



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 065

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Curam Nua Ltd
Registered Capacity:	Two Young People
Type of Inspection:	Unannounced Inspection
Date of inspection:	19th, 20th and 21st May 2025
Registration Status:	Registered from 30th April 2024 to 30th April 2027
Inspection Team:	Lorna Wogan Sinead Tierney
Date Report Issued:	26th August 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 30th of April 2015. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from 30th April 2024 to the 30th of April 2027.

The centre was registered to provide dual occupancy care for young people with high dependency needs. The centre aimed to provide a medium-term programme of care to young people aged thirteen to seventeen years on admission. The model of care was described as the provision of residential care for children and young people using a ‘blended theoretical and best practice approach’. The model was underpinned by the theories and frameworks of a person-centred approach, attachment and resilience strengths-based approach and a trauma informed model of care. The engagement of young people in outdoor pursuits was also a key component of the programme of care in the centre. There was one child living in the centre at the time of the inspection. The centre was granted a derogation to accommodate this child as they were under-thirteen years of age on admission which was outside of the centre’s statement of purpose.

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	5.4
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 person, 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 July 2025. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 17th July 2025. This was deemed not to be satisfactory, and the registered provider was provided with an opportunity to review and resubmit the CAPA. The revised CAPA was submitted to the inspectors on 5th August 2025. A regulatory compliance meeting was held with the registered proprietor on 20th August 2025. Following this meeting additional information was sought in relation to the CAPA and the final CAPA submission on 20th August was deemed to be satisfactory. The inspectorate received evidence of the actions taken to address the regulatory non-compliance identified in this report.

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: 065 without attached conditions from the 30th of April 2024 to the 30th of April 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

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 wellbeing and personal development.

Overall, the inspectors found that the child's care records, and placement planning documents were not up to date, maintained or stored in a manner that facilitated the delivery of a safe and effective service. Records were found to be stored in either hard or soft copies thus did not facilitate ease of access or support effective care planning for the care team. Some staff interviewed stated they had not viewed key planning documents. Several key placement and planning records were not maintained up to date. The centre manager informed the inspectors they had a period of extended leave earlier in the year. This combined with the complex presentation of the child in placement and deficits in staffing resources resulted in reduced time to undertake governance and oversight of centre records and reports.

The initial care plan for this placement was developed within the timeframes set out in the statutory regulations. This care plan provided a comprehensive overview of the child's needs and reflected the views of the child and their parent. There were regular meetings of professionals involved in the child's care to ensure all aspects of their care were appropriately addressed, including safeguarding issues. Care plan reviews were undertaken monthly as required by the placing agency due to the age of the child. Care plan reviews were attended by the social work team, centre managers and key staff, the appointed Guardian ad litem and other specialists supporting the child's care. The updated care plans following recent statutory reviews were not on file in the centre and the minutes of several care plan reviews were not on file. The social worker confirmed they would forward any outstanding care plan documents to the centre. Notwithstanding this there was no evidence on file of a written record of decisions taken at the care plan reviews to inform the centre's placement planning processes. The inspectors recommend the centre manager maintains a written record of decisions taken at statutory review meetings to inform placement planning while awaiting the minutes of the statutory meeting.

The inspectors found that written reports from the centre staff to inform the placing agency of the child's behaviour and of their progress were not submitted to the statutory review meetings. The centre manager stated they provided verbal updates to the statutory care plan meetings. The inspectors found that monthly progress reports which were developed in the initial two months of placement were not completed since this time therefore there was no composite record to inform planning and assess their progress. The centre manager stated there was an expectation that monthly progress reports were completed however the oversight and governance of the recording systems by the centre management was inadequate to ensure records were completed and reviewed as required. In addition, a placement plan was developed following the child's admission however the placement plan was not updated since January 2025 despite the changing and escalating needs of the child since this time. In addition, the monthly key work schedule document was found to be incomplete and was not updated to evidence how the staff were working on the identified placement goals.

The inspectors found that the staff and managers interviewed displayed a good understanding of the child's presentation and of the agreed behaviour support strategies however, key planning documents to guide their responses to behaviours that challenged were not up to date. This presented a safeguarding issue as several relief staff regularly worked in the centre due to deficits in staffing resources and required easy access to up-to-date behavioural support strategies.

There was evidence from interviews with core staff and management that the trauma informed model of care and attachment-based responses were embedded in the staff approach. The centre staff received guidance from an external professional to inform and guide the care approach. The social worker and Guardian ad Litem stated they were satisfied that staff implemented this guidance effectively. The inspectors found evidence that staff used the key elements of the model of care to support the child and help them build trusting relationships with key members of the team. Staff confirmed that most of the individual and key working completed with the child was opportunity led. The inspectors found evidence in key work records of staff helping the child to understand their feelings and emotions. The social worker and the Guardian ad Litem stated the child was making progress in the placement and they were satisfied the placement was meeting the child's needs at this time.

The social worker and Guardian ad Litem were satisfied that there was regular communication with the managers through phone calls and emails. The inspectors found evidence of regular updates and communications with the allocated social worker in relation to key aspects of the child’s presentation and care. The social worker undertook regular statutory visits to the child and was facilitated with private access to the child. There was evidence that the child had a trusting relationship with their social worker who was responsive to their needs.

The inspectors were not satisfied that care records were maintained by the centre in line with statutory regulations and national standards therefore the regulation was not met in this regard.

Compliance with Regulation	
Regulation met	Regulation 5
Regulation not met	Regulation 17

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that the child’s care records are maintained up to date in line with the requirements of the standards and regulations to ensure effective planning, assessment and safe, effective care.

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.

There were effective mechanisms in place to ensure the safeguarding needs of the child were assessed prior to their admission. Comprehensive preadmission information provided the managers and team members with the relevant information required to support the child with behaviour that challenged and information on other issues the child had that could influence their behaviour.

The inspectors found there was a positive approach to the management of behaviour that challenged. Staff used their model of care effectively with a focus on developing positive and trusting relationships, the therapeutic use of outdoor activities alongside positive reinforcement, praise and de-escalation strategies where required. These were identified on the behaviour strategy document however the inspectors found this document was not up to date in line with additional and alternative behaviour management approaches identified by the team in other meeting forums. Visual aids were also used effectively by staff to support the child to understand behavioural expectations as advised by an external specialist.

There was evidence of progress for the child with a decrease in the frequency and intensity of incidents where behaviour that challenged occurred. The child was in placement for a period of six months at the time of the inspection. Placement progress was reported to the inspectors by management, staff and external professionals. There was evidence the child was more receptive in recent months to the nurturing care provided by key members of the team. The inspectors had brief opportunities to meet the child and observe interactions between the child and staff members during the inspection. There was evidence of a positive approach to caring for the child with staff appropriately supporting them across the two days of the inspection with behaviours that challenged.

The centre had a written policy for the notification of significant incidents and events. A review of incidents and significant events relating to the child was undertaken by the inspectors. The mechanism for the internal review of incidents had improved however systems to identify and implement learning from such incidents required

some improvements. The inspectors found the systems in place to effectively maintain records of significant events was not sufficient. This impacted on the ability of inspectors to locate and track significant events that occurred against the register of significant events. In addition, the inspectors found that the centre managers governance and oversight of incident reports was not timely or effective to ensure safe care. Where the centre manager had undertaken oversight of significant events this evidenced an effective standard of governance where they identified areas of improvement, analysis of the intervention or follow up actions required.

There were several challenges in the months preceding the inspection which resulted in incidents of aggression towards staff and safeguarding concerns. The inspectors found that 17 incidents in total occurred a month before the inspection were not reported in line with the centre's policy or in line with the requirements of national standards, statutory regulations or of the placing authority. This presented a serious safeguarding issue for the care of the child. Significant event reports were not completed or reviewed by the manager in a timely manner to ensure safe care for the period in question. Records of physical interventions employed by staff members during incidents were not sufficiently detailed in reports to evidence safe care or adherence to the behaviour management approach. In one instance the physical intervention summary reporting section on the draft report was not completed. There was evidence the social worker had met the child following incidents where the child made allegations of harm, however in one instance the social worker had not received the written report on the incident prior to meeting the child. This presented a risk as they were not fully informed about the sequence of events or the interventions of staff to manage the event.

The inspectors requested the centre manager and the registered proprietor to ensure as a matter of priority that all outstanding incidents reports were completed, reviewed by management and forwarded to the relevant parties within two days of the inspection. The social worker confirmed to the inspectors they were verbally notified about all serious incidents that had occurred in the centre and were notified of delays forwarding written reports due to other competing demands during this period. Following the inspection the registered proprietor provided assurance to the inspectors that all significant events were completed, reviewed and submitted to the relevant professional. Both the social worker and the Guardian ad Litem confirmed to the inspector they had received all the incidents for the period concerned.

The external auditor had undertaken a review of the significant event log and identified gaps and deficits in terms of the significant event reporting systems alongside deficits that impacted on tracking and cross-referencing incidents. However, these deficits were not yet addressed at the time of the inspection.

The safeguarding needs of the child were addressed in the various plans in place to guide the care of the child including an individual crisis support plan (ICSP), behaviour strategy plan and absence management plans. However, the inspectors found these documents were not up to date. Restrictive practices were in place to safeguard the child, and a log was maintained in the centre to evidence the restrictive practices that were implemented.

The child presented with complex needs and risks of violence, aggression and allegations were identified by the team. The inspectors found that individual risk assessments were not completed for all risks identified. The inspectors found that several incidents which impacted on the child's safety were not reported or appropriately recorded and were not well managed to reduce both the risk to the child and of the incident re-occurring. Garda intervention was used on several occasions to support behaviour that challenged and restore safety. The centre manager must ensure the use of Gardaí in this regard be considered carefully and used judiciously. The social worker confirmed that they were notified of all incidents where the Gardaí were called to the centre to assist staff in the management of behaviour.

The inspectors found that on one occasion high risk behaviour that occurred was not managed effectively to ensure all aspects of the child's care were appropriately addressed, including safeguarding issues. The incident resulted in the child making an allegation of harm. The correct reporting and recording mechanisms under Children First were not applied in this instance. There was evidence that non routine physical interventions were not sufficiently detailed or recorded on the significant event records. The physical intervention as reported in one instance was not in compliance with the physical interventions of the behaviour management model. The centre must carefully review the risks of employing a physical intervention versus the risk of not doing so. Additionally, the child's individual crisis management plan did not specify the agreed physical intervention strategies as required. The centre manager must liaise with their behaviour management trainer to assess this intervention and clarify the thresholds for agreed physical interventions and non-routine interventions such as moving a child to a safer area when dysregulated. These must be recorded in detail on the child's crisis management plan to ensure all team

members are clear on the agreed routine and non-routine interventions that may be employed to maintain safety for both staff and the child. The centres behaviour management trainer had recently completed a training workshop with staff members to undertake an analysis of the implementation of the crisis intervention model. Staff interviewed stated this was a supportive and beneficial process to review their interventions. However, there were no records maintained of this training day available to the inspectors to evidence the matters discussed and the outcomes of the training. In addition, the learnings from this training event were not reflected in the behaviour support documents.

Given the child's complex presentation, it was difficult for members of the team to engage them in formal key working sessions and most of the individual and key working was opportunity led. The care records evidenced that staff used naturally occurring day-to-day opportunities to raise the child's awareness of potential risks to their safety and to develop skills to keep themselves safe.

The inspectors found that some improvements were made in relation to the external auditing process to assess compliance with national standards. An audit was completed on behaviour management in April 2025, and this audit identified several areas for improvement however a response action plan was not yet completed by the centre manager to address these deficits. The inspectors found there were some improvements in the significant event review process (SERG meeting) which was incorporated into the management meetings. There was evidence of discussions and updates on the child's behaviour and support needs. The inspectors found that a SERG meeting had not been undertaken following the workshop with the behaviour management trainer in April 2025 despite several high-risk incidents having occurred since that time. The inspectors found that SERG meetings required some additional improvements to ensure that new learning from the review of events was identified and incorporated into the positive behaviour support plan.

There was evidence of improvements in communications within the team following the previous inspection. Team meetings and handovers were focused on key areas, with a review of what worked well or not with the child and discussions around safeguarding practices. Staff reported that there can be delays in accessing the minutes of the team meetings if they did not attend in person. This does not support effective sharing of information, and the centre manager must ensure team meeting records are issued in a timely manner.

Staff who spoke with the inspectors were knowledgeable about their responsibilities as mandated persons under Children First (2017). They were familiar with reporting procedures and knew that the designated liaison person (DLP) was the centre manager. However, at the time of the inspection the inspectors found the child safeguarding statement (CSS) was not displayed in the centre and could not be located by management or staff during the inspection process. The registered provider confirmed it had been updated and sent to the child safeguarding compliance unit for review. The CSS statement was subsequently forwarded to the inspectors following the inspection and the registered provider confirmed it was now displayed in the centre as required under the Children First Act, 2015.

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

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

Actions required

- The centre manager must ensure that any incident where the Gardaí are called to assist in the management of a child's behaviour is subject to a formal team review of the intervention.
- The centre manager must ensure that all risks associated with a child's presentation are assessed in line with the centres risk management framework and are subject to ongoing review.
- The centre manager must ensure that all care planning and behaviour support documents are updated and reviewed in line with centre policy.
- The registered proprietor and the centre manager must ensure that all significant events are subject to review in conjunction with the behaviour management trainer and the outcome of such reviews are relayed to staff and incorporated into behaviour management documents as relevant.
- The centre manager must ensure that team meeting records are made available to staff in a timelier manner.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Overall, the inspectors found that the governance and management systems in place were not sufficiently robust to underpin the safe delivery and oversight of the service. As previously stated, a system for undertaking external compliance audits had commenced and three audits were undertaken since that last inspection in April 2024. The audits identified areas for improvement however actions plans were not completed to address the deficits identified. The quality assurance manager was reassigned to manage the centre when the manager was on extended leave therefore this reduced their capacity to adhere to the planned audit schedule. The quality assurance auditing process requires ongoing support and development to ensure there are robust and effective quality assurance and compliance audits that result in service improvements.

The previous inspection in April 2024 identified that the registered provider had not completed an annual review of compliance with the centre's objectives to promote improvements in work practices. The registered provider informed the inspectors that an annual review of compliance had not been completed for the previous year as required following that inspection. Previous inspections of this centre had identified areas of non-compliance with statutory regulations and national standards. The inspectors found that the registered proprietor had not sustained improvements made following inspections and areas of non-compliance had re-emerged within short periods of time. The registered proprietor must ensure that annual compliance reports are completed for the centre in line with the requirements of the national standards.

The inspectors found that the systems in place to maintain clear, accurate and comprehensive records in relation to complaints was not effective to support safe care. As identified previously in the report allegations against staff were dealt with poorly as a complaint and not in line with Children First. Sections of the complaints recording template were incomplete. In some instances, complaint records were stored in several locations and some records could not be located or cross referenced

by the inspectors at the time of the inspection. The complaints records were not collated to support planning around the risk of allegations thus potentially impacting on safe and effective care. The centre manager must ensure that complaint records are maintained in a manner that facilitates planning and the delivery of safe, effective care and support.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure there is ongoing review, oversight and development of the quality assurance auditing system and that the centre manager completes an action plan following audits to address the required improvements identified in compliance reports.
- The registered proprietor must ensure that annual compliance reports are completed for the centre in line with the requirements of the national standards.
- The centre manager must ensure that complaint records are maintained in a manner that facilitates planning and the delivery of safe, effective care and support.

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.

There were 6.7 whole time equivalent core staff members on the team. The registered provider must ensure that the minimum requirements of eight full time staff are met. The centre manager had access to a relief panel of six core people, five of whom covered between two and four shifts per month. At the time of the inspection the registered provider was in negotiation with the placing agency to secure additional funding for an additional staff member. It was the view of the provider that the team required increased staffing resources to ensure safety and meet the needs of the child. At the time of the inspection the centre manager was struggling to secure adequate numbers of staff to cover the roster as required. Two staff members were on planned leave at the time of the inspection combined with shortfalls in sufficient staffing numbers to provide safe care for the child. The required staffing resources were depleted at a time when an increased staff presence was required on duty to ensure the safety of both staff and the child. The registered provider confirmed that recruitment was ongoing to secure additional staff. The required staffing levels were achieved through ongoing support from relief staff, from staff transferred from two other services operated by the registered provider and through core staff undertaking additional hours. This impacted on the continuity of care for the child and may potentially impact on their ability to form trusting relationships and attachments with the adults caring for them. In addition, the inspectors found that the centre manager was providing a significant level of support to the staff members daily in addition to being one of the key adults the child sought out when in crisis. A significant proportion of their time daily was also taken up trying to secure adequate staffing resources. This significantly impacted on their ability to undertake their assigned management role and responsibilities.

The inspectors reviewed personnel records to ascertain the status of mandatory training undertaken by staff. The centre manager did not maintain a system to track and evidence mandatory and additional training undertaken by staff. The inspectors found that training certificates were stored either electronically or in hard copy on personnel files or in some instances not accessible at all. Therefore, the inspectors could not determine training completed by staff or if refresher training was

completed as required. In addition, the inspectors found evidence of some gaps in mandatory training for staff. These issues were identified in previous inspections of this centre. During the previous inspection in April 2024 the inspectors were informed by the registered proprietor they had introduced an electronic HR system that would address these issues however, full implementation of this system was not in place. The registered proprietor and the centre manager must ensure the systems in place provide a clear, accessible, reliable information to evidence training undertaken and evidence certification of mandatory training for each staff member. In addition, the centre manager must ensure that all outstanding mandatory training is completed.

The inspection found that significant improvements were required in relation to the oversight of the recruitment of staff by the centre manager and the registered provider to ensure that it is in line with safe recruitment practices. The inspection identified some concerns in relation to the safe recruitment of staff such as updated Garda vetting which was not completed for one staff member and the re-vetting of a staff member following their recommencement of employment with the service after a significant period. Unsafe recruitment practices related to staff vetting were identified in previous inspections. The registered provider assured the inspectors this staff member would not undertake any further work in the centre with the child until their Garda vetting was updated and secured on file.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 6.1

Actions required

- The registered provider must ensure there are the required and the appropriate numbers of core staff recruited to meet the needs of the child and to ensure consistency of care.
- The registered provider must ensure that there is one system in place to maintain personnel records and to evidence that recruitment and staff training is in line with the legislation, best practice and guidance set out by the inspection body.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that the child's care records are maintained up to date in line with the requirements of the standards and regulations to ensure effective planning, assessment and safe, effective care.	<p>The centre manager and deputy manager have formalised timeframes for the completion of key tasks to ensure the timely maintenance of the child's care record. Key tasks will be allocated for completion in accordance with specified timeframes via the integrated online planning and scheduling system. Effective from 01.08.25.</p> <p>Children's care records will be kept up to date, both electronically and in hard copy, in line with the requirements of the standards and regulations whilst an action plan to transition all children's care records to an electronic system are agreed and scheduled. To be completed by January 2026.</p>	The external governance and auditing officer will complete, both scheduled and unannounced, on-site audits of the child's care records to ensure compliance with the agreed timescales now in place and the requirements of the standards and regulations. The integrated online planning and scheduling system is scheduled for deployment within the centre staff team, and across organisational management levels, to support the timely allocation and completion of children's care records and accompanying tasks. The integrated online planning and scheduling system will permit the tracking of real time progress of identified responsibilities in line with the requirements of the standards and regulations to ensure effective planning, assessment and safe, effective care.

			The external governance and auditing officer will monitor to ensure that adequate staffing levels are maintained to facilitate the managers and key workers to complete care records and ensure they are up to date.
3	The centre manager must ensure that any incident where the Gardaí are called to assist in the management of a child's behaviour is subject to a formal team review of the intervention.	<p>A formal team review of any incidents where the Gardaí have been called to assist in the management of a child's behaviour will be completed at the team meeting on 4th August 2025. The centre manager will review the 'Engaging An Garda Siochana' policy with the team to ensure they understand it's implementation. To be completed by 4th August 2025.</p> <p>The 'Engaging An Garda Siochana' policy will be discussed in monthly supervision with each team member to ensure they fully understand it's implementation and their responsibilities therein. To be completed by 15th September 2025.</p>	The monthly team meeting agenda has been amended to include a formal review of any instance in which the Gardaí were involved. All incidents in which the Gardaí have been involved will be reviewed within the monthly Significant Event Review Group (SERG). All incidents where the Gardaí are called to assist in the management of a child's behaviour will be formally reviewed in monthly governance and quality assurance audits and monthly by the centre manager in conjunction with the behaviour management trainer.

	<p>The centre manager must ensure that all risks associated with a child's presentation are assessed in line with the centres risk management framework and are subject to ongoing review.</p> <p>The centre manager must ensure that all care planning and behaviour support documents are updated and reviewed in line with centre policy.</p> <p>The registered proprietor and the centre manager must ensure that all</p>	<p>The centre manager is completing a review of all risks associated with a child's presentation, to ensure assessment of identified risks is in line with the centres risk management framework. All risk assessments will be reviewed monthly, or sooner if required. To be completed by 7th August 2025. Bank/ relief staff were updated on the current risk management plans following core team review of same, on their next appointed shift date.</p> <p>The centre manager, deputy manager and core staff team have completed a review of all care planning and behaviour support documents. Completed on 4th June 2025. A schedule for review of these documents has been compiled in line with centre policy. Completed by 31st July 2025.</p> <p>The registered provider and the centre manager have engaged the behaviour</p>	<p>The deployment of the integrated online planning and scheduling system will prompt the monthly review of all risk assessments, and notify the external governance and auditing officer, and the centre manager's line manager in the event of non-compliance with identified timescales. The external governance and auditing officer will complete monthly review of risks assessments, the associated risk management plan and the centre's compliance with the review schedule.</p> <p>The external governance and auditing officer will complete a monthly review of all care planning and behaviour support documents to ensure the centre's compliance with the review schedule. The team meeting agenda will be amended to include monthly review, and update if required, of all care planning and behaviour support documents.</p> <p>The review of all significant events will be completed monthly by the centre manager</p>
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	<p>significant events are subject to review in conjunction with the behaviour management trainer and the outcome of such reviews are relayed to staff and incorporated into behaviour management documents as relevant.</p> <p>The centre manager must ensure that team meeting records are made available to staff in a timelier manner.</p>	<p>management trainer to provide review of all significant events and compiled an evaluation of practice to ensure that it is in line with agreed behaviour management strategies. Completed on 11th June 2025. The centre manager will ensure that the outcome of each review is relayed to staff via supervision meetings, team meetings, and/or where appropriate share outcomes requiring behaviour support review via email within two working days and ensure that recommendations or corrective actions identified in respect of practice, risk management plans or behaviour support strategies is incorporated into behaviour management documents as relevant, also within two working days.</p> <p>The centre manager will ensure that the team meeting minutes are completed and shared with staff within three working days.</p>	<p>in conjunction with the behaviour management trainer and outcomes will be shared with the staff team by the centre manager via e-mail within two working days to ensure the team are provided with timely reviews.</p> <p>If required, the behaviour management trainer will attend team meetings or facilitate training days to ensure an ongoing practice review aligns with the evolving needs of the young person.</p> <p>The centre manager will share team meeting minutes with the external governance and auditing officer and the registered provider within three working days. The external governance and auditing officer will audit the centre's compliance with the timescale of three working days.</p>
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<p>5</p>	<p>The registered proprietor must ensure there is ongoing review, oversight and development of the quality assurance auditing system and that the centre manager completes an action plan following audits to address the required improvements identified in compliance reports.</p> <p>The registered proprietor must ensure that annual compliance reports are completed for the centre in line with the requirements of the national standards.</p>	<p>The registered provider will ensure that supervision with the external governance and auditing officer is completed in line with organisational policy, to ensure that ongoing review, oversight and development of the quality assurance system achieves key targets and complies with set timeframes. The registered provider will ensure that supervision is completed with the centre manager and will include review of compliance with key responsibilities including the completion of an action plan by the centre manager to address required improvements identified in compliance reports.</p> <p>A schedule has been compiled for monthly audit visits to the centre by the external governance and auditing officer to inform the completion of an annual compliance report that provides a structured evaluation and review of the centre's compliance with key indicators in line with the national standards. Annual compliance</p>	<p>Supervision policy guidelines in respect of non-compliance with supervision meeting schedules will be adhered to by both the supervisee and supervisor.</p> <p>The annual compliance reports will be scheduled for recurring completion on 30th December 2026, and so on in subsequent years. The online integrated planning and scheduling tool will be used to provide structure and allow tracking of key tasks by relevant persons, such as line managers.</p>
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	<p>The centre manager must ensure that complaint records are maintained in a manner that facilitates planning and the delivery of safe, effective care and support.</p>	<p>report to be completed by 30th December 2025.</p> <p>The centre manager has ensured that all complaints are recorded and stored in the designated section of the child’s care records and are accessible to all relevant persons to facilitate planning and the delivery of safe, effective care and support. All complaints have been reported to the social work department. Completed on 17.07.25.</p> <p>The centre manager has scheduled complaints review meeting to ensure that all complaints have been appropriately reviewed and the outcome of complaints clearly recorded in conjunction with the social work department. To be completed on 13th August 2025.</p>	<p>The team will complete a review of the complaints policy, to ensure their understanding of its implementation. To be completed at the team meeting on the 04.09.25.</p> <p>Training on the Complaints Policy and procedures will be completed as scheduled in the annual training calendar for 2026. Training schedule for 2026 will be completed by the training officer. To be completed by 31st October 2025.</p>
6	<p>The registered provider must ensure there are the required and the appropriate numbers of core staff</p>	<p>The registered provider has recruited a full time HR Officer to oversee all HR functions, including recruitment processes to support the timely recruitment of core</p>	<p>HR Officer has been employed on a full-time basis to action the reconfiguration of HR systems and processes, including the deployment of the commissioned online</p>

	<p>recruited to meet the needs of the child and to ensure consistency of care.</p> <p>The registered provider must ensure that there is one system in place to maintain personnel records and to evidence that recruitment and staff training is in line with the legislation, best practice and guidance set out by the inspection body.</p>	<p>staff to ensure that the staff team are adequately resourced to meet the needs of the child and to ensure consistency of care. To be completed by 31st July 2025.</p> <p>The registered provider has ensured that the HR Officer now in post is completing the necessary training and induction to ensure that the one system in place to maintain personnel records and to ensure that all recruitment and staff training is in line with the legislation, best practice and guidance set out by the inspection body. To be completed by 31st August 2025.</p>	<p>HR service to support effective and timelier recruitment processes in response to emerging workforce planning requirements. The centre manager will alert the HR Officer and the registered proprietor of required staffing resources. The registered provider will ensure the safe, timely and effective recruitment of staff is completed via supervision with the HR officer.</p> <p>The HR Officer will complete audits of the personnel files to ensure that the centre records are complete as required in line with the legislation and regulatory requirements set out by the inspection body. To be completed by 31st August 2025.</p> <p>The registered provider will ensure that the HR officer is supervised in line with organisational supervision policy.</p> <p>The external governance and auditing officer includes audit of the personnel</p>
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			records within the centres quarterly for the first year of implementation of new HR system, the frequency of this will be reviewed to set frequency for subsequent annual cycles, to ensure compliance with the legislation, best practice and guidance set out by the inspection body. To be completed by 30 th November 2025.
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