An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 076

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**St Bernards Children's Services**
Registered Capacity:	**Five young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**20th and 21st April 2026**
Registration Status:	**Registered from 19th May 2024 to 19th May 2027**
Inspection Team:	**Carmel O'Sullivan** **Paschal McMahon**
Date Report Issued:	**02nd 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 19th of May 2008. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from the 19th May 2024 to 19th May 2027.

The centre was registered as a multi-occupancy centre. It aimed to provide therapeutic residential care for up to five children aged from seven to eleven years on admission for a period of two years. The statement of purpose and function identified the centre as a therapeutic community which operates within a framework of clear ideals and beliefs and working practices which draw primarily from psychodynamic and trauma informed attachment theory. The primary task of the centre was to provide a consistent high quality multidisciplinary therapeutic program. There were three young people living in the centre at the time of the inspection with a fourth young person being introduced to the centre as part of their admission process.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
3: Safe Care and Support	3.1
6: Responsive Workforce	6.4

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 young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on 29th May 2026. There were no actions arising from the inspection and therefore no corrective and preventative actions (CAPA) 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 076 without attached conditions from the 19th May 2024 to 19th May 2027 pursuant to Part VIII, of the Child Care Act 1991.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 9: Access Arrangements
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The centre had a suite of policies and procedures recently reviewed and approved by their senior management team that guided the centres practice in promoting positive attachments and links to family and significant others. Inspectors reviewed specific policies regarding contact with family and the management of special occasions and birthdays for the young people and were satisfied that the centre considers links to family and significant people a priority.

All those interviewed had detailed knowledge of the current contact plans for each young person including recent developments in those contact plans and arrangements that were being progressed to introduce other significant people to them, in line with each young person's care plan. They all provided examples of the ways they supported children to remain in touch with their significant others, parent, previous carers and siblings such as facilitating transport, providing space in a family room within the centre and on occasion organising overnight accommodation in a hotel nearby for family visits. Inspectors found that the centre promoted quality contact time to occur by welcoming family members to their family room where they had facilities to cook and share time with the young people. The centre staff used a 'Look who is popping in' visual aid on a notice board each day there was a visitor to the centre, so that all of the young people could be aware of whose family member or significant person was visiting.

Inspectors found that care staff worked closely with social work departments to develop and build contact plans for young people. All social workers and guardian's ad litem interviewed confirmed that the centre were flexible and open to requests made of them to support linkages with family and significant others. During interview one social worker informed the inspector of a key workers work in preparing and supporting a young person to receive letters by way of reintroduction

to a family member and beginning to repair that relationship. Inspectors also found that the team prepared and supported children to be introduced by way of photographs to new family members unfamiliar to them.

Inspectors found evidence of the participation of some significant others in care planning for the young people and involvement in statutory reviews. Inspectors found evidence in the daily logs of contact between staff at the centre and family members, organising contact or updating family on significant information regarding the young person. Inspectors also found evidence of the staff following up with family around issues or queries that they had raised following a statutory review.

Inspectors reviewed a sample of monthly self-assessment audits completed each month which reviewed the centres practices under each theme of the National Standards for Children's residential centres in respect of each young person. Inspectors found evidence that the centre identified a staff member responsible for feedback to family for each child.

The inspectors attended a community meeting with the children and heard about their day, their activities and events including birthdays that were anticipated. One young person spoke to inspectors about looking forward to spending time with their family member overnight to celebrate a birthday. Inspectors found that the team also encouraged the children to send cards to family for their family members special occasions such as birthdays, Christmas and Easter.

Inspectors found that children were linked in with school and other community activities appropriate for their age. As some children were quite young their involvement in extra- curricular activities had not yet developed, but inspectors found that their interests were followed up on and their individual talents for sports, athletics and singing were encouraged.

Inspectors found that the children had age-appropriate access to telephone and internet. Cyber safety training had been attended by some staff members. The younger children had completed age-appropriate key work using a story designed for the early years– teaching them about internet safety. Inspectors found evidence that the young people were offered opportunities to talk on the phone or video call their family and that their views and wishes were considered.

Compliance with Regulations	
Regulation met	**Regulation 5** **Regulation 9** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 1.5**
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.

Inspectors found that the centre had an up-to-date Child Safeguarding Statement (April 2026) which noted all risks relevant to the centre in keeping with the needs and ages of the young people and with the statement of purpose and function of the centre. All those interviewed were familiar with and could identify the key elements of the Child Safeguarding Statement (CSS).

The centre had updated child protection policies ratified by Board of directors (April 2026). All staff had completed their mandatory training on Children First including staff who had recently joined the centre. The organisation also required its staff to attend the services own internal child protection training 'Implementing Children First' each year. Inspectors reviewed the training log and found that all staff had completed this in 2025 or 2026.

Inspectors reviewed the list of mandated persons held at the centre and noted a staff member listed whom did not meet the requirement to be identified as mandated

person as outlined in schedule 2 of the Children First Act 2015. This list was subsequently updated and provided to reflect accurate information.

In line with its own policy, the centre considered all staff members as mandated in terms of the reporting of concerns of a child protection or welfare nature and all had completed the requisite training including one support worker identified as a trainee social care worker. Inspectors reviewed role description for the trainee social care worker and found that the organisation was clear the trainee did not hold statutory or delegated responsibility for safeguarding decisions and was required to report any concerns of a child protection and welfare nature to a designated person. All staff interviewed were clear on the role of the Designated Liaison Person (DLP) and the Deputy Designated Liaison Person (DDLP) and to whom these roles are delegated if named personnel are absent.

All staff interviewed were aware of the process around joint reporting of child protection and welfare concerns to TUSLA in place in the centre. Inspectors found evidence in an internal audit completed by director of the service (January – June 2025), that all staff were registered with a work email address to access the Child Protection and Welfare Portal for submission of child protection and welfare reports. Inspectors reviewed documentation regarding draft child protection and welfare report forms that had been sent to the DLP in line with the policy of joint reporting and found considerable management oversight. Inspectors found commentary from the deputy manager and deputy director (in their role as designated liaison person at that time) providing guidance on any required additional information. Evidence of completed submission of child protection and welfare forms was also maintained.

Inspectors reviewed a sample of supervision files and found evidence that the management team examined the staff teams understanding of Children First and Safeguarding responsibilities through information gathered in the Children First and Child Safeguarding questionnaire, an internal mechanism to check and verify learning. Inspectors were informed that the feedback and learning needs identified from these questionnaires guided the ongoing content in the organisations training within the service on Children First and safeguarding matters. Inspectors found evidence in management meeting records that the feedback and learning needs were noted and linked to future roll out of their training program.

Social workers and guardian's ad litem interviewed noted that the young people felt safe in the centre. Inspectors did not identify bullying as a concern within the centre. Inspectors did see evidence through the use of complaint forms, of the young people

being supported to speak out if they felt another young person was unfair to them. Inspectors found that feedback forms completed with young people by the staff after a complaint, identified that they felt listened to, that they were helped repair their relationships and that they were happy to let the staff know when they were upset. Inspectors reviewed community meeting records and found evidence of the young people letting each other know with the support of staff if they had an argument and the young people being given space to repair their relationships. Inspectors reviewed a risk assessment that had been in place to help a young person manage an environment where they experienced a high level of dysregulation. Inspectors reviewed the resultant key working completed and the successful resolution of the risk and closure of the assessment.

All young people completed questionnaires for the inspectors. All of them identified that they knew how to make a complaint, that they felt listened to and could identify staff who they would talk to.

All staff interviewed were aware of the centres policy on protected disclosures and confirmed that they would utilise it, if they were ever concerned about a care practice in the centre.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 3.1**
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 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Inspectors found that all staff had received training relevant to the statement of purpose and function of the centre. Training defined as mandatory was almost completed across the centre. Where gaps were identified, confirmed dates were provided to inspectors within the following month for updating and refreshing the remainder of mandatory training.

All core staff had received training on trauma informed care. The staff team also received input from an organisational consultant who provides clinical supervision to the team once per month in respect of the model of care and team dynamics. This input supported the team and the key workers in their specific roles in respect of the young people.

All staff members had training in a recognised model of behaviour management. The majority had also received their most recent six-month refresher in this model. Inspectors found that the three staff who were overdue their refresher training had been on leave at the time of the training and were scheduled to receive same within the next four weeks.

As outlined in this report, the organisation required all staff to complete internal training within the organisation on 'Implementing Children First' every year and inspectors found evidence that all staff had completed this training in 2025 or 2026. Inspectors also found that the development of this internal training program was discussed at management meetings and changes were informed by information gathered from the staff teams completion of the Children first and Child Safeguarding questionnaire.

Inspectors reviewed a sample of self-assessment reports completed by social care leaders in the centre and noted the centre planned to focus on the development of a standardised system to enhance supervision. Inspectors examined a sample of supervision files and found a strong focus on training and continuous professional

development. Records reviewed displayed evidence of reflective practice, reflection on completed training and discussion of evidence of proficiencies. All files reviewed had up to date professional development plans and dates set for these to be reviewed. Supervision files reviewed, noted development opportunities and areas of interest being discussed with staff.

The centre had an updated training needs analysis completed for 2026 which was informed by the professional development process, needs as identified by the management team through its governance and audit process and information gathered from the Children First and Safeguarding questionnaire. Induction and professional development workshops were identified to be rolled out twice per year on different weekdays to maximise staff opportunity to attend.

All those interviewed confirmed to inspectors that they had additional opportunities to attend practice related training offered specific to the age and needs of the young people. Additional workshops were noted as available if necessary for example key working, and life story work. Staff confirmed in interview that the centre encouraged training and progression and were open to considering requests for additional training relevant to the role.

All staff interviewed confirmed that they had received a formal induction and they had participated in a probation process in line with centre policy.

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

Compliance with standards	
Practices met the required standard	**Standard 6.4**
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.**

Actions required

- None required