



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 264

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Ann's Children's Care Ireland
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	5th, 6th & 13th of March 2025
Registration Status:	Registered from 4th November 2025 to 4th November 2025
Inspection Team:	Mark McGuire Lisa Tobin
Date Report Issued:	13th May 2025

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined. During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

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 4th of November 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 as a multi-occupancy service. It aimed to provide accommodation and care for four young people aged between thirteen and seventeen years. The centre aimed to support young people who had experienced trauma and adverse childhood experiences. The centre was currently undertaking training in a recognised model of care. There were four young people 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 3rd of April 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 regional manager returned the report with a CAPA on the 10th of 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:264 without attached conditions from the 4th of November 2024 to the 4th of November 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.

This was an announced inspection and the first inspection for this new centre, which opened in November 2024. The first two young people moved to the centre in December 2024, with an additional two young people being admitted in February 2025. The most recent young person had moved in only two weeks prior to the inspection commencing.

Inspectors found that an up-to-date care plan was on file for only one of the four young people in the centre at the time of inspection. Of the other three young people, two had their Child in Care Reviews (CICRs) since they were admitted, and escalations/requests were made for copies of their care plans by centre management. Inspectors were advised that one care plan was received following the visit by inspectors to the centre. A date was scheduled for the last young person's CICR, and while the centre was still awaiting one care plan, inspectors saw how CICRs had been taking place within statutory timeframes.

For those awaiting care plans, the centre held its own minutes of the CICR in the interim and devised Individual Placement Plans (IPPs) based on the young people settling, pre-identified needs seen in their referral information, and basic needs while awaiting the provision of care plans. Inspectors also saw how the voices of the young people were captured at CICRs via the 'Me and My CICR' form or through staff advocacy. Inspectors met with all of the young people informally throughout the inspection process, and two young people mentioned that they were invited to CICRs but chose not to engage in the process.

Inspectors noted that all young people had IPPs on file, which were initially developed in line with the recognised model of care, highlighting various domains and an associated scoring system. However, some issues were found, such as IPP goals not being directly linked to goals identified in care plans or emerging matters for young people not being promptly added to the IPP, despite inspectors being advised it was a 'live document'. For example, sexual health matters for young people

and details of work needed regarding group dynamics for others were not added to the IPPs, despite all agreeing these were pressing concerns in the centre. Given that the IPP is a live document, inspectors expected to see these issues addressed to ensure all young people's needs were detailed and that the relevant supports were clearly outlined to ensure the best outcomes for young people.

While inspectors saw some evidence of focused key work taking place to address various needs for young people, they found it difficult to track the progress of identified goals in the IPPs and link them to key working sessions. Samples of key work calendars were reviewed by inspectors, and these too were found to poorly capture the completion and assignment of key work tasks. Tasks were not always clearly assigned to persons, nor were completion dates and progress of goals updated in the IPP and key work calendar. Inspectors recommended more robust management oversight to ensure accurate recording and better tracking of work completed in the IPP. Centre and senior management acknowledged these deficits to inspectors and committed to reviewing the IPP process with the team to address these matters going forward.

Inspectors were provided with mixed messages regarding young people taking part in the IPP process. Centre management advised that the input of young people and their family members was not yet captured. However, some staff felt that the IPPs were discussed with young people and their families where appropriate. The young people who met with inspectors advised that they could access their own care records and were provided opportunities to do so, but they declined these opportunities. One of the social workers who spoke with inspectors stated that they were not aware of the details of their allocated young person's IPP and had not given input on the same. Inspectors fed this back to centre and senior management and were subsequently provided with evidence of the matter being addressed post-inspection, with the allocated social worker being emailed a copy of the IPP. However, overall, the method of including young people in their IPP process was acknowledged as needing further development by centre and senior management.

Inspectors found that while staff had some understanding of the centres model of care, not all staff were well trained in the model, which, as previously described, is closely linked to the IPP process. From interviews with centre staff and management, it was noted that the consultation sessions, which were taking place for the care team, can be less beneficial for this team as the service often merges the staff of multiple centres for these meetings. As a result, the care team for this centre can feel they are not receiving training tailored to their needs as new learners of the model of care. It is

important to ensure all staff are well trained in the model of care and that training is aimed at their level of experience, as noted by centre management to inspectors.

Inspectors saw how young people were supported to attend specialist supports for those with identified additional support requirements. They were facilitated regarding Child and Adolescent Mental Health Services (CAMHS) if needed, and multiple services were offered to one of the young people post a road traffic accident, although they refused to engage. Inspectors recommended conducting an assessment of the newest resident's capacity and cognitive functioning given the observations noted by staff and other reports. Subsequently, inspectors were advised that this young person's CICR had taken place and this was being actively pursued, with input from the service's consultant occupational therapist being sought.

As staff and social workers all advised of concerns regarding the newest young person's capacity and ability to understand social and behavioural norms, additional safety measures can and should be implemented by staff in the interim to acknowledge that what is happening regarding the group dynamics in the centre is not acceptable, not normal, and that this young person has the right to air their concerns/complaints about the targeting/bullying they are being subjected to. While inspectors saw evidence of work being completed with the young person who was instigating these behaviours, they saw no evidence of an overall bullying intervention being conducted with the young people in the centre and recommend this be completed without further delay. Centre and senior management acknowledged this and committed to addressing the matter immediately through targeted key work sessions on the topic of bullying and group dynamics.

Inspectors spoke with three of the young people's social workers. While two of them advised of good communication, another noted difficulties regarding slow reporting of the severity of incidents and felt there was some minimizing of the group dynamic issues seen in the centre. This social worker also noted to inspectors how they felt not heard in meetings and discussions. Inspectors recommended some reparation work to ensure positive, effective communication regarding the care and safety of the young people being a priority. This was relayed by inspectors to centre and senior management, who committed to addressing the matter with the relevant social work department. However, it must be noted that inspectors saw good evidence of communication with social work via regular emails and the reporting of incidents within expected timeframes while reviewing care records.

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 improve the tracking and recording of key work tasks by clearly assigning tasks, updating completion dates, and accurately documenting progress in IPPs and key work calendars. Additionally, they must develop a formal method to include young people and their families in the IPP process, ensuring their input is captured and social workers are involved.
- Centre management must ensure all staff are well trained in the model of care. Training should be tailored to the needs of new learners and aimed at their level of experience, ensuring staff are equipped to implement the model effectively.
- Centre management must implement additional safety measures for young people with identified capacity and cognitive functioning concerns. This includes conducting assessments and ensuring interim safety measures are in place to address group dynamics and bullying.
- Centre management must conduct a comprehensive bullying intervention with all young people in the centre. This should be done without further delay to ensure all young people understand their rights and how to raise concerns about bullying.

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 multiple policies in place to support a positive approach to the management of behaviour that challenges, such as policies for bullying, supporting behaviour change, and managing challenging behaviour. However, inspectors found that not all staff were clear on positive behaviour management policies, and the bullying policy was not discussed or mentioned to inspectors despite the ongoing group dynamic issue previously mentioned in this report. Inspectors were advised by centre management that specific training on the centre's behaviour management policies was not taking place. Inspectors recommend that these policies, along with the bullying policy, be revisited with the staff team to ensure all have up-to-date knowledge and skills appropriate to their role, know how to respond to bullying incidents in line with centre policy, and are aware of the signs and symptoms of bullying as mentioned within.

The majority of staff were found to have received training in a recognised behaviour management model in addition to receiving induction training or consultation meetings for a recognised mode of care. The one staff member who was awaiting training in a recognised behaviour management model was highlighted on the centre's risk register, and their training was scheduled for completion.

The service could avail of specialised input and as mentioned earlier in this report, was discussing this option regarding the current young people. Key working and life space interviews were being carried out with young people to help them build their understanding of behaviours and support them in managing their behaviours. However, inspectors recommended more focused attention be given to this work, as it was not always occurring following group dynamic and/or bullying incidents in the centre.

As mentioned earlier, some work was done to help one of the young people understand the impact of their overall behaviour on another young person, as well as the impact this could have on their own placement. Despite this, no focused work was being done with all young people regarding group dynamics, respecting others,

bullying, and understanding what behaviours are acceptable or not towards fellow residents. Centre management must address this with the full group without further delay to ensure all young people clearly understand their rights in this regard and how to raise any issues or concerns they may have regarding the impact of others' behaviours on them.

Inspectors saw evidence of many supporting documents in the young people's care files to assist the team in responding to behaviours that challenge and to help them understand the behaviours of the young people in the centre. Each young person had an Individual Crisis Support Plan (ICSP), Positive Behaviour Support Plan (PBSP), Absence Management Plan (AMP), and Individual Risk Management Plans (IRMPs) on file, as well as some safety plans where required. Most of these documents were in the early stages of development, given that the centre was in the process of getting to know the young people.

However, inspectors found a similar pattern here with regards to other findings in this inspection, in that these documents were not being robustly overseen and updated with emerging issues and concerns for young people. For example, inspectors found that the group dynamic issue was not well captured in the IRMP, with clearly identified control measures for the staff team to follow. Nor were the ICSPs well updated, with inspectors finding physical interventions added in handwriting with conflicting guidance on how to intervene as a last resort to ensure the safety of young people. As a result of this, inspectors found the care team were unclear when speaking to inspectors about how they would intervene during incidents. From reviewing the Significant Event Notifications (SENs), inspectors observed disparities in how staff physically intervened for the different young people when required. Senior and centre management again acknowledged these deficits and committed to fully reviewing and updating the documents with clearer and more robust guidance for the care team to follow.

Inspectors found that safety planning for the group dynamic issue was not completed at the time of the inspection. There had been three incidents between two of the young people at that stage and incidents between the other two residents with no proper group dynamic risk assessment in place. The social worker for one of the young people advised inspectors they were not satisfied with the speed in which this was addressed. Subsequently, inspectors received mixed messages from staff regarding how they were to respond during incidents, which needs to be addressed to ensure consistency in approach. Some staff noted one-to-one staffing was to be used during incidents, but the control measure was found to be difficult to implement due

to staff availability and the number of young people in the centre, and additional staffing was not implemented as a safety measure. Further discussion with the social work department and Tusla National Placement Team (NPT) was awaited regarding this.

A multi-disciplinary meeting was held following the inspection with the NPT and the social workers for two of the young people for whom the group dynamic issue was causing the greatest concern. One of the young people's placements was flagged by the service as being in jeopardy if these behaviours did not cease. The multi-disciplinary team agreed on a safety plan for the team to follow for such incidents and committed to further reviewing the matter to assess if the behaviours continued to remain reduced to a manageable level, or to put in place additional staffing to support the care team in safely managing the group dynamic. It is crucial that the agreed safety plan be clearly outlined to the staff team to ensure a clear and consistent approach is being implemented to protect all of the young people. Regular reviews of the agreed measures must take place, with necessary updates to safety planning happening without delay.

Inspectors found that there was still no service audit process for behaviour management which was highlighted in previous inspections within the organisation as a requirement for the service, although they were advised this was still under development. Weekly operations reports captured some details of SENs, complaints, and Child Protection Welfare Report Forms (CPWRFs) that were submitted. SENs and risks were also being captured in monthly monitoring visits that were being carried out by the director who had stepped in to the regional manager role while they were on a period of statutory leave, and there was a section for identifying trends regarding SENs.

Restrictive practices were in place where required and being regularly reviewed. Inspectors found the template for recording restrictive practices covered key areas such as those consulted and review timelines, however inspectors found some unnecessary recording of natural consequences in the restrictive practice log, such as the temporary removal of games devices or pocket money sanctioning for property damage.

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

- Centre management must ensure all staff are clear on positive behaviour management policies. This includes revisiting the centre's behaviour management policies, including the bullying policy, with the staff team to ensure they have up-to-date knowledge and skills appropriate to their role, know how to respond to bullying incidents in line with centre policy, and are aware of the signs and symptoms of bullying.
- Centre management must ensure all supporting documents for young people are robustly overseen and updated. This includes Individual Crisis Support Plans (ICSPs), Positive Behaviour Support Plans (PBSPs), Absence Management Plans (AMPs), and Individual Risk Management Plans (IRMPs), ensuring they capture emerging issues and concerns with clear control measures for the staff team to follow.
- Centre management must ensure the agreed safety plan from the multi-disciplinary meeting is clearly outlined to the staff team. Regular reviews of the agreed measures must take place, with necessary updates to safety planning happening without delay to protect all young people.
- The registered proprietor must develop and implement a service audit process for behaviour management.

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 a clear leadership structure in place. There was a centre manager, a deputy centre manager, and a social care leader within the centre, with the regional manager role currently being occupied by the director as a contingency measure. This was acknowledged as a necessary and unavoidable step due to unforeseen recruitment issues with the regional manager post after they took their period of statutory leave. Despite the service recruiting for this post, the successful applicant never began the role, leading to the director temporarily occupying this role to maintain the governance structure of the organisation.

However, the director acknowledged the challenges this brought in terms of their own lack of direct experience in such a role in a children's residential care setting. They were being supported on an ad hoc basis by the regional manager who was on statutory leave, as well as by the wider management team, while actively recruiting for a person for this role. Despite these challenges, inspectors received feedback from the care team that they felt well supported by the management structure and found the management team to be available and approachable.

The care team had some understanding of their roles and responsibilities within the centre and had all received job descriptions outlining the same. However, it was evident to inspectors that a large number of the team had not had direct children's residential care experience. This placed significant demands on the centre and deputy centre manager, requiring them to take a much more hands-on approach in the centre while they developed the competency level of the care team.

It must be noted that the care team were all found to be eager learners and were enthusiastically engaged in the process of their professional development and adapting to children's residential care where required. However, ongoing support will be required for the centre management team while this developmental process is taking place. The centre manager spoke of the support they received from their peers

from sister centres. However, they have also recently notified the director of their intention to step down to a deputy manager post. While they are willing to await the recruitment of a replacement to their post, it is important that they are appropriately supported during the recruitment process and with the management of the centre until such a time as a suitable replacement is found. Given the acknowledged gaps in experience from both the care team and senior management, formalising a support mechanism with the wider management team may assist with this in the interim.

Inspectors noted that while Significant Event Review Groups (SERGs) were being conducted, the services auditing plan was not being well implemented. Centre and senior management acknowledged they were behind on the auditing plan and noted to inspectors that a new role was being recruited to enhance compliance and make the system more robust. This demonstrated to inspectors' the reflection on service provision and addressing areas internally requiring enhancement.

Inspectors found that staff were unclear about findings from any of the audits that had taken place, along with the findings of monitoring visits and the operations reports submitted to senior management. These findings need to be brought to the team for shared learning and development. Only one SERG meeting was seen for the eldest young person's Missing Child from Care (MCFC) incidents, and no SERG had been conducted either in-house or organisationally following the group dynamic/bullying incidents mentioned earlier in this report.

Inspectors raised this with centre and senior management, who advised that the in-house SERG would be carried out without further delay and that a date was planned for the organisational one. Inspectors subsequently received evidence of the in-house SERG taking place. However, it is important that centre management continues to implement the systems available to them to reflect on and learn from serious incidents that take place in the centre.

A Service Level Agreement (SLA) was in place for the organisation, and the centre was added to this with the NPT contract. As part of this contract, inspectors were advised the service was providing the NPT with Key Performance Indicators (KPIs) as part of the contract review process to demonstrate how they are in compliance with relevant legislation and the National Standards for Children's Residential Centre's (HIQA, 2018).

The policies and procedures documents were reviewed bi-annually or as required with the next scheduled update not until 2026. However senior management noted they receive feedback from centre teams and monitor legislative and regulatory changes that take place and make changes accordingly as the need arises.

A risk management framework was in place, with associated risk matrix, registers, and risk assessment templates. Inspectors could see a variety of centre risks and young people-specific risks identified and documented. Matters such as staff training deficits were well captured in the centre risk register. As noted previously, some of the young people-specific risks were being updated by hand in some instances, such as the group dynamic issue. Inspectors found that details of these updates were insufficiently recorded to capture the full detail of risk and all required control measures. Additionally, the risk rating was not reviewed when updating with handwritten information, despite an obvious and apparent escalation of the risk concern. It is essential to robustly risk assess known and emerging concerns and clearly document control measures and safety plans for staff to understand how to respond. Inspectors also found that the care team did not have robust knowledge of the risk management framework, and centre management acknowledged this deficit. Centre management must ensure the risk management framework and associated risks are reviewed and updated with the care team to ensure clear understanding and consistent responses to identified risks in the centre.

A delegation list template was in place; however, centre management named to inspectors that it was not being fully utilised. Despite this, the team were found to be fully aware of the deputy manager being in situ while the centre manager was on leave and of the assigned tasks and roles in the centre. They were also familiar with senior management visiting the centre regularly.

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 registered proprietor must implement a formal support mechanism with the wider management team. This will assist in addressing the gaps in experience from both the care team and senior management during the interim period.
- Centre management must ensure the auditing plan is well implemented. This includes conducting Significant Event Review Groups (SERGs) as required and ensuring findings from audits, monitoring visits, and operations reports are shared with the team for learning and development.
- Centre management must ensure the risk management framework is robustly implemented. This involves reviewing and updating the risk management framework and associated risks with the care team to ensure clear understanding and consistent responses to identified risks in the centre.

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.

Inspectors found that there was a dedicated department to assist with workforce planning and recruitment, and that they regularly engaged in reviewing the needs of the organisations staffing requirements. Inspectors were informed of multiple roles being actively recruited for at the time of inspection, such as centre management, regional management, and compliance roles. The regional manager was expected to return to post following their statutory leave period in July 2025.

The centre was found to have sufficient numbers of staff to meet the regulatory requirement on minimum staffing; however, some of the care team noted to inspectors that the current needs of the group required additional staffing. Inspectors queried this with the centre and senior management, who stated that they felt there were sufficient team members to meet the current needs in the centre. However, inspectors recommended reviewing how staff numbers were impacting the team in day-to-day practice given the comments made to inspectors. It was also worth reviewing the staffing quota for the current needs of the centre now that there were four young people in placement.

Inspectors also sought clarification on how additional staffing would be delivered if required in line with the multi-disciplinary reviews of the group dynamic issue in the centre. Senior management informed inspectors that they believed they had sufficient numbers of personnel to meet this requirement should they need to implement it.

As noted earlier in this report, there were notable differences in levels of experience for a large portion of the care team with regards to direct residential childcare work. Additionally, the director, who was occupying the regional manager's role, was transparent in identifying the deficits in their own knowledge and experience regarding this role. Given the acknowledged deficits in experience and the previously mentioned demands on centre management for upskilling and developing the team, inspectors recommend that a formal method of support be considered for the centre management team from the wider management group while the recruitment procedures take place to address the regional manager role and while the team are being upskilled.

Staff were found to support each other by picking up extra shifts to help when annual leave or sick leave occurred. They were also supported by one relief member and the sister centres' relief panel.

Inspectors were advised of staff retention initiatives in place, such as the Employee Assistance Program (EAP), wellbeing initiatives, and training/support offered to the care team. The team spoke highly of working in the service and of the support they felt, as well as the genuine care they see in practice for young people being a motivating factor for working there.

A procedure was in place for on-call support, accessible 24/7. Inspectors noted one incident where there was a slight delay in the on-call manager responding to staff, however the centre manager was accessible on phone and responded promptly to support the team.

Compliance with regulations	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1
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

- No actions identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must improve the tracking and recording of key work tasks by clearly assigning tasks, updating completion dates, and accurately documenting progress in IPPs and key work calendars. Additionally, they must develop a formal method to include young people and their families in the IPP process, ensuring their input is captured and social workers are involved.	Centre management will reinforce the key working process with staff within the home at the team meeting on 30 th April 2025 to ensure that key work tasks are assigned to staff with completion dates noted and that following completion these key works are accurately documented in IPP's and key work paperwork. The IPP form has also been revised by centre management to ensure that the voice of the young person, their family and their social work team have been sought and documented prior to the IPP meeting.	Key work processes and the implementation of same will be on the agenda of the next two monthly managers meetings to ensure that managers are ensuring consistent execution of key work allocation and updating of IPP's. The compliance support manager who starts post at the end of April 2025 will audit each home's IPP process monthly and will report any shortfalls or deficiencies to the home manager and the senior management team. Corrective action will be implemented and reviewed by the compliance support manager
	Centre management must ensure all staff are well trained in the model of care. Training should be tailored to the needs of new learners and aimed at	A recognised model of care has been adopted by the company, and the organisation is following a 3-year implementation schedule. In addition to	Senior management have identified the need for a model of care champion within the company who will act as a support to management and staff on the

	<p>their level of experience, ensuring staff are equipped to implement the model effectively.</p>	<p>the program of training delivered by the organisation behind the model of care, the company has now implemented its own model of care training module which will be delivered to all staff as part of their induction. Managers delivering this module will tailor it to the staff members level of experience to ensure that they are equipped to effectively implement the model of care. This training module has been implemented with immediate effect and is being delivered by home managers to all new starts to the home.</p>	<p>implementation of the model of care and its application. The organisation has identified a manager from the wider team for this role who will take up this role in September 2025. In the interim they have committed to doing some individual work with each team.</p>
	<p>Centre management must implement additional safety measures for young people with identified capacity and cognitive functioning concerns. This includes conducting assessments and ensuring interim safety measures are in place to address group dynamics and bullying.</p>	<p>Going forward, where issues with capacity are identified, home management will work with the respective social work teams to request additional supports and implement any additional safety measures required to address issues with group dynamics and ensure the safety of all young people. This process has been implemented with immediate effect. Centre management made a request to one of the social work teams on 10/04/25</p>	<p>Senior management have revised the admission process to ensure that the home receives a more comprehensive assessment of need prior to admission. As part of the admission process a capacity questionnaire will be forwarded to the young person's social work team immediately after placement acceptance. Admission will not progress until the completed form has been returned. Where capacity concerns are identified</p>

		<p>requesting an assessment of need through their young person's GP. A safety plan has been implemented with immediate effect in the centre to address group dynamics and bullying and this has been shared with all staff and been discussed at handover and during team meetings.</p>	<p>management will ensure that safety measures are established to address group dynamics and bullying.</p> <p>Senior 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.</p>
	<p>Centre management must conduct a comprehensive bullying intervention with all young people in the centre. This should be done without further delay to ensure all young people understand their rights and how to raise concerns about bullying.</p>	<p>Bullying and group dynamics are being addressed by the care team in young people's meetings. Key working on bullying has been allocated by centre management for completions with all young people, including cyberbullying for all young people that have access to devices. Centre management will ensure these items have been thoroughly addressed in young person's meetings and all associated key works completed by 30th April 2025. The centre has also received guidance by the organisation's occupational therapist on key work which</p>	<p>Senior management will ensure that group dynamic and bullying remain on the agenda at handover and team meetings and that staff are supported to implement safety plans and ongoing key works with young people through regular oversight and monitoring of centre practice as part of their centre visits.</p>

		will be implemented as part of the process.	
3	<p>Centre management must ensure all staff are clear on positive behaviour management policies. This includes revisiting the centre's behaviour management policies, including the bullying policy, with the staff team to ensure they have up-to-date knowledge and skills appropriate to their role, know how to respond to bullying incidents in line with centre policy, and are aware of the signs and symptoms of bullying.</p> <p>Centre management must ensure all supporting documents for young people are robustly overseen and updated. This includes Individual Crisis Support Plans (ICSPs), Positive Behaviour Support Plans (PBSPs), Absence Management Plans (AMPs), and Individual Risk Management Plans (IRMPs), ensuring they capture emerging issues and concerns with</p>	<p>Centre management will review the behaviour management policy and bullying policy with staff during the team meeting on 30th April. The policy will also be reviewed periodically at handover with immediate effect to ensure that the staff have a working knowledge of the policy, can implement positive behaviour strategies and identify and respond to bullying behaviours in line with centre policy.</p> <p>The home and deputy home manager have reviewed with immediate effect all ICSPs, PBSPs and IRMPs to ensure that they are capturing emerging issues and detail clear control measures for the staff team to follow. These documents will be regularly reviewed by centre management to ensure they are update as and when required.</p>	<p>Senior management will ensure regular review of behaviour management policies, and the bullying policy is happening during team meetings and on an ongoing basis and during supervisions to ensure the team have a clear understanding of same. This will be assured through regular centre visits and oversight of centre records.</p> <p>The compliance support manager who starts post at the end of April 2025 will audit each home monthly to appraise the quality of reports and young people's supporting documents. Where deficiencies are identified these will be shared with home management and senior management and a corrective action with timelines agreed. Risk matrix to be attached to all IRMPs for ease of reference.</p>

	<p>clear control measures for the staff team to follow.</p> <p>Centre management must ensure the agreed safety plan from the multi-disciplinary meeting is clearly outlined to the staff team. Regular reviews of the agreed measures must take place, with necessary updates to safety planning happening without delay to protect all young people.</p>	<p>The current safety plan has been reviewed by home management and distributed to the staff team to ensure that all staff are aware of the risks, the current safety plan and the steps to be followed to manage risks and keep young people and staff safe. This safety plan will be reviewed monthly or sooner if there is any increase in behaviours or significant events.</p> <p>Home Management are scheduling weekly MDT meetings with all young peoples social work teams to review safeguarding concerns and supports. These meetings are currently taking place weekly and will continue until the risk reduces considerably and only on the agreement of all young peoples social workers</p>	<p>Home management will keep the current safety plan under review to ensure it is relevant and reflective of current risks. All staff will be made aware of any updates or changes to safety plans through discussion at handovers, supervisions and team meetings.</p>
	<p>The registered proprietor must develop and implement a service audit process for behaviour management.</p>	<p>The organisation is currently developing a service audit process for behaviour management which will aim to</p>	<p>The compliance support manager who is starting post at the end of April 2025 will oversee the service audit for behaviour</p>

		<p>systematically address the effectiveness of each homes approach to addressing challenging behaviours.</p> <p>The organisations senior management team are in consultation at present to develop the most effective methods for audit and aim to start this audit process at the beginning of June 2025.</p>	<p>management once developed and will report findings and recommendations to the senior management team monthly</p> <p>The organisations behaviour management policy will be reviewed every three months at team meetings (along with matrix guidance) for group clarification, discussion and understanding.</p>
5	<p>The registered proprietor must implement a formal support mechanism with the wider management team. This will assist in addressing the gaps in experience from both the care team and senior management during the interim period.</p>	<p>Senior management are prioritising the need for increased support mechanisms for the wider management team. Our compliance support manager is starting post at the end of April 2025 and their role has been designed to provide support to home managers ensuring compliance with standards and risk management processes whilst assisting each home to complete the company's audit schedule. Recruitment is also ongoing for a regional manager, and we will conduct thorough interview and assessment of candidates to ensure that we have the best possible supports to our management team.</p>	<p>The senior management team will ensure that strategic forecasting and a review of management supports are tabled on the agenda of monthly SMT meetings.</p>

	<p>Centre management must ensure the auditing plan is well implemented. This includes conducting Significant Event Review Groups (SERGs) as required and ensuring findings from audits, monitoring visits, and operations reports are shared with the team for learning and development.</p>	<p>Centre management have undertaken several audits in April 2025 and will continue with the company's audit schedule over the coming weeks and months. The acting regional manager will visit the home monthly to check the centres adherence to the audit schedule and to provide feedback to the management and the wider team. In addition to this, the compliance support manager, when in post, will assist centre management with the audit process and will report to the senior management team, when audits are not being completed in line with the audit schedule and assist with corrective action. Learning from audits and SERGs will be brought to the team for shared learning in team meetings also.</p>	<p>Monthly monitoring visits by senior management will report on the centre's adherence to the company's audit schedule and the compliance support manager will offer support to managers in completing these audits and ensuring learning is shared from same with the team.</p>
	<p>Centre management must ensure the risk management framework is robustly implemented. This involves reviewing and updating the risk management framework and associated</p>	<p>With immediate effect centre management will prioritise ensuring the robust implementation of the risk management framework. The risk matrix will be attached to all IRMP's and held in the</p>	<p>The risk management framework and its implementation will be on the agenda at the next management meeting on 29th April 2025 and the process for review and update of the framework and associated</p>

	risks with the care team to ensure clear understanding and consistent responses to identified risks in the centre.	centre's live folder for staff reference. The risk management framework will also be reviewed at the team meeting scheduled for 14 th May 2025 to ensure a clear understanding and consistent responses to identified risks in the centre.	risks will be impressed on managers. The risk management framework will be reviewed at every monthly monitoring visit to ensure it is effectively implemented and understood by the care team. The compliance support manager will also review the centres risk management process monthly and will support managers to keep the framework current and reflective of risk.
6	No actions identified.		