



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 259

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	3rd, 4th & 5th March 2025
Registration Status:	Registered from the 6th September 2024 to the 6th September 2027
Inspection Team:	Lorraine Egan Cora Kelly
Date Report Issued:	15th May 2025

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 2: Effective Care and Support (Standard 2.2 only)	
3.2 Theme 3: Safe Care and Support (Standard 3.2 only)	
3.3 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
3.4 Theme 6: Responsive Workforce (Standard 6.1 only)	
4. Corrective and Preventative Actions	19

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 6th September 2024 and had been originally registered under a different company. A new certificate was issued on the 2nd of December 2024 reflecting a change of agency to Daffodil Care Services. 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 from the 6th September 2024 to the 6th September 2027.

The centre was registered as a multi-occupancy service with a registered capacity of four young people. The centre's purpose and function stated that it aimed to provide medium to long term care for up to two young people of mixed gender between the ages of thirteen and seventeen years. The model of care was described as using a relationship-based approach underpinned by a specific behaviour management response which was crisis prevention and intervention focused. Inspectors were informed at the time of the inspection that this would be changed to one that operated under a model devised by the new agency Daffodil Care Services. This is a multi system therapeutic model aimed at maximising engagement with young people. There were two 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 28th March 2025. 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 11th April 2025. 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: 259 without attached conditions from the 6th September 2024 to 6th September 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.

There were two children living in the centre at the time of the inspection and both spoke with inspectors when they arrived. One child was happy living away from the City and 'liked all the staff' and 'the cosy and warm house'. Their family came to visit very often, and they kept in touch with some friends too. The second child had just moved in the week previously and was finding the location in the country harder to adjust to. Both children told inspectors that they got on well together. The centre was bright, homely, clean and nicely decorated.

Both children had a social worker assigned to them, however, one child had five different social workers allocated to them in two years. Their social worker did acknowledge how upsetting this must be for them and that it had an impact on trust building with the social work department. There was an up to date statutory care plan on file for one child only. The second child was subject to monthly child in care reviews (CICR) and their admission to the centre had predated their last review. At the time of the inspection no care plan for that review had been forwarded to the centre by the social work department. A date had been scheduled for their March CICR. The other child had attended part of their CICR and one of their parents also contributed to discussions and decisions on their care planning.

Placement plans were on file for both children and these were updated on a monthly basis. However, the systems in place to monitor placements planning required robust review to ensure the plans were effective. The goals and actions contained within were broad and did not accurately reflect each child's presenting needs. For example, the responses to address areas such as education, safety, behaviours and therapeutic supports were not recorded in a way that were clear for staff to follow in practice. It was difficult to track any progress or to know what goals were achieved or what remained outstanding. While practice guidelines had also been developed which identified routines and a number of practices relating to individual goals, these could not be aligned to the children's immediate needs. In addition, placement plans were not reflective of children's input to their own goals and their opinions should be

included to inform the decisions made about their everyday living and their long term care. The staff team should formalise young people's participation in the placement planning process and clearly reflect this on their care record. Inspectors found that while some key working and individual work was completed with children, it was generally unplanned. Improvements are required so that it is consistent and appropriate to each child's specific needs including building up connections and relationships with children.

While some external specialist supports had been identified for children, inspectors found it difficult to identify which appointments had been attended or which ones had been discontinued because of lack of engagement. In addition, for one child, occupational therapy had been previously recommended by a specialist service, but this need had not been included on their care plan or placement plan. The child's social worker told inspectors they were waiting for all of the recommendations to be submitted by the specialist agency before applying for the support. Inspectors recommend that specialist supports are followed up on by the centre with the appropriate social work departments so that referrals can be made in a timely way.

Inspectors found that while the centre was in communication with both child's social worker, the collaboration between the staff team and one allocated social worker could be improved regarding joint approaches to behaviour management goals.

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

- Centre management must ensure that systems are in place to monitor placement planning so that plans are effective and accurately reflect each child's goals and needs.

- Centre management must ensure children’s participation in their own placement planning process and this should be clearly reflected on their care record.
- Centre management must ensure that key working and individual work with children is consistent and appropriate to each child’s specific needs including building up connections and relationships with children.

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.

Inspectors found that the management of behaviours that challenged in the centre was not supported by clear policies and procedures for staff to follow. Change in ownership of the centre had taken place in November 2024. However, the new organisation’s policies had not been fully implemented in the centre at the time of the inspection. Consequently a mix of the old and the new procedures were followed causing confusion on which care practices to operate with children in their daily routines as well as setting stable boundaries and positive reinforcements. At interview, staff found it difficult to outline any behaviour management framework or model of care that informed their work. They did not demonstrate a good understanding of the underlying causes of specific behaviours that could assist children to manage their own behaviours and development needs. Staff had received training in a behaviour support model, training in the new model of care had just begun.

While individual crisis management plans (ICMPs), absent management plans (AMPs), safety support plans and some risk assessments (RAs) were in place, these did not outline clear interventions to respond appropriately to children’s individual needs and behaviours. Notwithstanding that the staff team currently had access to specialist advice, the guidance from this had not been incorporated into supporting plans for them to implement in practice. In addition, this specialist input was temporary and would be of benefit if it was in place as a consistent measure for the staff team to access.

While both children were living in the centre for a short period of time, behaviours that challenged that were present in previous placements were beginning to emerge. Inspectors found that there was a deficit in proactive strategies and planning in how to respond to these. The staff team did not use consequences with children even though they were outlined in the suite of policies provided to inspectors. One of the allocated social workers stated that this gap in the use of sanctions was becoming an issue and found that current behaviours of concern were not reduced by the approach in use. Inspectors found that in general, children did not respond to direction from staff when incidents occurred. Key working sessions and restorative work was not used appropriately to aid children to reflect and understand their own behaviours.

In addition, where a very serious significant incident occurred for one young person who was beginning their admission process with the centre, the staff team, were not equipped with the skills to respond adequately to the presenting risks that took place. Physical intervention was used by staff on duty during the incident, however they were not experienced in the techniques of the model. Also, there was confusion regarding the medical care to be provided as well as who held responsibility for reporting the incident as a significant event notification (SEN) to the appropriate professionals. The gaps in the centre's management of risk remain, including a failure to identify additional safety risks for the current two children living in the centre and this must be addressed as soon as possible so that appropriate risk responses can be implemented by the staff team. Discussions from a review of this specific incident were not clearly recorded as been shared with the staff team for learning purposes. There was no review of the use of physical restraint by the staff team completed from this incident.

Additionally, where a child had voiced a complaint about an agency staff, this had not been responded to as such and a SEN had not been submitted by staff at the time. To align with regulations and centre policy, the centre manager must ensure that all SENs are reported to the appropriate professionals and parents (where appropriate) and recorded in the centre's register. However, in general allocated social workers stated that they received SENs in a timely way.

While some internal monitoring of files was taking place, there was an absence of regular auditing of the centre's approach to managing behaviour that challenged. At the time of the inspection, the regional manager stated that there would be a commitment to a consistent arrangement regarding audits and monitoring by external personnel.

There was a restrictive practice recorded on one of the young people's files with one entry identified regarding alarms on bedroom doors. It was not clear if this log was reviewed. The use of physical intervention, window latches, knives and cleaning products locked away safely was not recorded. Where restrictive practices are used, these must be assessed, monitored and reviewed and recorded on a regular basis and in line with the centres procedures. Learning from the review must be recorded on centre records.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that policies and procedures are implemented in the centre that promote a positive approach to the management of behaviour that challenge. These should be in compliance with legislation, regulations and national policy.
- Centre management must ensure that children's support plans are reviewed so that the interventions are clear and responsive to children's individual needs and behaviours. They should also reflect the clinical direction provided to the staff.
- Centre management must ensure that the centre's current approach to behaviour management is reviewed to respond appropriately to reducing risks and behaviours of concern. Key working sessions and restorative work must be used appropriately to aid children to reflect and understand their own behaviours.
- Centre management must ensure that all SENs are notified to the appropriate professionals in a timely way and logged in the centres register. Insight from SEN reviews including physical restraint must be clearly recorded on centre files and shared with the staff team for learning purposes.
- Centre and senior management must ensure that appropriate risk responses are developed for any emerging risks and concerns for children and specific

training is completed with staff to ensure they are skilled in the interventions to use.

- Senior management must ensure that there is regular auditing and monitoring of the centres approach to managing behaviour that challenges.
- Centre management must ensure that where restrictive practices are used, these must be assessed, monitored and reviewed and recorded on a regular basis and in line with the centres procedures.

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.

Inspectors found that there were significant gaps in the implementation of operational policies and some systems within the centre. As referred to above, a clear transfer to the new organisations policy framework had not taken place and it impacted on the governance arrangements within the centre. Staff at interview were not aware of the organisation's lines of authority and a dedicated regional manager had only been allocated two weeks prior to the inspection. ACIMS sought assurances from the registered provider with respect to the implementation of centre policies in line with regulatory requirements as well as clearly defined external management structures that supported authority, accountability and oversight within the centre. Satisfactory assurances were provided with respect to the request.

The person in charge of the centre was the manager and they had the relevant number of years' experience required as well as the appropriate qualification. They were dedicated to the children and to the role and were working hard to deliver an effective service. There had been a deputy manager in place, but they had left their role prior to the inspection. The centre manager stated that this had an impact on their workload and were finding this challenging. They now reported to the regional manager for supervision and support. While there was a sufficient amount of staff regarding the number of children, they were notable gaps in experience and competencies on the team to support them with their individual needs. Training had been provided, however, there were a considerable amount of core modules yet to be

scheduled for some staff and this must be arranged. As referred to above, while there was specialist input provided by two external agencies, this was not incorporated effectively into the support plans for children for staff to follow in practice. There were deficits too in the discussions taking place at team meetings regarding any knowledge gained from the professional support as well as any learning from the SENs that had taken place.

Improvement was required regarding internal auditing. Some had been undertaken by the centre manager for safety and medication but there was a gap in the monitoring of centre records. Three external audits had been completed by the regional managers; however these were not aligned to the National Standards and did not reflect the findings in this report. There must be consistent practice implemented in regard to effective monitoring and auditing of the centre's performance. Team meetings were taking place regularly and there was evidence of good direction by the centre manager to the staff with regard to record keeping. Social care leaders meetings had recently been put in place, however the minutes reflected guidance to staff on very practical duties and responsibilities only. The centre manager submitted monthly governance reports to the regional manager.

There was a risk management framework in operation in the centre, however significant improvements were required as the supporting structures in place were not robust enough to appropriately identify and respond to risk for children. Furthermore, risks identified by inspectors had not been identified by centre management. The interventions contained in the documents that were on children's care records were not clearly outlined for staff to follow and any approaches in use were not routinely put into practice by all of the staff team. The risk register was not consistently updated to take account of new or recurrent risks. Staff at interview were unaware of the named designated liaison person for the centre.

There were alternative management arrangements in place for when the centre manager was absent. This included a regional manager acting in their place at these times. The centre manager had delegated a number of duties to some of the staff team, however the document submitted was not clear and this should be reviewed and updated to reflect a complete and accurate written record. Contracts outlining the service level agreement with funders were forwarded to ACIMS as part of the inspection process.

Compliance with regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 5

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 registered provider must ensure that a clear transfer to the new organisations policy framework is fully completed and implemented in the centre. All operational policies must be in line with regulatory requirements and standards.
- Centre and senior management must ensure that all core training is completed with the staff team. Appropriate training based on children's needs must be provided so that staff's skills can be enhanced and they can deliver safe and effective care to children.
- The registered provider must ensure that effective monitoring and auditing of the centres performance is in place and aligned to the National Standards.
- Centre and senior management must ensure that the risk management framework in place is reviewed so that the identification, assessment and management of risk is robust.
- Centre management must ensure that a clear written record is maintained of any duties delegated to members of the staff team along with the key decisions made.

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.

The centre had appropriate staffing levels at the time of the inspection. There was one centre manager, three social care leaders and six full time social care workers.

Consequently, the centre was in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7 as outlined in the ACIMS Regulatory Notice Minimal Staffing Level & Qualifications CRC Settings August 2024.

The centre's deputy manager had recently left their post, and the service had begun a recruitment campaign to replace them, however this was proving challenging. In addition, as mentioned, the staff team in place were inexperienced and there remained a gap in their competencies and skills to meet the needs of the children living in the centre. As referred to above, the registered provider had made a commitment to address the deficits in this regard and an action plan had been developed and submitted to ACIMS to address the gaps as a matter of urgency. Inspectors noted that some course days for staff had been identified as part of their training needs and scheduled as part of the team meeting in February, however this was not included in the training tracker submitted to inspectors. The centre did not have access to relief workers and relied on agency staff when required. This should be addressed by senior and centre management as part of workforce planning.

Some staff retention strategies were in place including team building days, opportunities for additional annual leave days, health insurance benefits, incremental salary scales and an educational assistance programme. There were formalised procedures in place for on-call arrangements at evenings and weekends, however, this was operated in the past between the centre and deputy manager and a change was taking place so that the social care leaders would be part of the roster. This decision should be reviewed so that only staff with appropriate experience and skills are identified for this role.

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 registered provider must ensure that additional staff members are accessed from a panel of suitably qualified and experienced staff that are familiar to the children living in the centre.
- Centre and senior management must ensure that the on call arrangement in place is reviewed so that experienced and skilled staff are included on the rota. This should be in line with the centre's policy.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>Centre management must ensure that systems are in place to monitor placement planning so that plans are effective and accurately reflect each child's goals and needs.</p> <p>Centre management must ensure children's participation in their own placement planning process and this should be clearly reflected on their file.</p>	<p>The staff team have completed training in Placement Planning and Chasing Positive Outcomes on the 01.04.25. The Centre Manager and Senior Support & Integration Manager have completed a review of the individuals placement plans on 10.04.25 and have scheduled meetings with both key working teams on 14.04.25 & 16.04.25, to provide feedback and guidance in relation to the placement plans and key working processes.</p> <p>Centre Management will ensure that monthly consultation meetings occur with all young people within the centre. Consultation meetings have been scheduled between keyworkers and young people on the 24th of April, to ensure that the young person's voice and participation within the placement planning process is clearly evidenced.</p>	<p>Centre Management will conduct monthly reviews of the young people's placement plans to ensure they are in line with the young person's care plans and individual goals. The Regional manager will review placement plans and associated key working on a monthly basis, feedback will be provided in relation to same via monthly senior management, audit reports, and this feedback will be discussed within team meetings.</p> <p>Centre Management complete Centre Monthly reports which are overseen by the Compliance Officer and Regional Manager. This mechanism will ensure that effective consultation meetings are occurring on a monthly basis with the young people.</p>

	<p>Centre management must ensure that key working and individual work with children is consistent and appropriate to each child's specific needs.</p>	<p>Centre Management review individual work and key working on a daily basis as part of the handover process. Feedback is provided to the key working teams within team meetings and staff's individual supervision.</p> <p>As referenced above, the Centre Manager and Senior Support & Integration Manager have completed a review of the individuals placement plans on 10.04.25 and have scheduled meetings with both key working teams on 14.04.25 & 16.04.25, to provide feedback and guidance in relation to the placement plans and key working processes.</p> <p>The staff team have commenced training in the organisation's model of care on the 01.04.25. The Regional Manager has scheduled a Placement Planning audit for 01.05.25</p>	<p>As noted above, the centre management conduct monthly reviews of the young person's placement plans and associated keywork completed. Feedback is provided within the team meeting.</p> <p>Centre Management will oversee monthly case management meetings for the young people, with the purpose of ensuring the young people's needs are responded to. All case management meeting minutes will be shared with the Senior Support & Integration Manager to provide an additional layer of oversight and governance.</p> <p>Placement planning audits will be conducted by the senior management team and will form part of the annual auditing schedule.</p>
3	<p>The registered provider must ensure that policies and procedures are implemented in the centre that promote a positive approach to the management of behaviour that challenge. These</p>	<p>The Regional Manager and/or Senior Support and Integration Manager has been in attendance at weekly team meetings to provide a policy review. These have occurred on 11/03/25, 18/03/25, and</p>	<p>The Regional Manager will continue to oversee all Significant Events from the centre, which includes incidents of challenging behaviour and the management of same. Written feedback is</p>

	<p>should be in compliance with legislation, regulations and national policy.</p>	<p>08/04/25. Senior Support & Integration Manager completed a targeted audit on 14.03.25 in relation to the young people's Practice Guidelines, Individual Crisis Support Plan and Individual Absence Management Plan, to ensure compliance with legislation, regulations and national policy. This audit report was reviewed within the team meeting on 18.3.25. The registered provider has implemented all company policies to ensure consistent team alignment with company policies.</p>	<p>provided to the centre and is reviewed within team meetings for future learning. The Regional Manager will provide governance and oversight in relation to the team's compliance and understanding of Policy relating to Behaviour Management, this will be focused and commented upon within the Monthly Senior Management & Auditing Report. Additional / Specific Behaviour Management Training has been scheduled for all the staff team on the 29.04.25 The registered provider has implemented the adoption of all company policies and associated procedures which will replace pre-existing policies. This measure will support the team in alignment with the provider's suite of policies.</p>
	<p>Centre management must ensure that children's support plans are reviewed so that the interventions are clear and responsive to children's individual needs and behaviours. They should also reflect the clinical direction provided to</p>	<p>As noted above, each young person has individual practice documents which are reviewed on a weekly and monthly basis. The Senior Support & Integration Manager completed a targeted audit on 14.03.25 in relation to the young people's Practice</p>	<p>The Senior Support & Integration Manager will complete Monthly Reviews of the young person's support plans/ practice documents. This will be documented within Senior Management Targeted Audit and Monitoring Report and shared with</p>

	<p>the staff.</p> <p>Centre management must ensure that the centre's current approach to behaviour management is reviewed to respond appropriately to reducing risks and behaviours of concern. Key working sessions and restorative work must be used appropriately to aid children to reflect and understand their own behaviours.</p> <p>Centre management must ensure that all SENs are notified to the appropriate professionals in a timely way and logged in the centres register. Insight</p>	<p>Guidelines, Individual Crisis Support Plan and Individual Absence Management Plan.</p> <p>The Regional Manager conducted a review on the Managing Challenging Behaviour Policy & Risk Assessment & Management Policy occurred with the team on the 25.3.25. A further review with the inclusion of staff interviews has been scheduled for the 29.04.25 to ensure team learning has occurred. The Senior Support & Integration Manager will be conducting a Risk and Behaviour Management Audit by the 29.04.25, finding from same will be shared with the centre management and team for further learning.</p> <p>The Regional Manager has reviewed the Significant Event Policy on the 25.3.25 as part of the Overall Policy Review with the staff team. Centre Manager has completed</p>	<p>the centre and Regional Manager on a monthly basis.</p> <p>As previous noted, the Regional Manager reviews and oversees all Significant Events within the centre, this review is focused the team's practice and behaviour management within the centre. All written feedback is reviewed within team meetings. Significant Event Review Group meeting occur on a monthly basis, which provides an additional and external level of oversight and feedback with regards to behaviour, risk assessment and management. This includes review of completed key working / LSI post incidents, to ensure all young people are provided with opportunities for learning alternative coping mechanisms and positive behaviours.</p> <p>The Centre Manager will ensure that all SENs are notified to the appropriate professionals in a timely way and recorded within the centre. The Regional Manager</p>
--	---	--	--

	<p>from SEN reviews including physical restraint must be clearly recorded on centre files and shared with the staff team for learning purposes.</p>	<p>a review of the SENs and associated register to ensure all SENs have been reported and recorded as per national policy 9.4.25.</p>	<p>will provide oversight, to ensure this practice occurs.</p> <p>As noted above, Significant Event Review Group meeting occur on a monthly basis, which provides an additional and external level of oversight and feedback with regards to behaviour, risk assessment and management. This includes review of completed key working / LSI post incidents.</p>
	<p>Centre and senior management must ensure that appropriate risk responses are developed for any emerging risks and concerns for children and specific training is completed with staff to ensure they are skilled in the interventions to use.</p>	<p>The Regional Manager conducted Risk Assessment & Management Policy review on the February 2025, a further one scheduled for April by the Senior Support & Integration Manager. Risk Assessment and Management Training has been scheduled for 22.04.25. The Senior Support & Integration Manager reviews paperwork on a weekly basis, for the purpose of Risk identification and appropriate management. The Senior Support & Integration Manager will be conducting a Risk and Behaviour Management Audit by the 29.04.25,</p>	<p>There are a number of organisational mechanisms in place which currently oversee and provide governance in relation to Risk Identification and Management. The Regional Manager will continue to oversee all significant incidents, whilst focusing upon identifying any new emerging risks or behaviours. Risks Assessment and Management is reviewed and commented upon within weekly team and management meetings. The Regional Manager completes a Monthly Senior Management Audit Report, whereby Risk Management is a standing item which is</p>

		finding from such will be shared with the centre management and team, for further learning.	reviewed and commented upon Senior Management Audits have been scheduled with specific focus upon Risk & Behaviour Management 29.04.25 Restrictive Practice 01.05.25 & Team training in relation to Managing Challenging behaviour on the 22.04.25.
	Senior management must ensure that there is regular auditing and monitoring of the centres approach to managing behaviour that challenges.	The Organisational Auditing Schedule has been shared with centre management on 19/02/25. The Regional Manager has completed a Risk and Behaviour Management Audit in February 2025. The Senior Support & Integration Manager is due to review the Audit, to ensure staff learning has occurred by the 29.04.25.	The Regional Manager will continue to review all significant events, with the purpose of reviewing the behaviour management techniques and practice, and providing feedback on same. The Senior Management team have a number of scheduled audits, which focus upon managing behaviour that challenges. Risk and Behaviour Management Audit due to occur; Feb 2025 (Completed) April 2025 July 2025 Oct 2025.
	Centre management must ensure that where restrictive practices are used, these must be assessed, monitored and reviewed and recorded on a regular basis and in line with the centres	Centre Management conducted a review of restrictive practices on 01.04.25 within the centre monthly report. Restrictive Practices are reviewed on a fortnightly basis within the management meetings.	The Regional Manager & Compliance Officer review all restrictive practices in place on a monthly basis, via the Centre Monthly Report to ensure that such practices are in line with national policy.

	procedures.	Restrictive practice policy was reviewed on 8.4.25.	The Regional Manager will be completing a Senior Management Themed audit on Restrictive Practices before 01.05.25
5	<p>The registered provider must ensure that a clear transfer to the new organisations policy framework is fully completed and implemented in the centre. All operational policies must be in line with regulatory requirements and standards.</p> <p>Centre and senior management must ensure that all core training is completed with the staff team. Appropriate training based on children's needs must be provided so that staff's skills can be enhanced and they can deliver safe and effective care to children.</p>	<p>The centre has been provided with all Organisation Policies on 20/03/25. The Regional Manager has provided Policy Training to the team on the 25.3.24. The Senior Support and Integration Manager has provided training on The National Standards for Children's Residential Services 2018 and how they relate to practice on the 09.04.25, to the centre management and team. The team will continue to review and align themselves with company policy at team meetings for the coming months.</p> <p>Centre Management completed a training audit on the 4.4.25. All core trainings have been scheduled for; Child Protection 11.4.25, Behaviour Management May 2025. Manual Handling 22.4.25 Fire Safety 24.2.25 SAMMs all trained in SAMMs Ligature training completed Introduction into STEM 1.4.25</p>	<p>Policy review is a standing item within the team meeting agenda, whereby different policies will be reviewed and discussed amongst the team, to create a culture and further learning of Organisational Policy.</p> <p>Bi-monthly training audits are completed and overseen by the Regional Manager. Where training needs cannot be met within existing course schedule, the Social Care Manager will notify the Regional Manager to support and organise any further training needs for their centre. All staff will be booked onto mandatory training within</p>

	<p>The registered provider must ensure that effective monitoring and auditing of the centres performance is in place and aligned to the National Standards.</p>	<p>The Regional Manager completes Monthly Senior Management Audit Reports, which focuses upon the practice and performance of the centre, in line with the Themes of the National Standards. The Director of Quality Assurance has provided the centre with an Auditing Schedule for 2025. Which included thematic and targeted audits to provide a further layer of oversight and governance, to ensure the centre is practicing under the National Standards.</p>	<p>their onboarding as they enter new roles in the organisation or as required based on young person needs. Understanding ADHD training has been sourced awaiting date of training.</p>
	<p>Centre and senior management must ensure that the risk management framework in place is reviewed so that the identification, assessment and management of risk is robust.</p>	<p>The Regional Manager conducted Risk Assessment & Management Policy review on the 25.3.25. Risk Assessment and Management Training has been scheduled for 22.04.25. The Senior Support & Integration Manager reviews paperwork</p>	<p>The organisation has a three tiered approach to auditing, which involves centre self-auditing i.e. Significant Event Review Audits, Health and Safety Audits, Monthly Centre Audits, Personnel file Audits. The Second tier includes the Regional Managers oversight and governance, which is demonstrated via; weekly centre visits, Monthly Auditing Reports and Themed Audits, and lastly the Organisational Oversight, Governance & Review.</p> <p>The Regional Manager will ensure that risk management is a standing item for review and commentary within the Monthly Senior Management Audit Report. To ensure and satisfy that centre and team are operating from an effective risk assessment</p>

	Centre management must ensure that a clear written record is maintained of any duties delegated to members of the staff team along with the key decisions made.	<p>on a weekly basis, for the purpose of Risk identification and appropriate management. The Senior Support & Integration Manager will be conducting a Risk and Behaviour Management Audit by the 29.04.25, finding from such will be shared with the centre management and team, for further learning.</p> <p>Centre Management will continue to record any duties of delegation within team meetings, individual's supervisions and the Centres Delegation Log.</p>	<p>and management perspective across all areas of the centre.</p> <p>The centre have a number of mechanisms in place to ensure that there is clear record of duties delegated, which include Team meeting minutes, individuals' supervision and Centres Delegation Log. The Regional manager will oversee that all are being continually utilised.</p>
6	The registered provider must ensure that additional staff members are accessed from a panel of suitably qualified and experienced staff that are familiar to the children living in the centre.	The register provider is committed to ensuring that the centre operates in line with staffing levels as per ACIMS Regulatory Notice 07/24. Recruitment meetings take place on a weekly basis, to discuss the staffing needs of the centre and to identify suitable candidates. The Centre currently have the following complement;	The registered provider will continue to prioritise recruitment for the centre. Recruitment campaigns are currently sponsored and interviews occurring a weekly basis, where suitable candidates have been identified.

	Centre and senior management must ensure that the on call arrangement in place is reviewed so that experienced and skilled staff are included on the rota. This should be in line with the centre's policy.	SCM, DSCM, SCL, 6 SCWs The centre have developed an on-call roster, which includes the management team within the centre and is in line with the Organisations On-Call Policy.	The Regional Manager will continue to review the on call rosters on a monthly basis, to ensure that on call supports are effective and in place as per company policy.
--	---	---	--