the young people.

Inspectors reviewed minutes from senior managers meetings and found good discussion on workforce planning. Senior managers, in interview, were aware of the staffing deficits and requirements and active recruitment was ongoing to address this. Inspectors reviewed team meeting minutes and found that the care team were kept apprised of updates in recruitment and in interview care staff stated that they felt deficits in staffing were acknowledged by senior management and they were kept informed of recruitment efforts.

The centre had a stable care team with all members of the core team having started in the centre at least 15 months prior to the inspection with ten care team members being employed there for more than two years. Each member of the care team was a qualified social care worker. Inspectors found that all members of the care team had applied for registration with CORU, Ireland's multi-professional health regulator. The centre had experienced a deficit in relief workers but this was being addressed with additional relief staff having been employed in the months prior to inspection.

The centre operated a variety of retention initiatives including progression opportunities, maternity benefit and access to training. In interview, care staff were complimentary of the retention packages available to them and the stability of the core team was evidence of the success of these initiatives.

Inspectors found that there were formalised on-call procedures in operation at evenings and weekends. A log was kept of each call and the guidance offered. A review of the on-call policy evidenced that if a young person goes missing from care, this must be notified to the on-call manager. Inspectors found that this aspect of the policy wasn't always adhered to. Inspectors recommend that the centre review their on-call policy at an upcoming team meeting and ensure that the care team are aware that if young people are recorded as being missing from care, this needs to be notified to the on-call manager.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Standard 6.1**
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.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must ensure that all mandatory training is completed by all staff members and that all training certificates are maintained on file to evidence completion of mandatory training.	Child safeguarding training including a refresh in the risks in the CSS will be arranged through learning and development and an internal trainer to be assigned to ensure this gap is filled. Internal training is not certified at present, however this will be explored with learning and development. Behaviour management framework refresher training will be held bi annually pending recruitment of additional internal trainers.	The learning and development team are putting a training plan in place to ensure all outstanding staff are trained by the end of Q3 2026. Also, a plan is being worked on in relation to recruiting and supporting internal trainers to complete both behaviour management framework training and child safeguarding training. This will include discussion on providing certs for all staff completing training going forward.
	The centre manager must ensure that the member of the care team who received the information is recorded on the CPWRF.	In all future CPWRF's the person who reported the concern will be named on the report. The centre manager will ensure this is embedded in practice.	The management team have addressed this in a team meeting following inspection and have added it as a reminder on a monthly team meeting. It will also be covered in internal child safeguarding training.
	The registered provider must ensure that qualification verification is	Human resources (HR) are to build this into their processes going forward.	Centre manager to complete checks on staff who do not currently have verification

	undertaken for all employment applicants and current members of the care team.	Discussion held with HR manager about ensuring process is built into recruitment from end of Q2 2026. Head of service will also discuss matter with the director of HR to ensure compliance across all our under 18 services from April 2026	on file by end of Q3 and update records.
5	The registered provider must ensure that the comprehensive auditing system, planned for implementation in 2026 is actioned to facilitate the review of quality, safety and care practice and that an annual review of compliance is undertaken to promote improvements in work practices. The registered provider must ensure that information relating to complaints, concerns and incidents is monitored and analysed.	The service has initiated a discussion in relation to resourcing an audit person going forward. Audit findings will be incorporated into annual service review (ASR) processes from 2027 onwards. The feedback management system which comprises suggestions, compliments and complaints was implemented in February 2026. It will allow live updates, tracking and reporting on all submissions on the system. No case can be closed unless the customer/young person's voice/feedback is recorded. All closures are reviewed in advance by the Practice Development	The safeguarding and governance manager has alerted the director of services of the need for a dedicated resource to ensure the level of compliance necessary. The head of youth service and the head of practice development are to advocate for same in upcoming budget cycle. ASRs for 2027 for under 18 s services will include a section on audit findings, compliance and results. The system is constantly under review with monthly admin meetings which cover all updates and changes necessary. A full review of the efficacy of the system will be lead by Practice Development within 12 months of its installation.

		department (this department consists of three practice development workers) to ensure they are in line with organisational values and policy.	