



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 072**

**Year: 2026**

## Inspection Report

<b>Year:</b>	<b>2026</b>
<b>Name of Organisation:</b>	<b>New Beginnings</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>23<sup>rd</sup> and 24<sup>th</sup> February 2026</b>
<b>Registration Status:</b>	<b>Registered from the 14<sup>th</sup> March 2026 to the 14<sup>th</sup> March 2029</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Carmel O'Sullivan Niamh Lennon</b>
<b>Date Report Issued:</b>	<b>15<sup>th</sup> April 2026</b>

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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 14<sup>th</sup> March 2014. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from the 14<sup>th</sup> March 2023 to the 14<sup>th</sup> March 2026.

The centre was registered to provide multiple occupancy care. It aimed to maintain a therapeutic, safe and homely environment for the young people living there utilising a relationship-based approach that met the holistic and assessed needs of the young people. The centre was registered to provide care for four children from age 13-17 on admission. There were four children living in the centre at the time of the inspection. The centre had applied for and had an approved temporary change to the age range to permit the admission of three children outside the registered age range.

## 1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
4: Health, Wellbeing and Development	4.1
5: Leadership, Governance and Management	5.4

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 children, 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 12<sup>th</sup> March 2026. There were no actions arising from the inspection, so no corrective and preventive actions (CAPA) document was required.

The findings of this report 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: 072 without attached conditions from the 14<sup>th</sup> March 2026 to the 14<sup>th</sup> March 2029 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

**Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.**

Inspectors found that each child was in receipt of care and support based on their individual needs. Each child had an allocated social worker who had visited them in line with statutory requirements. Three of the children were under the age of 13 years and were in receipt of monthly child in care reviews. There was an unavoidable one-month delay in the provision of monthly child in care reviews for two children but there was evidence on file that this was addressed and the child in care review was held at the earliest time possible. There was an up-to-date care plan on each child's care record and their placement plans were updated in line with their care plan.

Inspectors found that the placement plan was reviewed and evaluated monthly to determine progress in meeting the identified goals. In interview social workers for each of the children were satisfied that the care team worked in collaboration with the respective social work departments. They stated that key work was effective in meeting goals and was aligned to care planning.

There was a section on the placement plan to record the voice and views of the child. This was not utilised effectively, and inspectors were told that this issue was identified prior to the inspection and there was a plan to implement key work on a monthly basis for each child aimed directly at participation in setting goals for placement planning. One of the children attended their own child in care review. The three remaining children were asked if they wished to attend and their views were represented by the care team, the social workers and a guardian ad litem where the child chose not to attend. One child highlighted to inspectors that they felt that areas they wished to improve upon were actively supported by the care team.

Inspectors met with each of the children individually. They presented as being at ease in the home, stated that they felt safe and that care team supported them to have

good relationships with those they were living with. Inspectors observed warm and caring interactions between the children and care team.

Where specialist services were identified as being required, these were provided and children were facilitated to attend. The centre had access to an internal multidisciplinary team including a consultant psychiatrist and a counselling psychologist who met with the team monthly to review the placement plan evaluations and upcoming placement plans. This team offered guidance and advice on moving goals forward and supported the care team to best meet the children's needs.

In interview social workers were satisfied that they were kept up to date with all matters affecting the child and inspectors found evidence of effective communication being recorded between the relevant social work departments and the care team.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None required

**Regulation 10: Health Care**

**Regulation 12: Provision of Food and Cooking Facilities**

**Theme 4: Health, Wellbeing and Development**

**Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.**

Inspectors found that the care team was cognisant of each child's needs and the health, wellbeing and development of each child was promoted on an individual level.

Individual work was completed with one child where vaping was noted as a presenting concern. Inspectors found that care team members had completed individual work and were actively targeting harm reduction and educational sessions surrounding the harm caused by the use and misuse of such products, including the impact that they had on health. Where required, children were supported to attend external professionals in the areas of mental health to promote and support their health and wellbeing. This was also a focus of attention by the care team who received monthly guidance and support on mental health and wellbeing from the multidisciplinary clinical team in their care planning for each of the children. Individual work on sexual health, the importance of consent and safety online was evidenced in a review of care records and these were appropriate to the age and stage of development of each child.

Inspectors found that the home was warm and welcoming with fresh fruit and nutritious snacks readily available to the children. Inspectors observed home cooked, nutritious meals being provided to the children during the inspection. The care team and children sat together at least once per day to support discourse of the day experienced by the child and their plans for the evening. In interview one child spoke to inspectors about their love of baking and how it was facilitated by the care team. They were encouraged to pursue their passion as a business venture.

One child was aged 17 years. A review of individual work evidenced that they were being supported to develop necessary life and social skills and to continue in their educational placement. All children were attending school appropriate to their stage of development. There was evidence that the care team and centre managers advocated for each of them in school and were instrumental in promoting their academic and social development in line with their abilities.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 10 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.1</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None required

**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 the centre undertook a variety of audits to ensure that the quality of care provision was reviewed and to improve practice and support learning within the care team. Inspectors reviewed a sample of internal monthly governance audits completed by the centre manager, as well as external audits completed on a two month basis by the quality assurance manager. The external audits were thematic in nature and were based on the National Standards for Children’s Residential Centres (HIQA) 2018. Inspectors found the external audits to be comprehensive and robust in identifying deficits and formulating an action plan for service improvement.

There was an annual review of compliance (ARC) report prepared for year-end 2025. This report was a collection of audit reports conducted throughout 2024 and while it noted deficits identified throughout the year and highlighted actions taken, it required analysis and an end of year summary. It was broadly conducted against the centres policies and objectives but inspectors recommend that the centre manager and registered provider review and update their policies and procedures to better

reflect the cohort of children living in the centre currently and assess the centres compliance against the updated policies and procedures going forward.

Inspectors reviewed the complaints tracker and the tracker for significant events and found these to be comprehensive in the detail recorded. Inspectors found that complaints, significant events and feedback from internal and external audits were regularly reviewed in team meetings and in interview members of the care team highlighted learning they achieved through reviews of these incidents.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 5.4</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None required