An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 321

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**Future Foundations Services Ltd**
Registered Capacity:	**Six Young People**
Type of Inspection:	**Announced Inspection**
Date of inspection:	**2nd, 3rd and 5th March**
Registration Status:	**Registered from 29th September 2025 to the 29th September 2028**
Inspection Team:	**Lorna Wogan** **Carmel O'Sullivan**
Date Report Issued:	**14th of July 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 29th September 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 multiple occupancy service to care for six young people aged sixteen to seventeen years on admission who were seeking international protection. The objective of the centre was to provide a place of safety and support for young people who enter the country unaccompanied by an adult. The centre aimed to provide stable, high quality, safe care in a homely environment where the young people could be supported to integrate fully into the community. The promotion of positive and effective relationships was underpinned by their model of care with an overall focus on trauma and attachment. There were six children living in the centre at the time of the inspection. The centre had applied for and were approved a temporary change to the age range to permit the admission of a child outside the registered age range.

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 29th May 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 3rd June 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: 321 without attached conditions from the 29th September 2025 to the 29th September 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.

The centre had a written policy outlining children's rights and how they would be promoted in the centre. Rights specific to young people living in residential care such as advocacy, participation, consultation, safety, privacy, dignity, and access to information were outlined in the policy. Overall, the inspectors found the policy guided the practice in the centre and this standard was well met.

The six young people in placement were recently admitted to the centre. Prior to this the centre had provided a single occupancy placement for a period of five months for a child who was in the care of Tusla. The inspectors reviewed their care records along with the limited information on the care records for the young people who were recently admitted.

There was ample written information available to the young people to inform them about their rights. This was set out in the young person's guide about the home and in a children's version of the centres statement of purpose. This information was translated into their first language and evidenced on their care records. The inspectors met with the six young people in placement and spoke with them about their care with the assistance of a translator. The young people confirmed that the centre staff informed them about their rights. Individual work was evidenced on each care record that children's rights were explained to them as was the centres complaints procedure. Each young person received a welcome pack which was reviewed with them by the staff members. The young people stated they were well informed about the centre and the care they would receive. They stated they were informed about expectations to promote a positive living environment and daily routines. The young people confirmed they were made aware of their right to make a complaint and how to exercise this right. The young people told the inspectors they

had no complaints about the care they received to date. They stated they were treated with respect, and their cultural needs were well met. The young people were able to identify several key team members they would talk to if worried or upset. It was evident in conversation with them that they had developed warm and positive relationships with several members of the core team.

The inspectors observed child-centred practice. Interactions were relaxed and positive with the young people during meal preparation times and throughout their daily routines. Rights in relation to consultation, participation, access to information and records was evidenced on the care records and in the care practices. Community (house) meetings had commenced with the young people which gave them the opportunity to voice any aspects of living together that needed to be considered. The centre staff and young people had access to a translator for the community meetings to ensure they each understood what was being discussed. The centre manager was exploring English classes for the young people at the time of the inspection. A number of the of the young people told the inspectors they were keen to improve their proficiency in English to enable then to participate in education. Information about external advocacy services was provided to the young people. The centre managers planned to invite advocates from the national advocacy service for young people in care to meet them in the centre when they settled in.

Inspectors found that the centre manager and team planned for and discussed how to meet the young people's cultural, religious, legal, health and educational needs at handover and team meetings. There were appropriate arrangements in place to enable the young people to practice their religion. At the time of the inspection the young people were facilitated to practice the religious observance of fasting with unrestricted access to the kitchen to prepare meals at the required times. The inspectors found that food was wholesome and nutritious with meals identified by the young people and shared cooking taking place. There were proper facilities for the refrigeration and storage of food. The young people confirmed to the inspectors that they were provided with culturally appropriate food and ingredients for cooking meals. They were excited to share the food they cooked in the evenings with the staff team and the inspectors.

The young people were afforded privacy in their bedrooms and in relation to their personal narrative, family history and in relation to contact they may have with family members in their country of origin. Young people were encouraged to identify their hobbies and interests, and creative art projects and paintings completed by the young people were displayed in the centre. Appropriate education placements were

being explored for the young people at the time of the inspection. There was evidence that staff promoted and supported the previous residents right to education, health care and family contact which was set out in their placement plan. Health assessments and specialist appointments were sought and secured for the young people while they awaited their temporary residence card and their personal public services number.

The staff team demonstrated a knowledge of the young people's rights in line with the United Nations Convention on the Rights of the Child (UNCRC). These rights were set out on the front cover of the centre's statement of purpose and were displayed in the centre. The promotion of young people's rights was discussed at team meetings, at handovers and evidenced through the daily and weekly routines and schedules. The young people were afforded opportunities to give feedback and comment on the care they received through individual work, community meetings and through written feedback. Written and verbal feedback from social workers stated the staff members demonstrated an awareness of children's rights and upheld these rights in daily practice. They were satisfied that staff members promoted participation in placement planning and provided opportunities for the young people's voice to be heard.

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 range of policies and procedures in place to ensure safe care and support. Safeguarding practices such as safe recruitment of staff, supervision and training of staff, lone working, staff training in child protection, were outlined in the suite of policies. The inspectors found there were clear procedures in place to report child sexual exploitation (CSE) and guidelines to help staff identify CSE. The centre had also developed several standard operating procedures to guide the staff in the management and reporting of child protection and welfare concerns. These were evidenced as reviewed and discussed at a team meeting in January this year.

The inspectors reviewed the safe care and support policies and procedures that were dated 2024. They found they required some further amendments to ensure that the reporting procedures were aligned with Children First, National Guidance for the Protection and Welfare of Children, 2017. The safe care and support policy and procedure document must incorporate procedures for reporting allegations against staff members. Additionally, the centre's standard operating procedure in relation to reporting allegations against staff members must clearly outline the procedure to submit a child protection and welfare report form (CPWRF) to the statutory agency, Tusla. The inspectors also found that the centres statement of purpose did not reference the arrangements in place for the wellbeing and safety of children placed in the centre. The service managers with responsibility for policy development must ensure the child safeguarding policies and procedures are aligned to Children First, 2017.

Despite the identified deficits in the written policies and procedures, the inspectors were satisfied that the staff and managers interviewed were familiar with the required reporting procedures under Children First, 2017 in all circumstances where there was risk of harm to the child, including the reporting procedures where allegations were made against staff members. They were able to identify potential risks and vulnerabilities associated with the young people's circumstances. Staff members interviewed were familiar with their main legal obligations as mandated persons and were able to identify the centre's designated liaison person and the deputy designated

liaison person. The social workers interviewed were confident that staff were competent to identify issues relating to harm or abuse and report it in line with the relevant guidelines and legislation. They confirmed they received prompt notification of significant events that occurred as they related to their allocated young person. The inspector found that when a child protection concern was submitted to the statutory agency, it was notified to the social worker through the significant event reporting structure. The centre had a written standard operating procedure for the notification of significant events.

Staff stated they had completed the required and identified mandatory training in relation to child protection and a record of training was maintained by the centre manager and reviewed by the inspectors. The social workers were satisfied that staff were alert to risk of harm and potential vulnerabilities for the young people as they integrated into the community.

The centre had a written child safeguarding statement (CSS) that was displayed in the centre. The centre manager provided verification from the child safeguarding statement compliance unit within Tusla that the statement was compliant with the statutory requirements. The CSS outlined potential risks of harm including potential risks of harm relevant to the cohort of young people in placement. The registered provider was identified as the Relevant Person in line with the requirements under the Children First Act, 2015. The staff interviewed were familiar with the child safeguarding statement and were able to identify the potential risks of harm for the young people living in the centre and the mitigation measures in place. A child friendly safeguarding statement was developed for the young people and was displayed in the centre.

There was good attention paid to the safe care of a previous resident who was in a single occupancy placement. Risks were appropriately identified, assessed and reviewed with safety plans in place. Child protection concerns were appropriately managed, reported and recorded in the child's care records. There were appropriate plans in place to guide staff to support the child with their personal care and these plans were developed in consultation with the allocated social worker. Individual work was completed with the child in relation to boundaries and appropriate physical contact with others. There was evidence of oversight of individual work and key working in team meetings.

The centre had developed a written policy on bullying that outlined the procedures in place for staff to recognise signs of bullying and to address it. There was also written

guidance for staff in relation to the possible exploitation of the young people on the internet and social media. There were no current concerns in relation to the young people's access to the internet or social media at the time of the inspection.
The young people confirmed there were no issues relating to bullying within the home and there was evidence of good cooperation and positive communications between the young people. All the young people spoke to the inspectors with the assistance of a translator and confirmed they felt safe living in the centre and that staff had spoken to them about keeping safe in the centre and in the community. They each were able to identify individual team members they would talk to if they felt unsafe or upset. Each young person had their own individual room with ensuite, and they confirmed their right to privacy was respected by other residents and by the managers and staff team.

There was a written complaints policy and the young people confirmed they were informed about their right to make a complaint and how to make a complaint. The young people told the inspectors they had no complaints about their care in the centre. Team meeting records evidenced that complaints, child protection and safeguarding concerns were standing items on the team meeting agenda.

Risk assessments were completed for each young person. However, these risks were aligned to potential risks for young people in general living in residential care as opposed to any known or presenting risks for the young people in placement at the time of the inspection. Individual crisis management plans were developed insofar as they could, based on the current information available to the staff about the young people. Absence management plans were also completed however there were no incidents of unauthorised absences from the centre. Risk assessments and the risk management tools were reviewed by the managers and discussed at team meetings.

There was a written policy and procedure on protected disclosures. Staff interviewed were aware of who they could report a protected disclosure to both internally and externally. The managers and staff interviewed stated they would be confident that the team members would call out poor practice if witnessed. There was also evidence in the centre records that staff were confident to question and challenge a colleagues practice and raise concerns with their managers.

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 registered proprietor must ensure that the procedure to report allegations against staff members is incorporated into the safe care policy and that the required procedures for reporting allegations against staff members through the Tusla portal on a CPWRF is set out in the policy and the relevant standard operating procedure.
- The centre manager must ensure the centre's statement of purpose sets out the arrangements for the wellbeing and safety of children placed in the centre.

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

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The service had developed an organisational map that set out the leadership and management structure within the service. Staff interviewed were familiar with the various roles and responsibilities of the external personnel. There were several systems in place to ensure accountability to deliver child-centred, safe and effective care and support. There was evidence of regular visits to the centre from the company chief executive officer, the chief operations manager, the quality assurance manager and the regional manager.

The centre commenced operations within the past six months. Quality audits were completed to assess the centres compliance against themes 1, 2 and 3 of the national standards for children's residential centres, (HIQA), 2018. Audit findings were set out with evidence of actions completed or ongoing. Regular audits were being undertaken alongside weekly organisational reports which were useful to track the identified operational functions. External audits reviewed by the inspectors also evidenced an examination of the qualitative aspects of the work.

There were appropriate contracts in place for the provision of services to separated children seeking international protection and these were subject to periodic review with the funding body.

Team meetings and management meetings were held on a regular basis with evidence of oversight, governance, management and accountability. The inspectors found that feedback from management meetings should be more evident in the team meeting records.

Staff were familiar with the systems in place to assess and manage identified risks. Staff members interviewed stated they would be confident to complete a dynamic risk assessment where required. Risk assessments were developed by the managers and shared with the team members at handover and at team meetings.

There was evidence of ongoing review of centre policies by external managers and internally and the centre managers had recently commenced a process of discussing specific policies at team meetings.

The centre manager had recently commenced in post. The centre manager was appropriately qualified and experienced to undertake the role. The deputy manager was also an experienced practitioner. The internal management structure was appropriate to the size and purpose and function of the centre. The internal management structure consisted of the centre manager, the deputy manager and two social care leaders. The proprietor was in the process of appointing a second social care leader at the time of the inspection. The staff interviewed stated they were well supported by their managers and received appropriate guidance and direction in their work.

When the centre manager was on leave the deputy manager undertook their management tasks. There was a delegation log in place in the centre however this record was generally used to delegate tasks to staff members and between staff

members themselves. The centre manager must maintain a written record of the management duties assigned to the deputy in their absence outlining the date assigned and key decisions and actions taken in the managers absence.

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 maintain a written record of the management duties assigned to the deputy in their absence outlining the date assigned and key decisions and actions taken in the managers absence.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered proprietor must ensure that the procedure to report allegations against staff members is incorporated into the safe care policy and that the required procedures for reporting allegations against staff members through the Tusla portal on a Child Protection and Welfare Report Form (CPWRF) is set out in the policy and in the relevant standard operating procedure.	The Responding to a Young Person's (YP) Allegations against a Staff Member policy, had been a standalone policy in Future Foundations. This policy has now been incorporated into the Safe Care and Support Policies and Procedures 2026 Future Foundations (suite 3). The procedure for reporting allegations against staff members through the Tusla Portal on a CPWRF has also been added to the Safe Care and Support Policies and Procedures 2026 Future Foundations (suite 3). A standard operating procedure is also available to guide staff in reporting allegations against staff members through the Tusla Portal on a CPWRF. Completed: 19/05/2026	Yearly or more frequent review of policies and procedures to ensure that all applicable and relevant policies and procedures are present in each suite and are updated and reviewed to reflect any changes in legislation. All new staff members recruited by Future Foundations will be required to read policies and procedures and standard operating procedures during induction and sign a document acknowledging same.
	The centre manager must ensure the centre's statement of purpose sets out the arrangements for the wellbeing and	Statement of purpose has been reviewed and updated to clearly set out the arrangements for the wellbeing and safety	Statement of purpose to be reviewed regularly and any changes made to the arrangements for the wellbeing and safety

	safety of children placed in the centre.	of the children placed in the centre. Completed: 03/06/2026	of the children placed in the centre to be reflected in the updated statement of purpose.
5	The centre manager must maintain a written record of the management duties assigned to the deputy in their absence outlining the date assigned and key decisions and actions taken in the managers absence.	A new document, Centre Manager - Deputy Manager Handover (Annual Leave Cover), has been created on the organisations recording system to allow for a written record of the management duties assigned to the deputy in their absence outlining the date assigned and key decisions and actions taken in the managers absence to be kept. Completed: 02/06/2026.	Centre manager to ensure that the new Centre Manager – Deputy Manager Handover (Annual Leave Cover) document is completed on the organisations record management system prior to any planned leave and that communication is clear with the deputy manager that the form has been completed and is aware of the expectations to update the form with tasks completed and highlighting key decisions and actions taken in the managers absence.