An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 305

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**Care Ireland**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced**
Date of inspection:	**4th, 5th, 6th March 2026**
Registration Status:	**From the 30th May 2025 to the 30th May 2028**
Inspection Team:	**Cora Kelly** **Kelly Murphy**
Date Report Issued:	**20th of May 2026**

Contents

1. Information about the inspection process

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

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

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

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

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

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 30th May 2025. 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 to provide medium to long term care and accommodation to four separated children seeking international protection (SCSIP) aged 13-17 years on admission. The centre was implementing a trauma informed, attachment-based and outcome focused model of care designed to support the well-being and development of traumatised young people. There were four children living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2

Inspectors looked 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 worked 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, all three allocated social workers and other relevant professionals. Inspectors consulted with the four children living in the centre. 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 department on the 1st April 2026. 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 service director returned the report with a CAPA on the 15th April 2026. 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: 305 without attached conditions from the 30th May 2025 to the 30th May 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 11: Religion
Regulation 12: Provision of Food and Cooking Facilities
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The centres suite of policies and procedures contained information about the care and supports available to young people living in the centre. On the agency's review of the policy document in February 2026 updates were made to the policies on children's rights and consultation with young people with the addition of a new policy, the use of translators and interpreters. Whilst the scope and purpose of that policy was outlined the inspectors found that it lacked procedures on how it is to be implemented in practice. The inspectors recommend this is included in the next policy review process. Further information that protected children's rights was included in the young persons handbook that is given to children on their admission to the centre. All information was found to comply with the United Nations (UN) Convention on the Rights of the Child. Staff in interview demonstrated a sound knowledge of how they promoted and protected the rights of children with examples of this named to the inspectors. All four young people who individually met with the inspectors stated they had received information about their rights, that was made available to them in their own language and in the English language, and that staff talked to them about their rights too. Key working records and young people meeting records verified this work which was completed by staff in a respectful and caring manner. Inspectors observed this alongside each young person who spoke with the inspectors stating this too. Each young person stated staff and the centre manager were easy to talk to and that they listened to them. Interpreters were available when required including one provided to accommodate one young person meeting the inspectors. All three social workers allocated to the four young people spoke positively of staff practices in advocating for the children and promoting their rights.

It was evident that each young person was facilitated to exercise their civil, legal and religious rights, make informed decisions about their care and were provided with

appropriate information. Each young person had attended their initial statutory child in care review for their current placement, had their views heard and were actively involved in making decisions about their care and preferences for example attending educational settings of their choice.

All four young people stated their dietary requirements, social, cultural and religious beliefs were met daily in the centre. Foods of their choice was made available with each young person having opportunities to cook meals for themselves and for their peers. Staff had facilitated the young people in establishing positive social interactions at mealtimes and activities. With staff support, all four young people were actively pursuing sports and hobbies of their choice for example cricket and badminton. The daily routines of the centre supported each young person's religious beliefs with each young person stating to the inspectors they had what they needed and items requested by them had been purchased by the centre. At the time of the inspection staff were supporting the young people's religious beliefs.

The young people were provided with information and contact details on support services available them for example Empowering People in Care (EPIC), and the Ombudsman for Children. An EPIC worker had visited the young people in the centre, and a named advocate was available to them if they wished to contact them for support. A member of the Ombudsman for Children's services also visited the young people in the centre house and held a workshop on children's rights that was facilitated by an interpreter.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 11** **Regulation 12** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 1.1**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- None identified.

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

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The inspectors found that improvement was required in how the centre was safeguarding and protecting all young people living in the centre. On review of the centres child protection policies, procedures and practices the inspectors found that further development of guiding policies and procedures was required with centre practices not aligning to legislation and centre policies. In compliance with a requirement of Children First: National Guidance for the Protection and Welfare of Children, 2017 the centres child protection policy was last reviewed and updated in February 2026 with further reviews to occur annually. The most recent update included the addition of a policy on 'child safeguarding and child sexual exploitation (CSE)'. Following the inspection the centre manager provided the inspectors with a document that outlined the centres 'system for recording young person child protection–related matters below the reporting threshold'. There was no reference to this within the overall suite of policies and procedures.

Policies guiding practice included procedures for working safely with children and young people for example complaints, recruitment and selection, bullying and harassment, lone working, protected disclosures and responding to a concern about a staff member. The bullying and harassment policy was found to include procedures for responding to instances of bullying. The inspectors were informed that bullying amongst young people had not been a feature in the centre since it opened in July 2025, nor was there any evidence to suggest it was. On review of the recruitment and selection policy the inspectors identified that international police checks were not included for those who lived outside of the jurisdiction as a requirement to be undertaken alongside Garda vetting checks. The inspectors reviewed a sample of staff personnel files and found that police checks were secured when required. The inspectors recommend that the policy is updated to reflect recruitment practice.

The inspectors found that all reporting procedures required further development as they lacked specific guidance in how an allegation or concern is required to be reported and managed in line with legislation and national guidance with some information repetitive throughout. These related to the procedures for mandated

reporting, non-mandated reporting, responding to possible child sexual exploitation (CSE) and reasonable grounds for concern. Clear procedures for responding to retrospective disclosures were not included.

In compliance with the Children First Act (2015) the centres child safeguarding statement (CSS) was up to date, signed and prominently displayed in the centre. The contact details of the centre manager as the appointed relevant person and designated liaison person (DLP) were stated on the statement. They and the deputy manager as the deputy DLP had been provided with relevant training for the role. Presenting risks were found to have been appropriately included in the statement. The full staff team were listed as mandated persons which aligned to centre policy with those interviewed during the inspection were aware of their mandated obligations. The centre manager confirmed with the inspectors that they along with the deputy manager and four staff had applied for registration as social care workers with the Health and Social Care Professionals Council (CORU) in accordance with Part 4 of the Health and Social Care Professionals Act, 2005 and were awaiting an outcome. There was no member of the staff team with CORU status. The registered provider must review the centres list of mandated persons to ensure it aligns to legislation.

Staff had completed the mandatory Tusla E-Learning module: Introduction to Children First, 2017, in addition to modules on implementing Children First and Children First in Action, Children First: Mandated Person role and responsibilities training and CSE online training. Staff had not been provided with child protection training by the agency. Supplementary training provided to staff included managing sexualised behaviours and human trafficking awareness.

The inspectors found that child protection welfare report forms (CPWRF's) were not submitted appropriately and those holding mandated responsibilities failed to fulfil their statutory obligations. In line with their DLP role and management duties the centre manager held responsibility for ensuring that child protection concerns were recognised, reported and managed in line with legislation and national guidance. The inspectors found on review of the young people's care records that three CPWRF's were not submitted to Tusla via the online portal. Notification of significant events (SEN's) were completed for these three concerns. While the centre had contacted the social work department to discuss the concerns, they did not submit CPWRFs, which was not in line with centre policy. Following the inspection the centre manager provided the inspectors with details of the centres register for recording concerns that did not meet the threshold for reporting where the three concerns mentioned

above were recorded. All other concerns recorded in the centres register of CPWRF's were found to have been submitted appropriately. The registered provider must ensure that centre staff are aware of their duty to report allegations or concerns under reasonable grounds for concern or as mandated persons as per legislation.

The centre was working in collaboration with the young people, their families and allocated social workers to promote the safety and wellbeing of the young people. For young people separated from their parents and families it was positive to see parental input at child in care reviews and other meetings scheduled for the young people to discuss their ongoing needs and identify supports they required. In consultation with the young people staff were liaising directly with parents through regular phone contact. There was evidence of strategy meetings, professional and safety planning meetings being scheduled in response to behaviours presented by young people. Social workers in interview spoke positively of collaborative work with the centre and of the centre manager being proactive in responding to feedback and suggestions by them.

All four young people told the inspectors that the centre manager, their key workers and staff were supporting them to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The format of the model of care was guiding the work with samples of this found on each young person's care records. There was evidence of the four young people being supported to speak out if they felt unsafe with the centre taking appropriate steps in instances where this had occurred.

Each young person's vulnerabilities had been identified and were being responded to by way of individual support plans for example safety plans and risk assessments. On review of a sample of safety plans there was inconsistencies in how they were implemented. Information contained in one safety plan was found to have been incorrect with errors in dates found too. They lacked specific detail for example why the risk was causing concern; potential outcome of the risk not identified with steps for staff to follow to manage the risk was not clear. The inspectors found that a few safety plans were in place in response to the same risks/ concerns.

Inspectors found that improvement was required in the risk management process with respect to preadmission, impact and individual risk assessments. Preadmission risk assessments did not include known risks from the young people's previous placement provider. Impact risk assessments did not specify risk levels, control measures were not named, and there was a lack of specific detail that outlined the

impact of identified behaviours on the other young people living in the centre. The format of the risk assessment record did not allow for reviews of risks, one of the deficits of this included the inspectors not being able to determine if they were open or closed. Like the safety plans most of the completed risk assessments related to the same risk, meaning multiple records were held on the young people's care records. Deficits were found in how risks were assessed, of them not aligning to information held on the centre risk register and risk ratings recorded on a sample of SEN's reviewed by the inspectors varied for the same presenting risk behaviours.

The inspectors reviewed risk assessment records that related to an incident where there were significant child protection and safeguarding concerns. There was no mention of individual bedroom alarm/ sensors, a house alarm, CCTV, or window alarms/ sensors being discussed following the incident. Nor had they considered them required for this centre at the time of the young people moving to the centre or in response to this incident and others that had occurred. Two social workers were not aware that bedroom alarms/sensors were not in place.

The area manager held responsibility for overseeing, monitoring and auditing centre practices and producing quality improvement plans. The audit of 3.1 of the National Standards for Children's Residential Care, 2018 (HIQA) which was completed in January 2026 did not include all the criteria under standard 3.1 and there had been no areas of non-compliance identified.

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	**3.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must further develop the centres safeguarding policies and procedures to ensure they align with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.

- The registered provider must ensure that staff are fulfilling their reporting responsibilities in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.
- The registered provider must review the centres list of mandated persons to ensure it aligns with statutory requirements.
- Centre management must ensure that individual safeguards to protect young people are robust in responding to and managing identified risks.
- To ensure continuous quality improvement and having a robust child protection system the registered provider must ensure that effective arrangements for monitoring and auditing centre practices are in place.

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.

There had been changes to the centre's organisational structure since it opened in July 2025. The updated structure comprised of a registered provider, a newly appointed service director who commenced their role the week of this inspection, a proprietors governance committee, a layer that included an area manager, a social care manager (part-time in this centre) and an external model of care consultant. The centre manager was supported by a deputy manager, a team leader and six full-time and three part-time social care workers. The inspectors found the structure confusing as it was not clear who line managed the centre manager and the position of the PGM was not specific. There was no mention of the second director or of two directorates in the updated paperwork provided to the inspectors with their role or responsibilities to the centre not clear. The inspectors reviewed the centres statement of purpose and found that it did not comply with its own guiding principles outlined in the statement of purpose and function policy. The capacity of the centre, the age range and gender of young people admitted to the service and the management, and staff employed in the centre were not included in the statement.

When the registered provider applied to register the centre with ACIMS in May 2025 staff personnel files for those named in the application form were approved by

ACIMS as part of the registration process. As part of this inspection process the centre manager was required to complete a staff information form, a record that named all staff working the centre at the time of the inspection including relief staff and those who left since the centre opened. On review of both forms the inspectors found that two staff currently working in the centre had been approved as part of the registration process. Of those staff who commenced working in the centre in July 2025 four had remained in the centre. A total of seven staff had left the centre over a six-month period, with internal transfers and moving away being cited as the reasons for their departure. Of these a total of four staff left within a three-week period with three transferring to another centre within the agency on the same day. Social workers in interview were aware of the staff turnover stating one implication of it included the changes in key workers appointed to the young people.

The internal management structure would benefit from a review to ensure it is suitable to the size and purpose and function of the centre. The qualified centre manager, as the appointed person in charge also held person in charge responsibilities for the agency's sister centre located next door to this centre and they divided their working hours between both centres. They were supported by a full-time deputy manager who acted up in their absence and worked normal office hours Monday to Friday and a team leader. Delegation of tasks arrangements to cover the centre manager's time on leave were in place for the deputy manager and team leader.

As mentioned above the centre manager divided their working week between this centre and the sister centre located next door. In interview with the inspectors they stated they demonstrated their leadership and management of staff through their oversight of centre records and young people's care files, at weekly team meetings, during supervision to all staff (for the two centres) and attendance at the young people's statutory meetings and ongoing professional/ strategy meetings for all young people. They attended the newly implemented weekly management meetings and fortnightly proprietors' governance meetings. They or the deputy manager did not usually attend handover meetings that occurred twice daily, mornings and evenings. With just one team leader in place centre management attendance at these meetings was very limited. The four young people told the inspectors that the centre manager was accessible to them with evidence of the centre manager engaging with the young people regularly across their care files.

The inspectors reviewed a sample of team meeting minutes and found little or no recorded discussion on several pertinent areas for example care plans, placement

plans, key working, individual support plans, risk assessments, SEN's and safeguarding. The agenda did not include a number of these areas as standard items for discussion. The centre manager held responsibility for providing the deputy manager and eight staff with supervision every six weeks in addition to the staff team in the sister centre. The registered provider must consider the sustainability of this in addition to the centre managers overall responsibilities for both centres.

The inspectors did not see evidence of the centre managers oversight or feedback provided to staff across several documents reviewed for example daily logs and key working records. The centre manager stated that staff practices are discussed during the supervision process. Record keeping and report writing required improvement with lots of records unheaded, undated or incorrect dates and for other records it was not clear who completed them. The centre manager had directed staff to complete records in full at team meetings.

The centre manager reported to the area manager as their line manager who provided them with supervision and visited the centre weekly. The centre manager was tasked with providing them with monthly governance reports, a quantitative report in style that included areas such as staffing and personnel file reviews, training, health and safety and residents information. The inspectors did not see evidence of the area managers oversight of centre practices on matters relating to the operational running of the centre or care and support provided to the young people. In addition to providing the centre manager with regular supervision their other responsibility included completing quarterly audits and an annual quality improvement plan (QIP). The single audit provided to the inspectors, that examined aspects of three standards, was incorrectly titled as a QIP and was not aligned to the relevant criteria outlined in the National Standards for Children's Residential Care, 2018 (HIQA). There had been no areas on non-compliance identified.

The centres approach to risk management was outlined in the policy on risk management and policy on corporate risk assessment with procedures for both stipulated within the policies. On review of these the inspectors found that the policies lacked clarity with many risk management aspects confusing and hard to follow. It was stated in policy that the centre manager and the registered provider were accountable for the risk management arrangements within the centre. The area manager was also found to have a role too, though this was not stated in policy. The types of risk assessments in place included preadmission, individual, environmental, staff and corporate risk assessments. The preadmission was misunderstood as an impact risk assessment with the deficits in practice for these assessments discussed

under 3.1 of this report. There was mention of a risk matrix in the corporate risk assessment policy, however, the format of the individual risk assessment record did not include a risk rating section or allow for reviews of risks. There had been no risks recorded on the corporate risk register. It was stated in policy that completed risk assessments populate the centre risk register; however, this was not occurring in practice. Other findings included risk ratings not aligning to presenting risks with control measures not adequately responding to presenting risks. The staff team had been provided with basic first aid training. However, under health and safety legislation an appropriate number of staff are required to be provided with First Aid Responder (FAR) training. This is a centre risk that must be responded to.

The centres policies and procedures were last reviewed and updated in February 2026 and there was reference to a new policy review group comprising of centre managers within the agency being established. Revisions had been made to eight policies including those on complaints, key working, children's rights and admissions. Two new policies were introduced: a policy on child safeguarding and child sexual exploitation and a policy on the use of interpreters. In follow-up to senior management direction there was evidence of policies being discussed at team meetings. As mentioned under 3.1 the centre's safeguarding policies required further development with risk management policies requiring refining too to ensure clear structures are in place for the effective identification, assessment and management of risk.

There was an up-to-date service level agreement in place with Tusla, Child and Family Agency.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None**

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 effective leadership is provided across all management levels so that child centred, safe and effective care and support is delivered.
- The registered provider must continuously review the internal management structure to ensure it is appropriate to the purpose and function of the centre.
- The centre manager must develop team meetings to ensure they are robust and a learning forum to include regular discussions on the areas identified in this report.
- The registered provider must strengthen its governance arrangements to ensure that the quality, safety and continuity of care provided is regularly assessed and reviewed to inform improvements in practices.
- The registered provider must review its current risk management processes to ensure that a robust system is in place and risks are managed effectively.
- The registered provider must ensure that a relevant number of staff are provided with First Aid Responder training.
- The registered provider must ensure operational policies and procedures align to legislation and the national standards, are clear and that staff have a good knowledge of operational policies and procedures.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered provider must further develop the centres safeguarding policies and procedures to ensure they align with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. The registered provider must ensure that staff are fulfilling their reporting responsibilities in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.	**Action:** All centre safeguarding policies and procedures will be reviewed and updated to ensure they align with Children First legislation and guidance. **Proposed Timescale:** 31/05/2026 **Person Responsible:** Service Director **Action:** All safeguarding reporting procedures will be reviewed and aligned to Children First legislation and guidance. **Proposed Timescale:** 31/05/2026 **Person Responsible:** Service Director **Action:** The organisation will provide child protection and child sexual exploitation training to all staff. **Proposed Timescale:** 30/06/2026 **Person Responsible:** Service Director	**Action:** A policy review group will be established, and annual review of policies and procedures will take place. **Proposed Timescale:** First review complete - 31/01/2027 **Person Responsible:** Service Director **Action:** Child protection and safeguarding will be standing item on staff meetings agenda, and each policy and procedure will be discussed individually. **Proposed Timescale:** Ongoing **Person Responsible:** Person in Charge **Action:** Regular review of centre case and care records to ensure all child protection and welfare concerns are dealt with appropriately. **Proposed Timescale:** Ongoing

	The registered provider must review the centres list of mandated persons to ensure it aligns with statutory requirements.	**Action:** Service Director, on behalf of Registered Provider, has reviewed the current list of mandated persons, and it now aligns with statutory requirements, see attached. **Proposed Timescale:** Complete **Person Responsible:** Service Director	**Person Responsible:** Person in Charge and Area Manager **Action:** Centre staff training records will be reviewed regularly and discussed in supervision with Person in Charge. **Proposed Timescale:** Ongoing **Person Responsible:** Area Manager **Action:** Staff's individual training needs will be addressed through supervision and training identified will be provided. **Proposed Timescale:** Ongoing **Person Responsible:** Person in Charge **Action:** If there are any changes to the staff team in the centre, the list of mandated persons will be reviewed and amended, if applicable. **Proposed Timescale:** Ongoing **Person Responsible:** Person in Charge **Action:** Every quarter the mandated person list will be reviewed by senior management, to ensure compliance with

	Centre management must ensure that individual safeguards to protect young people are robust in responding to and managing identified risks.	**Action:** Practices around safeguarding will be reviewed by centre management by reviewing individual incidents and in significant event review meetings. Any actions coming from such reviews will be addressed and followed up. **Proposed Timescale:** Ongoing **Person Responsible:** Person in Charge	statutory requirements. **Proposed Timescale:** At the end of every quarter. **Person Responsible:** Area Manager **Action:** Individual safeguards will be reviewed by senior management and any gaps addressed. **Proposed Timescale:** Ongoing **Person Responsible:** Area Manager
	To ensure continuous quality improvement and having a robust child protection system the registered provider must ensure that effective arrangements for monitoring and auditing centre practices are in place.	**Action:** In addition to strengthening in the line management governance structure, the quarterly quality improvement plan and annual quality assurance plan will be completed to inform both good practice and gaps in centre practice. **Proposed Timescale:** Ongoing **Person Responsible:** Service Director	**Action:** Learning from audits are identified and implemented throughout the organisation. **Proposed Timescale:** Ongoing **Person Responsible:** Service Director

5	The registered provider must ensure that effective leadership is provided across all management levels so that child centred, safe and effective care and support is delivered. The registered provider must continuously review the internal management structure to ensure it is appropriate to the purpose and function of the centre.	**Action:** The appointment of a service director will strengthen the oversight and leadership of the delivery of a child centred, safe and effective care and support. **Proposed Timescale:** In place **Person Responsible:** Registered Provider **Action:** With the appointment of a second team leader to the staff team, the supervisory structure will be delegated within the roles, i.e. the centre manager will only supervise the deputy centre manager, who then will supervise the two team leaders. The team leaders will hold the supervisory responsibilities of the social care/residential care staff. **The Proposed Timescale:** 31/05/2026 **Person Responsible:** Service Director **Action:** A deputy centre manager and two team leaders will be allocated to both centres. This will strengthen the internal management structure and support the	**Action:** Ongoing review of the effectiveness of leadership, through established organisational processes. **Proposed Timescale:** Ongoing **Person Responsible:** Registered Provider **Action:** Roles and responsibilities in the centre will be reviewed ongoing, to ensure the lines of responsibility is effective. **Proposed Timescale:** Ongoing **Person Responsible:** Service Director **Action:** Roles and responsibilities of the centre manager will be reviewed ongoing, to ensure it is sufficient and appropriate to the purpose and function of the two centres. **Proposed Timescale:** Ongoing **Person Responsible:** Service Director

		centre manager in their role and responsibilities. **Proposed Timescale:** 31/05/2026 **Person Responsible:** Service Director	
	The centre manager must develop team meetings to ensure they are robust and a learning forum to include regular discussions on the areas identified in this report.	**Action:** Team meetings will be in person and part of the roster. There will be a set agenda for the team meetings, to include care plans, placement planning and key working, child protection, complaints, significant events, health and safety, policies and procedures, learning from ACIMS inspection. **Proposed Timescale:** 15/05/2026 **Person Responsible:** Person in Charge	**Action:** Quarterly review of team meeting to ensure the agenda is followed and that the meetings include robust discussions and actions with follow-up. This will also include senior management attendance at some team meetings. **Proposed Timescale:** Ongoing, with first review complete on 30/06/2026 **Person Responsible:** Area Manager
	The registered provider must strengthen its governance arrangements to ensure that the quality, safety and continuity of care provided is regularly assessed and reviewed to inform improvements in practices.	**Action:** The centre manager will allocate time weekly to review and give feedback on the completion of records, and to ensure the content is in accordance with the care and placement planning for each young person. **Proposed Timescale:** Ongoing **Person Responsible:** Person in Charge	**Action:** Review centre practices to ensure compliance, and if any gaps are identified, these will be addressed. **Proposed Timescale:** Ongoing **Person Responsible:** Area Manager

		Action: The area manager will evidence their review and oversight of the centre practices, through attendance at team meetings, visits to the centre, including read and sign case and care records, clear supervision notes reflecting discussions around operational running of the centre and care and support provided to the young people. **Proposed Timescale:** Ongoing **Person Responsible:** Area Manager	**Action:** Area manager oversight will be reviewed and any gaps addressed. **Proposed Timescale:** Ongoing **Person Responsible:** Service Director
		Action: A review will take place of the Proprietors Governance Meeting, to ensure it covers all governance aspects, and if any gaps in quality, safety and continuity of care are identified, it will be addressed. **Proposed Timescale:** 31/07/2026 **Person Responsible:** Service Director	**Action:** Annual Quality Assurance Plan to be completed **Proposed Timescale:** January 2026 **Person Responsible:** Service Director
	The registered provider must review its current risk management processes to ensure that a robust system is in place and risks are managed effectively.	**Action:** A review will take place of the current risk management processes to ensure risks are identified and managed effectively at the appropriate level in the	**Action:** Risk management is discussed at senior management meetings and any gaps are addressed. **Proposed Timescale:** Ongoing

		organisation. **Proposed Timescale:** 30/06/2026 **Person Responsible:** Service Director **Action:** The organisations risk management policies will be reviewed and updated to ensure they are clear and accurate. **Proposed Timescale:** 30/06/2026 **Person Responsible:** Service Director	**Person Responsible:** Service Director **Action:** Policies and procedures, including risk management policies and procedures will be standing item on staff meetings agenda, and each policy and procedure will be discussed individually. **Proposed Timescale:** Ongoing **Person Responsible:** Person in Charge **Action:** Risk management policies and procedures will also be discussed in supervision, to ensure staff are clear and to ensure they operate within the policies. **Proposed Timescale:** Ongoing **Person Responsible:** Person in Charge
	The registered provider must ensure that a relevant number of staff are provided with First Aid Responder training.	**Action:** Three staff, including deputy social care manager, will complete First Aid Responder (FAR) training. **Proposed Timescale:** 15/05/2026 **Person Responsible:** Area Manager	**Action:** To ensure ongoing availability of FAR training, one staff in the organisation will become FAR trainer. **Proposed Timescale:** 31/07/2026 **Person Responsible:** Service Director

	The registered provider must ensure operational policies and procedures align to legislation and the national standards, are clear and that staff have a good knowledge of operational policies and procedures.	**Action:** All operational policies will be reviewed and updated to ensure they align to legislation, regulations and national standards. **Proposed Timescale:** 30/06/2026 **Person Responsible:** Service Director	**Action:** All staff in the centre will have FAR training completed. **Proposed Timescale:** 30/09/2026 **Person Responsible:** Person in Charge **Action:** Policies and procedures will be standing item on staff meetings agenda, and each policy and procedure will be discussed individually. **Proposed Timescale:** Ongoing **Person Responsible:** Person in Charge **Action:** Policies and procedures will also be discussed in supervision, to ensure staff are clear and to ensure they operate within the policies. **Proposed Timescale:** Ongoing **Person Responsible:** Person in Charge