An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 250

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Ann's Children's Care Ireland**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced**
Date of inspection:	**12th, 13th & 15th November 2024**
Registration Status:	**Registered from 15th July 2024 to 15th July 2027**
Inspection Team:	**Lisa Tobin** **Mark Mc Guire**
Date Report Issued:	**24th December 2024**

Contents

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 15th of July 2024. 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 without conditions attached from 15th July 2024 to 15th July 2027.

The centre was registered as a multi-occupancy service. It aimed to provide accommodation and care for four young people aged between thirteen and eighteen years. This was the first inspection for this centre that opened in May 2024 as a special emergency arrangement. The first young person was admitted in June 2024, followed by three more admissions in July, August and September 2024. One young person had a planned discharge where they were reunited with their family in October 2024. The centre aimed to support young people who had experienced trauma and adverse childhood experiences. The centre was currently adapting the Welltree model of care into their practice. There were three children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2
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 13th of December 2024. 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 19th of December. 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:250 without attached conditions from the 15th of July 2024 to the 15th of July 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

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 personal development.

At the time of inspection there were three young people living in the centre. This was a first residential placement for the three young people. Inspectors received completed questionnaires from all young people and got to speak informally with the young people while at the centre. The young people reported that some areas were going well for them but also highlighted that there were ongoing issues regarding the impact from their peers which will be discussed later in the report.

Two of the three young people had their child in care review (CIRC) and the third young person's CICR was planned for the week after inspection. This was outside the statutory requirement for the CICR to take place as the young person had been resident there ten weeks. The allocated social worker stated to inspectors that there were ongoing issues regarding their relationship being fractured, social worker's unexpected leave of absence and allowing the young person to settle into the placement. Inspectors have been informed that the CICR took place post inspection. None of the young people wished to attend their CICR but they completed the relevant paperwork to ensure their voices were captured as part of the process.

Placement plans were drawn up and on file for each young person. The organisation had started to implement the Welltree Framework for placement planning. There had been two training sessions around the Welltree programme, however not all staff attended these sessions, and one staff interviewed had not attended any. Inspectors found that this made the implementation of the placement plan more difficult when the team had not received the appropriate guidance. The registered provider must ensure that all staff are trained in the model of care before they can commence using it as the stated model of care to ensure all staff have the knowledge and understanding to implement it appropriately.

Inspectors found that the placement plans were focusing on six indicators per quarter and broken down into two per month for each young person. There was a link between the care plan goals and those identified in the placement plans. For the

young person without a care plan, the focus of their goals was education and independent living skills which was applicable to their age and stage of development. However, inspectors found that there was an absence in the understanding and knowledge from all staff of any other recommendations from assessments completed and these were not integrated into the placement plans. There were findings in these assessments that stated numerous goals were to be implemented alongside specific training that should be undertaken by the team working with those young people. This was a significant gap that had not been identified by the management and staff and must be responded to promptly to ensure the young people are receiving the required supports to enhance their welfare and development and to ensure that high risk behaviours are being risk assessed and managed appropriately.

While reviewing the placement plans, inspectors noted that further development was required. There was inconsistency with completion dates, persons accountable and there was a lack of detail in the follow up section as it was not reflective of all the work that had been completed. As the placement plan was a live document, this should be reflective of the ongoing work being undertaken with each young person. Young people's meetings were occurring individually due to the current group dynamics and during these meetings the young people had the opportunity to put forward goals they wanted to work on which were input into their placement plan.

Inspectors found the key working and individual work completed with the young people was linked with the care plan and placement plan goals. There were some key behavioural issues that required follow up with how this was managed by staff to ensure appropriate responses and supports were given to the young people. When there were presentations of behaviours that challenge, inspectors did not see evidence of direct work completed with all the young people around their behaviours and this is something that needs to be focused on with the young people to assure there is positive behaviour support for areas where they are struggling.

Each young person had external supports in place relevant to their current needs. This included supports from an occupational therapist, CAMHS, Foroige, YAP, link worker and an educational welfare officer. There was good communication noted with these external supports and inclusion in strategies meetings when required. Some of these also supported the staff team with guidance in managing the young people's presenting needs.

The communication with social workers for the majority was positive with calls, emails and strategy meetings when required. Some social work absences meant

social work team leaders were the point of contact. There was a difficult relationship for one young person with their social worker resulting in a complaint being made to the social work department and a request for a new social worker. When inspectors queried with the social worker if this would be happening, they stated no that they would be remaining on as their social worker and would have additional support with them when meeting the young person. It was reported to inspectors during interviews with staff that there can be delays with getting information from social workers and the social workers highlighted to inspectors that they were managing large caseloads which was impacting on their ability to respond to some issues in a timely manner. Social workers reported that they found the team to be proactive in working with the young people, addressing their needs and goals and overall managing the safety of each young person. The impact of the group dynamics was discussed with the social workers, and they stated that strategy meetings had been arranged and updated group impact risk assessments had been put in place. There was a collective risk assessment (CRA) process in place for admissions which should include input from all social workers, and this had not occurred. Two of the three social workers stated they were not informed of the newest admission as part of the CRA to the centre until that young person was already in placement.

Compliance with regulations	
Regulation met	**Regulation 5**
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 2.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must ensure that all staff are trained in the model of care before they can commence using it as the stated model of care to ensure all staff have the knowledge and understanding to implement it appropriately.
- The regional manager and centre manager must ensure that all assessments and relevant information is reviewed and is considered to accurately inform the placement planning.
- The registered provider must ensure that all social workers are made aware of and included on any new admissions.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre's purpose and function outlined that the centre would offer a safe, caring and nurturing environment for young people who have experienced adverse childhood experiences. Inspectors observed a caring and nurturing approach toward the young people in the centre in line with the centre's purpose and function. Staff were trained in a recognised behaviour management model and refreshers were booked for staff where necessary.

The staff team had access to an occupational therapist (OT) for support and guidance around the young people's needs. The OT had attended a team meeting recently and the team discussed in depth one of the young people given the crisis they were in at that time. The centre manager informed inspectors that there was a plan for the OT to return and complete the same in-depth work with the team in relation to the two other young people. The staff identified this support as beneficial to them in understanding the best response to the young person. However, while reviewing the documentation for the other young people, it was noted that a psychological assessment and an educational psychological assessment made recommendations for a trauma informed care response was required for two of the young people which was not evident or referenced on any of the documentation relevant to them.

There was individual crisis support plans (ICSPs) and positive behavioural support plans (PBSPs) for each young person to support staff in managing the young people's behaviours that challenge. Inspectors reviewed these documents and found that the ICSP's were not capturing all the issues of concern for two young people given the information presented in their assessments on file. Their ICSP's and PBSP's required further expansion regarding group dynamics, peer relationships and bullying/coercion. As these are live documents, they must be updated for each young person when they present with new behaviours of concern. When staff were interviewed about the behavioural support needs of the young people, they demonstrated some awareness of the young people's current needs. However, several diagnoses were unknown by staff as identified during interviews with the staff. There

had been an assessment completed for one young person in August 2024 and there were several actions outlined in this that need to be incorporated into the young person's care records and followed up on as soon as possible.

Inspectors observed an on-going issue in the centre around the current group dynamics. One young person had been assaulted by both their peers. The level of vulnerability to the young person was of concern as this had happened four times in the past two months. Inspectors saw how group impact risk assessments had been updated, strategy meetings had been organised with social workers, however the issue remained present. On all behaviour management documents, it was noted that staff must supervise the young people while in the centre together, this was not observed by inspectors while in the centre. Taking into account the group dynamics and associated risks for the young people, appropriate supervision levels need to be in place to ensure that the safeguarding for all young people remains a priority.

Significant event notifications (SENs) and child protection welfare report forms (CPWRFs) had been submitted for this ongoing concerning behaviour and the impact on peers for the young people was also reported as SEN's due to other ongoing issues of concern. Inspectors also found that the young people were supported in making their complaints about the impact from their peers. One young person that spoke with inspectors spoke highly of their key workers, their room and support they received, however did find it difficult in the house when there were other young people having an outburst, causing property damage and displaying assaultive behaviours. In speaking to the inspectors was that this young person did not know how many times they had been assaulted when discussing what it was like living in the centre.

Inspectors found from interviews with staff and from reviewing the young people's documentation that there was a lack of understanding by the staff for two of the young people, of their social history, their pre-admission information, of the ongoing supports they required and how they would be met. These findings along with the current group dynamics and safety issues caused concern for inspectors as they were informed of a fourth young person being admitted to the centre despite the behaviour and safety concerns relating to the current group dynamic and the acknowledged need by centre and senior management for the team to have time to address these concerns. Inspectors named this to both centre and senior management, and they responded proactively to this by acknowledging the concern and taking the decision to pause further admissions for a period to manage the current group dynamics. This

has been extended further by the directors who have committed to not admitting another young person.

Inspectors reviewed the team meeting minutes and noted that there was some discussion about the young people's behaviours but that this would need to be expanded on as all staff do not attend the team meetings due to being on shift. Those not in attendance would need to have a clear insight into how staff should respond to the young people's needs.

Inspectors found there were natural consequences and sanctions in place to support the young people's learning from their behaviours. These were in place for both for positive and challenging behaviours, for example a young person would be given a positive reward if they had a good report from school or if there was property damage, some money would be taken from their pocket money. There was currently no audit completed around the centre's approach to managing behaviours that challenged however, inspectors were informed that as part of the compliance oversight process, all standards will be captured during their audits. A planned schedule was provided to inspectors around what themed based audits will be undertaken from now until November 2025.

There was a restrictive practice policy in place. During interviews staff were aware of what this entailed and named what current restrictions were in place. The restrictive practice document used was clear, concise, and outlined when it was reviewed. There was evidence of the restrictive practices being discussed at the team meetings. They were outlined at the top of each young person's individual risk management plan (IRMPs). The team were trained to use physical intervention as a last resort and did not undertake any up until recently and used the breaking up a fight intervention. This had since been incorporated into two of the young people's ICSP's and the team were planning to seek guidance from relevant trainers for the third young person due to contra indicators.

Compliance with regulations	
Regulation met	**Regulation 16** **Regulation 5**
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 3.2**

standard in some respects only	
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The regional manager and centre manager must review the documentation in place for managing behaviours of concern to ensure that they are up to date, relevant and identify clear responses for staff to manage them.
- The regional manager and centre manager must ensure that all staff are aware of the relevant assessments and recommendations on file for the young people and ensure that the appropriate actions are taken to ensure the best support is available for the young people.

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.

Leadership was demonstrated by the centre manager, deputy centre manager and regional manager at the time of inspection. This was evident through the file review and was identified by the staff team during their interviews. However, there had been a period where concerns were highlighted in relation to the leadership, oversight and governance of the centre. There had been a change in centre manager since the centre was registered and steps had been taken to empower and support staff following this change. The regional and centre manager need to ensure this support continues for the team as there are new staff members due to join the team soon.

During interviews both staff and the regional manager spoke of how the team were finding it a challenge to manage the young people's behaviours previously and that there was an absence of a supportive culture of learning in the centre. Under the new centre manager, staff spoke of the support they were receiving and being empowered to implement boundaries, consequences and the relevant behaviour management techniques and documentation that was now in place. The regional manager was

able to identify where the deficits were regarding their own oversight and governance.

Governance arrangements for oversight were in place from the registered provider, director, regional manager, centre manager, deputy centre manager and staff. This was evident from the different internal and external meetings that occurred within the organisation, however in the past did not work effectively as deficits identified in the report. Staff were aware of the structures in the centre and knew who they could speak to if they had any issues or concerns. Staff spoke of their roles as key workers and what responsibilities they had in this role. Audits were undertaken by the deputy centre manager on medication and on CPWRF's. Centre audits were undertaken by the regional manager covering several areas including complaints, SEN's, staffing and young people. There was a schedule drawn up for the next twelve months on theme-based audits that will be completed by the regional manager.

A service level agreement was in place with Tusla which had an addendum attached to include this centre. Updates were to be provided every six months to Tusla to show compliance with relevant legislation and national standards.

The new centre manager was identified as the person in charge with overall responsibility and accountability in the centre. The new centre manager began their post in October 2024 and had previous experience within residential care and was now implementing their skills into this centre. The staff were aware that the centre manager was also the designated liaison person (DLP).

Policies and procedures were in place in the organisation. Inspectors saw evidence of policies being discussed at some of the sample team meetings minutes that were reviewed. Staff informed inspectors that part of their induction was training in the organisations policies. They were available and accessible in the office should they need to reference them.

The risk management framework included individual risk management plans (IRMPs), risk assessments and safety plans for the young people. There was also a centre risk register in place. Inspectors reviewed the IRMP's and found that while there was good oversight, they still required review to ensure relevant up to date information was in them and that the risk rating was accurate. Inspectors found that the centre did not use all the relevant information in reports to accurately inform the risks for young people. For example, in some risk assessments there was no control measures named yet a reduction in the behaviour was expected as the risk rating was

reduced. In the instances where peer dynamics were named, inspectors found that all relevant incidents had not been recorded on the IRMP's and the risk matrix was attached to the first IRMP completed but not on any subsequent ones.

For some young people, their concerning behaviours required the implementation of safety plans. Where safety plans were in place, these required more detail, and inspectors found an absence of some young people's safety plans especially regarding self-harm, suicidal ideation and other high risk concerning behaviours. Guidelines from medical professionals were on file, however they required updating to provide staff with direct, clear and specific instructions for responding to the young person's behaviours. This was particularly important for outlining when and how frequently room searches and night checks should be conducted, as well as considering the current bedroom placements in relation to the known risks.

Inspectors were informed that individual risk assessments occurred for new or concerning behaviours/issues/events, however inspectors only saw one of these in use despite known risks. Upon reviewing the team meeting minutes, inspectors noted minimal discussion about the young people's risks, aside from the need to update the group impact risk assessment. Inspectors found that there was an absence of discussion and documentation regarding the oversight for young people's placement planning, including identification of any new risks or behaviours.

There was an internal management structure appropriate to the size and purpose of the centre. When the centre manager was absent, the deputy centre manager was delegated responsibility. Inspectors were provided with a list of officer roles for staff within the centre such as health and safety, medication and first aid.

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 ensure the IRMP is reviewed and updated with all relevant information and that the risk rating is clearly identified in the report.
- The centre manager must ensure that safety plans are implemented where required and that they are clear, direct and informative of what staff's responses should be in those situations.

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.

Workforce planning was undertaken and ongoing at senior management meetings and at centre team meetings. The staff were regularly updated on any changes within the team, of vacancies and opportunities for progression. Staffing has been an ongoing issue for the centre with different changes occurring since it opened in May 2024. Four staff left the centre, and one staff transferred to another sister centre for a promotion. One of the four that left was the centre manager. There were two new staff due to start in this centre in early December 2024, one full-time and one relief staff member. There was another full-time staff member due to join the team in January 2025.

The centre was currently using staff from sister centres to meet the needs of the young people. Inspectors were provided with rosters from September, October and November 2024. From reviewing the rosters, it was evident that an issue remains with covering day shifts in the centre. There was a decrease in the number of vacant shifts as there had been an increase in support from the sister centres. The stability of the team was an ongoing issue given the fact that there had been many changes and supports required from other centres to be able to manage the roster. With these staffing issues and the current risk and group dynamic concerns, the registered provider must ensure there is a stable permanent staff team available to ensure all needs of the young people are met.

The staff that were in place were appropriately qualified and some had relevant experience. For some this was their first experience of residential care, and they spoke positively about their time there to date under the new management.

There were relief staff available to cover sick leave, study leave and annual leave. There were more relief staff due to join the organisation in December 2024. Inspectors found that staff were not receiving supervision from the first appointed centre manager as per centre policy. A schedule of supervision was provided to inspectors with the plan to commence effective immediately with the new centre manager, deputy manager and social care leaders.

Staff were asked about supports they received to promote retention and continuity of care. Staff named the support from the centre manager and the deputy manager, access to a support service for staff, linking with the OT and the availability of other training if needed. There was also a refer a friend scheme and a joining bonus. There was a formalised procedure in place for on-call which had been identified in a sister centre inspection and was now implemented in this centre for evenings and weekends.

Compliance with regulations	
Regulation met	**Regulation 6** **Regulation 7**
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 6.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The register provider must ensure there is a stable permanent staff team in place to ensure the needs of the young people are consistently met.
- The regional manager and centre manager must ensure that staff are receiving supervision as outlined in the centre policy.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that all staff are trained in the model of care before they can commence using it as the stated model of care to ensure all staff have the knowledge and understanding to implement it appropriately.	The Welltree Model of Care has been adopted by Children's Care Ireland and it is a 3-year implementation phase. There is a schedule in place to guide and support staff in the application of the model to practice and all staff have received the handbook as part of their induction. All staff members will attend upcoming training Scheduled for February 2024 onwards.	A training and consultation schedule has been devised up until March 2025 and a further schedule is currently being completed and will be finalised on the 19.12.2024 that will outline the schedule for the rest of 2025. Training has also been incorporated into staff inductions. This will ensure that all staff receive the required training. As part of the implementation phase, all staff will receive exposure to the model through the use of their Welltree handbook as well as guidance and support from managers who have all received training and are able to utilise the creator of the model, to attend team meetings or provide 1 to 1 advice / guidance where required. Furthermore, a training audit will be completed by home managers every quarter to ensure that staff are up to date with relevant training such as the model of

			care.
	The regional manager and centre manager must ensure that all recommendations from relevant assessments are integrated into the placement planning framework for the relevant young people.	Home management and regional management have reviewed placement plans to ensure that any recommendations from relevant assessments are incorporated into the young people's placement plans. This has now been actioned.	An audit will be completed every quarter by home management on placement plans to ensure that recommendations from all relevant assessments are fully incorporated into the young people's placement plans. Regional management will also complete quarterly audits as additional oversight to ensure this has been implemented appropriately.
	The registered provider must ensure that all social workers are made aware of and included on any new admissions.	Home management will ensure that after a CRA has been completed, that the respective Social Workers to current young people within the placement have been appropriately notified that the CRA process has been initiated and they will be provided with an updated Group Impact Risk Assessment. Regional manager has reshared the CRA guidance document with all home management teams and reminded them of their obligation to notify	Regional manager as part of the CRA process will ensure that home managers have appropriately informed the respective Social Workers of potential admissions and that they have received group impact risk assessments where an admission has been agreed. Regional management will be included in the email threads as oversight to ensure this process is appropriately being followed.

		respective social workers of any potential admissions. All Social Workers relating to the current young people within the home have now received an up-to-date group impact risk assessment.	
3	The regional manager and centre manager must review the documentation in place for managing behaviours of concern to ensure that they are up to date, relevant and identify clear responses for staff to manage them.	All documentation has been reviewed by home management and regional management. Regional manager completed an audit specific to Standard 3.2.5 on the 25.11.2024 and shared this with home management. New processes have been implemented to ensure that documentation pertaining to young people is clear, concise and outlines clear guidance on how staff should respond to young people. Where significant risks are escalated, safety plans will be implemented that outline specific guidance on how staff should respond to young people where that risk is present.	An audit will be completed by regional management yearly in relation to Standard 3.2.5. This audit will oversee current group dynamics to ensure that all relevant documentation such as risk assessments and safety plans, are reflective of the needs and risks presented by the young people. It will also ensure that the documentation in place aligns with these behaviours and is clear and concise and guides staff on how to respond to young people's behaviours. Home management will also review documentation such as IRMP's and safety plans on a monthly basis to ensure they are accurate, relevant and outline specific guidance on how to respond to behaviours and will sign these as evidence of review
	The regional manager and centre	Relevant assessments identified during the	Home management will ensure that as part

	manager must ensure that all staff are aware of the relevant assessments and recommendations on file for the young people and ensure that the appropriate actions are taken to ensure the best support is available for the young people.	inspection has now been shared with the staff team. It has been discussed as part of handovers and team meetings. Further input in relation to trauma informed care and responses was completed with the team by a specialist OT on the 28.11.2024 and all referrals outlined in the assessment were discussed at the young person's most recent CICR and have now all been actioned.	of the preadmission process, all documentation received will be shared with the staff teams to ensure they are fully informed and aware of the recommendations and external reports pertaining to the proposed admission. An audit will also be completed by home management no later than one month after a young person's admission to ensure all documentation in relation to the young people is on file and that all staff have reviewed same. Home management will also ensure that any recommendations in previous reports are discussed as part of the young person's initial CICR held within 6 weeks of admission.
5	The centre manager must ensure the IRMP is reviewed and updated with all relevant information and that the risk rating is clearly identified in the report.	Home management has reviewed IRMP's for all young people. The policy on risk management and how to assess and equate risk using the IRMP template has been revisited with staff at a recent team meeting.	Home management will review all IRMP's on a monthly basis to ensure they are accurate and reflective of current risks and appropriately graded. Home management will sign off to show they have reviewed this prior to sending the documentation on to the young people's Social Workers. Regional management will then complete

			quarterly audits to review all IRMP's as extra oversight and provide feedback to home managers in relation to outcomes of this audit.
	The centre manager must ensure that safety plans are implemented where required and that they are clear, direct and informative of what staff's responses should be in those situations.	Safety plan documentation has been reviewed and new documents have been distributed to staff teams. This is to ensure that where risk has been identified and a specific safety plan is required, that the document clearly outlines what the risk is, why the safety plan is required, and the steps staff are required to take to manage the risk.	Home management will review safety plans when they have been implemented to ensure they are appropriately completed and that all staff are aware of any new safety plans through discussion at handovers, supervisions and team meetings and where these safety plans are stored.
6	The register provider must ensure there is a stable permanent staff team in place to ensure the needs of the young people are consistently met.	Recruitment and training remained ongoing for newly appointed staff, and we are pleased to advise that we now have three new staff recruited with a fourth currently in the process of training who will also join the team. Recruitment remains ongoing in the background for additional relief staff.	Recruitment remains ongoing and a number of incentives have been implemented such as higher salaries and sign on bonuses to attract potential candidates. Weekly ops are provided to senior management by home management teams and weekly workforce planning meetings are in place to oversee staffing.

	The regional manager and centre manager must ensure that staff are receiving supervision as outlined in the centre policy.	From November, a schedule has been implemented by home management to ensure staff receive supervision in line with policy. Both the home manager, deputy manager and social care leaders are implementing this schedule with immediate effect.	Ops reports will be submitted to senior management weekly by home managers which will highlight when supervision has been completed with each staff member. Social Care Leaders have received supervision training and will support managers in completing supervision in line with policy. Home managers will complete quarterly audits in relation to supervisions and inductions to ensure that they are complying with company policy. Furthermore, as part of the regional manager's monthly monitoring visits, a sample of supervision records will be reviewed at each visit to ensure these are being carried out in line with policy