



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 224

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	St. Bernard's Children's Services
Registered Capacity:	Four young people
Type of Inspection:	CAPA Review
Date of inspection:	13th & 14th May 2025
Registration Status:	Registered from 27th June 2023 to the 27th June 2026
Inspection Team:	Joanne Cogley
Date Report Issued:	19th June 2025

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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.



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 27th June 2023. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 27th June 2023 to the 27th June 2026.

The centre was registered to provide multiple occupancy care to children. The aims and objectives of the service was to provide therapeutic residential care for four children aged 7 to 11 years on admission for a period of two years. The aim was to support the children to build and sustain positive relationships and school attendance, whilst helping them recover from early childhood trauma and prepare them to return to their families or alternative care arrangements such as foster care. There were three children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 10th & 11th February 2024. The inspector completed a desktop review of documentation submitted by the centre manager. An interview was conducted with the centre manager. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and how the CAPA recommendations have influenced changes in practice.

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 23rd May 2025. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have substantially implemented the required actions and therefore 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: without attached conditions from the 27th June 2023 to the 27th June 2026 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Issue Requiring Action:

- The centre manager must ensure age-appropriate individual work is carried out with the children to ensure they are aware of their rights to access information.
- The centre manager must ensure all childcare related paperwork is sent within the required timeframes to all allocated professionals.

Corrective Actions:

- Key-workers will complete a key-work session by February 29th and centre manager has scheduled a community meeting to ensure that children are reminded of their rights to access information.
- Weekly reports and Significant Event Notifications will be sent to relevant professionals within three working days.

Review Findings:

The inspector reviewed a sample of community meetings and individual work submitted as part of the CAPA review. Individual work had been carried out with each child three times since the last inspection detailing their rights. This included their right to access information held about them, their right to complain and their right to have their voice heard. Community meetings had also occurred on two occasions which the centre manager attended and informed the young people of their right to access information. A representative from EPIC (empowering people in care) also visited the centre in February 2024 to discuss the children's rights and their role as an advocate for the children in the centre. The centre manager informed inspectors that one child now routinely sits and reviews the appropriate sections of their logs with their key worker whilst two other children contribute to their care by writing in their logbook on a regular basis under a section entitled "young persons voice".

At the time of the previous inspection there was a significant delay in sending reports to the allocated social workers. Since the inspection the practice of sending weekly reports had ceased. Due to the age of the children, monthly statutory review meetings occur. The centre manager informed inspectors that the report compiled by the key worker for the month prior is shared with the social worker three days before the scheduled meeting to ensure they had adequate time to review.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.4
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

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.

Issue Requiring Action:

- The registered provider must ensure child protection and safeguarding policies are updated to include reference to the Tusla Portal process and the protocol for reporting concerns relating to child sexual exploitation.
- The centre manager must ensure safety plans and risk management plans are shared with all professionals.
- The registered provider must ensure child protection audits are robust, in line with the National Standards, and carried out frequently.
- The centre manager must ensure complaints relating to bullying must be managed and concluded in line with policy.
- The centre manager must ensure individual work related to bullying is carried out with the children in a proactive manner and evidenced on file.

- The centre manager must ensure consistent quality of recording of community meetings and demonstrate oversight of same.

Corrective Actions:

- Policy has been amended to include both recommendations, 19th February 2024.
- Since inspection, this is now incorporated into practice. All social workers received copies of current safety plans and risk management plans on 23rd February 2024, copy of email has been placed on file.
- The twice-yearly audit for the centre is currently underway and will be completed. The recently adopted questionnaire for staff will be circulated twice per year, to flag any issues that need to be addressed outside of the St. Bernard's Implementing Children's First in St. Bernard's internal training.
- Communication between centre manager and social workers in respect of complaints will be formally recorded and circulated to all relevant parties and placed on file. A new form outlining a summary of steps taken will be attached to each complaint and will include a sign off section for social workers and Guardian ad Litem. In the event that any issue regarding the complaint can not be addressed at a Child in Care Review, a professionals meeting will be convened, specifically to discuss the complaint. Since inspection, individual key work sessions have taken place with all three children.
- Since inspection, individual key-work sessions have been conducted with all three children and are evidenced on file.
- On 21st February 2024, community meetings and recording of same was discussed at the team meeting. As an area for development in 2024, the first of two workshops has been scheduled for March 20th, with a second to take place in September 2024. The purpose of the workshops is to provide training to all staff regarding the recording of community meetings.

Review Findings:

The inspector reviewed updated child protection and safeguarding policies and found that they now included reference to the Tusla portal process along with the protocol for reporting concerns relating to child sexual exploitation (CSE). The staff team had also completed training in CSE between February and April 2024.

The inspector reviewed email correspondence between the centre manager and social worker which evidenced that plans were now being sent to social workers on a

monthly basis. Whilst this included safety / risk plans it also included placement plans and individual crisis support plans.

Inspectors reviewed a sample of audits completed since the last inspection and found, despite being an action of the CAPA, no changes had been made to the child protection audit. A child protection audit had been carried out in July 2024 and January 2025 post inspection, these audits remained focused solely on the area of CPWRFs. The organisation stated in their CAPA response they would implement a staff questionnaire relating to child protection. This had been put in place. The inspector reviewed questionnaires completed since the last inspection. Four had been completed in February 2024 and eight in December 2024. There were a further four provided to the inspector that were not signed or dated. The questionnaires examined staff knowledge of safeguarding and child protection however in a number of instances staff members could not identify “4 areas of vulnerability on the child safeguarding statement” and some could not identify the deputy designated liaison person. Under the section “mentor follow up” this had not been addressed and there was no evidence provided in the reviewed audits to show this had been an action for completion. Two biannual audits were completed in July and December 2024. These focused on all eight themes of the National Standards but provided no meaningful analysis of compliance with child protection. A further child safeguarding self-assessment tool was completed on the 1st May 2025, this focused on tick box yes / no answers and provided no qualitative analysis of compliance under Children First or the National Standards. The issue remains that the audits in place are not a robust system. The audits must consider all elements of child protection, they did not examine important elements of standard 3.1 including but not limited to key working, age-appropriate self-awareness and self-care or protected disclosures.

Whilst not a specific action in the last inspection report, the Inspector found that significant event notifications (SENs) had not been notified in line with best practice. Whilst SENS formed a set agenda item on the managers monthly meetings, it was noted for the meeting in January 2025 that all SENs were reported in an appropriate timeframe. From a review of the centres SEN register and the SEN Team notification log this was not the case. Out of 11 SENs reported in January 2025, 8 had not been reported within an appropriate timeframe. Of the 8 the period for reporting ranged from 5 days to 12 days and in one instance took 21 days to be reported through the Tusla SEN reporting portal. Four SENs reported in February 2025 were reported in a timely manner. One SEN reported for March 2025 took 10 days to report. The organisations own policy for “serious incident management” notes that the social

worker must be notified by the next working day. The response to the CAPA noted that SENS would be reported within three working days.

The inspector reviewed a sample of key working sessions submitted. Detailed conversations had occurred with the young people in relation to their behaviours, the behaviours of others and the impact this may have on them. Their feelings around same were explored where possible. There was also evidence to show community meetings were held where possible and appropriate in which the children addressed issues within the house and were supported to make their feelings known. The two complaints reference in the previous inspection report had since been concluded in line with policy.

A professionals meeting was convened on the 26th March 2024 with the affected young persons social work department to review the impact on them, approaches and interventions that could be utilised and the importance of monitoring and tracking complaints. It was agreed that complaints related to bullying would form a set topic on each monthly child in care review to ensure all were aware of any concerns and responding appropriately to same. Inspectors reviewed a sample of a centre report for the child in care review and found whilst it did note if a complaint was made, no context was provided for same, so the reader was not aware what the complaint related to. Context should be provided when documenting complaints.

The centre manager completed a monthly self-assessment report that included a full review of community meetings. This demonstrated their oversight of the quality and recording of same. They highlighted areas of good practice and areas for improvement where required. The centre manager also signed off on all community meetings. Workshops were also held with the team and with individuals through supervision that focused on recording and report writing where required. There was a noted improvement in the recording and oversight of community meetings submitted as part of the document review.

Whilst progress had been made in some areas of the CAPA, the area of robust audits and reporting of significant event notifications required further action and improvement.

Compliance with Regulation	
Regulation met	Regulation 5
Regulation not met	Regulation 16

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