An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 074

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**Good Shepherd Cork**
Registered Capacity:	**Four young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**12th & 13th January 2026**
Registration Status:	**Registered from 3rd December 2025 to 3rd December 2028**
Inspection Team:	**Paschal McMahon** **Janice Ryan** **Kelly Murphy**
Date Report Issued:	**09th of June 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 in December 2003. At the time of this inspection the centre was in its seventh registration and was in year one of the cycle. The centre was registered without attached conditions from 03rd December 2025 to the 03rd December 2028.

The centre was registered as a multi-occupancy service providing medium term care for four females aged between 16 -17 years upon admission. The service may also provide care for a young person who is aged 15.5 years who is deemed suitable where all other options have explored. In some cases, based on the individual needs of a young person, placement beyond 18 years may also be considered based on approval by the regional and centre manager and will be subject to regular review. The aim of the centre was to provide a residential setting wherein the young people are cared for supported and valued in a manner that underpins their healthy development. The centre sought to provide the young people with opportunities to prepare themselves for the transition from care to move to a less supported living environment. At the time of inspection, the service was in the early stages of implementing a new recognised model of care. There were three young people living in the centre at the time of inspection, one of whom was over eighteen years of age.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.1, 3.2

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, centre manager and relevant social work departments on the 18th March 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 centre manager returned the report with a CAPA on the 2nd April 2026. After further communication and amendments to the CAPA, it 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: 074 without attached conditions from the 03rd December 2025 to the 03rd December 2028 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.

The centres statement of purpose had changed from providing short/ medium term care for young females who were out of home or were at risk of homelessness to a medium-term residential service in November 2025. Inspectors found through interviews with the care team that they were not fully aware of the implications of this change in regard to the adjustments required to the centres care and placement planning processes. Prior to the change in statement of purpose, the majority of young people were admitted under "section 5" of the 1991 Child Care Act and section 5 care plans were developed to meet their needs. Following the change to their statement of purpose the centre was required to ensure that their care planning and review processes aligned to statutory care planning requirements and regulations. Inspectors found that this requirement had not been met. Inspectors reviewed the care files of the two young people aged under eighteen and found that only one young person had a care plan on file. Although a statutory care plan meeting was held following the young person's admission, the care plan had not been reviewed subsequently in accordance with the required statutory timeframes. The second young person who was in placement for four months had not had a statutory child in care review. The young persons allocated social worker told inspectors that this delay was due to a change in social workers. During interviews, both social workers confirmed to inspectors that dates for the outstanding statutory reviews had now been scheduled.

Despite the absence of statutory care plans the centre management were very proactive in holding their own internal planning meetings on a weekly / monthly basis with social work departments to review the young people's progress and to engage in planning. Individual placement plans were developed on admission for each young person and were reviewed by the care team monthly. These focused on key areas, including health and education with a strong focus on independent living skills. However, the placement plan template in use was aligned to the previous

statement of purpose and did not fully reflect the current needs and goals of the young people. The centre manager must ensure that a revised placement plan template is developed in accordance with the centre's statement of purpose that aims to meet the specific needs of young people and aligns with the objectives outlined in their statutory care plans.

There was evidence in interviews that the care team were making efforts to undertake individual work with the young people; however, records were limited and did not give sufficient detail or insight into the work completed with each young person as they progressed through their placement. Staff interviewed acknowledged that key working practices needed to be reviewed and strengthened going forward to support more effective placement planning. Inspectors were informed by centre management that they were in the process of moving to a new model of care which will also involve a review of the centre's placement planning process. The centre policies on care and placement planning also require review to reflect the updated statement of purpose.

There was very good evidence that young people's voices were being heard. Minutes of internal meetings showed that young people attended on many occasions and that their views and input was recorded. This was confirmed to inspectors by a young person who met with them during the inspection. Parents where appropriate were also consulted and provided with regular updates on their child's progress.

The young people had the option to access a range of external supports and services that were made available to them. There was evidence of external specialists attending both professional and internal review meetings to provide support and guidance to the care team. Over time, the service had also built-up strong links with a range of specialist services including a number of professionals attached to the organisation. The care team reported that these supports were very beneficial for assisting both the young people and care team to access a range of appropriate educational and psychological services.

The inspectors were satisfied based on interviews and a review of care records that there was effective communication with the referring social work departments. Social workers were present in the centre on a regular basis to attend meetings. All allocated social workers reported that communication in relation to the young people was regular and consistent and the care team was always accessible to them.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 17**
Regulation not met	**None Identified**

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

Actions required

- The registered provider must ensure that the centres care planning processes are reviewed and aligned with statutory care plan requirements and regulations. The centre manager must also ensure that uptodate care plans are obtained for two young people following their scheduled statutory reviews.
- The centre manager must ensure that a revised placement plan template is developed in accordance with the centre's statement of purpose that aims to meet the specific needs of young people and aligns with the objectives outlined in their statutory care plans.
- The centre manager must ensure that key working practices are reviewed and strengthened to support more effective placement planning and to support the young people in developing the knowledge, self-awareness, and skills required for self-care and protection.

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 centre had a comprehensive child safeguarding policy, procedure and practice document covering the range of services provided by the organisation. This document outlined the guiding principles in relation to child protection and child safeguarding practices in line with Children First: National Guidance for the Protection and

Welfare of Children, 2017. The child safeguarding policy referenced an extensive list of centre specific policies in place to safeguard the young people and staff. Inspectors were informed by centre management that the policies and procedures were due to be reviewed in light of the change to the centres statement of purpose and the proposed introduction of a new model of care.

The centre had a child safeguarding statement which was displayed in the centre that outlined the current risks to the safety of children and young people. Inspectors found that not all staff interviewed were aware of the risks identified in the statement and this needs to be reviewed with all of the care team to ensure they understand its importance in safeguarding young people.

The centre manager was the appointed designated liaison person and had been trained in the role. Training records provided to inspectors confirmed that all staff had completed training in the Tusla e-learning module: Introduction to Children First, 2017 and the centre's child protection and safeguarding policies. The centre manager maintained a list of mandated persons. Staff in interview had a good understanding of their statutory role as mandated persons and their responsibility to report disclosures and concerns via the Tusla portal. All child protection concerns were recorded in a child protection register. The inspectors examined the records of child protection concerns on file and were satisfied that they had been reported and managed appropriately. Inspectors found evidence that the centre manager followed up with social workers, where appropriate, to determine the outcome of reports.

When the centre amended its statement of purpose, additional staff were recruited and recruitment was ongoing to meet service requirements. Inspectors reviewed personnel files to assess whether safe recruitment practices were in place.
While Garda vetting had been obtained for all staff, overseas vetting had not been secured for one staff member where this was required. There was evidence that Garda vetting for all staff was updated every three years in accordance with the centre policy. The registered provider must ensure that the centre's recruitment policy is amended to require overseas vetting for all staff for whom it is applicable. Additionally, the centre manager must ensure that a risk assessment is conducted, and overseas vetting is secured for the recently recruited staff member and evidence of the check is retained on file.

The centre had an anti-bullying policy that outlined the procedures in place to address all forms of bullying. At the time of inspection, there was evidence of negative interactions and an unhealthy dynamic between two of the young people. While staff

were clear during interviews about how they were managing these concerns and supporting the young people, and allocated social workers were satisfied with their efforts to resolve the issue, there was limited recorded evidence on file of work undertaken to build or repair relationships. Improvements were also required in evidencing the centre's approach to supporting and developing the young people's awareness of how to keep themselves safe in the community and online. Minutes of team meetings and interviews confirmed that young people's safety concerns were discussed when they arose; however, there was no evidence on file of targeted individual work being completed with the young people to support them in developing the knowledge, self-awareness, and skills required for self-care and protection. Inspectors also found during interviews that staff were unclear about the significant risks posed to young people online and would benefit from additional training in this area.

Inspectors found that although areas of vulnerability had been identified for each young person there were significant deficits in terms of risk management. Clear plans and strategies to reduce the risk of harm for young people engaging in high-risk behaviours both within the centre and in the community were lacking. While the centre maintained a risk register and individual risk assessments were in place to mitigate against potential harm, these were not sufficiently robust. Furthermore, risk assessments were not in place for a number of additional concerns identified by inspectors, including the risk of child sexual exploitation, suicidal ideation, negative peer dynamics, and the potential risk associated with a young person aged over eighteen living in the centre. Although management and the care team demonstrated a commitment to managing risks and met regularly with social workers and other professionals to address high-risk behaviours, significant strengthening was required in the centre's overall risk management framework. There was also no escalation policy to guide the care team on what action to take when risks could not be safely managed within the service. During the inspection, the centre manager acknowledged that risk management required improvement and confirmed that meetings had been arranged with external Tusla professionals to strengthen and further develop practice in this area. In the interim, inspectors required the centre to develop and submit comprehensive risk management plans for two young people without delay. These plans were received the day following the inspection and were assessed by inspectors as being of an appropriate standard. Allocated social workers also confirmed to inspectors following the inspection that they had been made aware of the inspectors' concerns regarding risk management and were in discussions with centre management regarding the implementation of appropriate risk management plans.

The centre had a policy on protected disclosures and staff members interviewed were confident that should they need to raise a concern they would do so with the centre management or the chief executive officer. However, not all staff interviewed were clear on the policy and inspectors recommend that it is reviewed with the staff team.

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

As previously identified, following the revision of the centre's statement of purpose, all relevant policies including behaviour management policies, procedures and associated documentation were not reviewed and updated to reflect and align with the revised service model. Consequently, behaviour management plans and approaches remained largely unchanged. Inspectors were informed by centre and senior management that due to service demands and funding considerations, adequate time was not available to review the centre's model of care, update policies and procedures or to provide additional training to support the care team in adapting to the delivery of a new type of care provision. This created significant challenges for the care team in adapting their practice to meet the needs of the young people who were presenting with higher levels of need and complex behaviours.

One of the most significant changes following the transition to a medium-term service was the removal of a three-tier warning system. This system had previously been used when a young person repeatedly engaged in high-risk behaviours or committed serious breaches of house rules that could result in discharge. Inspectors found that the removal of this system reduced staff confidence in their ability to set boundaries and manage behaviour effectively. Despite these challenges, inspectors observed a strong focus on building positive relationships with young people and the care team remained committed and dedicated to achieving positive outcomes for them.

Inspectors found that the majority of the staff team were experienced with a high level of knowledge and skills and were supported by a strong management team. All staff, with the exception of newly recruited members had completed training in a recognised model of behaviour management and training for newly appointed staff had been scheduled. The centre had a number of plans in place to guide staff in managing young people's behaviour including safety and support plans developed with the input of the young people and Individual Absence Management Plans (IAMPs). Inspectors found that these plans were not fit for purpose as they did not contain clear guidance or protocols to support the care team in responding to

challenging behaviours and were not consistently updated following incidents. This included circumstances such as young people returning to the centre following missing from care episodes, incidents involving substance misuse, episodes of aggressive behaviour, and the management of one young person's specific medical concerns. Inspectors also identified that IAMPs which were required to be reviewed on a monthly basis had not been reviewed in line with this requirement despite the high number of missing from care episodes. As previously outlined in the report, robust risk management plans were not in place to effectively address high-risk behaviours or to provide clear and sufficient direction to the care team.

It was evident from interviews with staff that they were engaging in discussions with the young people to assist them in understanding and managing their own behaviour. However, this work was not consistently reflected or recorded in the key working records on file. Inspectors met with one young person in placement who reported that they felt well cared for and was able to identify staff members with whom they had positive relationships. Inspectors determined from interviews and the review of care records that the centre continued in some respects to operate under its previous model of care which primarily focused on supporting young people to develop independent living skills. While this remained an important aspect of the care provided, greater emphasis was required on creating more opportunities for purposeful engagement with young people, the implementation of structured routines and as previously highlighted undertaking targeted individual work.

At the time of inspection, centre management advised that additional behaviour management training was being considered for the care team. Management also reported that they were working collaboratively with external support services to manage the young people's behaviours and maintain their placements. Furthermore, the centre was in the process of introducing a new model of care intended to provide a more effective framework for meeting the needs of young people in a medium-term residential setting. Staff interviewed stated that they would benefit from additional guidance and clearer direction to support them in behaviour management.

Inspectors reviewed the significant events notifications (SENs) on file and found them to be of good quality with evidence that the centre manager had reviewed and commented on all SENS. However, the absence of clear and detailed safety and support plans limited the inspector's ability to determine how staff were responding and managing young people's behaviours and to assess if learning from incidents was effectively translated into practice. While regular multidisciplinary professionals'

meetings were taking place and included reviews of serious incidents, these reviews did not consistently result in the identification of clear strategies or updates to young people's plans. Social workers informed inspectors that while the care team was experiencing challenges in adapting their practice to meet the needs of young people within a medium-term setting, staff were doing their best to manage young people's behaviours. Social workers also stated that the young people were happy living in the centre and despite the challenges they presented had made good progress during their placements.

Inspectors found that the CEO of the organisation was informed of all serious incidents that occurred and conducted quarterly reviews of young people's care records. However, the centre did not have a system in place to audit the centres approach to managing behaviours that challenge. The CEO must ensure that arrangements are in place for the auditing of the centre's approach to managing behaviours that challenge by personnel external to the centre as required under the National Standards for Children's Residential Centres, 2018 (HIQA).

Inspectors reviewed the restrictive practices in place and found that the categorisation and understanding of what constitutes a restrictive practice was not always clear. Some of the restrictive practices in place were in fact standard safeguarding practices within the centre. There were a number of restrictive practices such as room searches which did not have corresponding risk assessments in place. The centre manager must ensure that all restrictive practices are reviewed to ensure they are in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

Compliance with Regulation	
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 3.1** **Standard 3.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required:

- The registered provider must ensure that the recruitment policy is amended to require overseas vetting for all staff for whom it is applicable. Additionally, the centre manager must ensure that a risk assessment is conducted, and overseas vetting is secured for the recently recruited staff member and evidence of the check is retained on file.
- The registered provider must ensure the implementation of a more robust risk management framework and that all members of the care team receive appropriate training.
- The centre manager must ensure that all risks faced by young people are adequately assessed and risk management plans are developed with the allocated social workers without delay to ensure young people are safeguarded.
- The registered provider must ensure that all policies, procedures and related documentation are reviewed and updated is updated to reflect the centre's current statement of purpose.
- The registered provider must ensure that robust behaviour support plans are developed to provide staff with clear guidance and protocols for managing challenging behaviour, and that these plans are reviewed and updated as required following incidents.
- The centre manager must ensure that IAMPs are reviewed on a monthly basis in accordance with the *Children Missing from Care: A Joint Protocol Between An Garda Síochána / Tusla*.
- The CEO must ensure that arrangements are in place for the auditing of the centre's approach to managing behaviours that challenge by personnel external to the centre as required under the National Standards for Children's Residential Centres, 2018 (HIQA).
- The centre manager must ensure that all restrictive practices are reviewed in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that the centres care planning processes are reviewed and aligned with statutory care plan requirements and regulations. The centre manager must also ensure that up to date care plans are obtained for two young people following their scheduled statutory reviews.	A statutory care plan has been obtained for both young people.	It is now practice to request the current statutory care plan during the pre-admission CRA. On admission the manager will request a CICR to be planned. The manager and keyworker will monitor when the next CICR meeting is due and ensure the social worker is aware of date. The CEO will have oversight of this process during their quarterly reviews to ensure that CICR are taking place as detailed in the Child Care (Placement of Children in Residential Care) Regulations 1995. If necessary, the manager will escalate any issues regarding delay of CICR to the social worker and team leader.
	The centre manager must ensure that a revised placement plan template is developed in accordance with the centre's statement of purpose that aims	The placement plan has been revised and is now in operation for both our young people.	The placement plans have been updated in line with the statutory care plans and will be reviewed monthly in line with the contents of the young person's care plan.

	to meet the specific needs of young people and aligns with the objectives outlined in their statutory care plans. The centre manager must ensure that key working practices are reviewed and strengthened to support more effective placement planning and to support the young people in developing the knowledge, self-awareness, and skills required for self-care and protection.	 The centre has a strong key work package that is being completed with the young people. These practices are now being recorded more robustly to clearly demonstrate the work completed. An additional key work package around safety in the community has been devised and will be completed with both residents. Due for completion with young people by 10.04.26	The manager will continue to review each placement plan on a monthly basis. Each key worker will complete this package with each young person, and the manager will review implementation on a monthly basis.
3	The registered provider must ensure that the recruitment policy is amended to require overseas vetting for all staff for whom it is applicable. In addition, the centre manager must ensure that a risk assessment is completed and that overseas vetting is obtained for the recently recruited staff member. Documentary evidence of the vetting check and the completed risk assessment must be retained on the	The recruitment policy is currently being amended by our HR Manager. Due for completion 10.04.26. The staff member has applied for their oversees vetting. Awaiting clearance certificate. The risk assessment is currently on file. Once the oversees vetting is received it will be kept on file.	This will become part of the policy and thus reviewed when the policy is reviewed. As this will now be part of the recruitment policy it will form part of the recruitment process. The HR manager will oversee its implementation. This will not be an issue going forward as overseas vetting will be obtained as per policy.

	staff member's personnel file. The registered provider must ensure the implementation of a more robust risk management framework and that all members of the care team receive appropriate training.	The Management Team and CEO received training from the Quality Risk and Service Improvement (QSRI) Team and Children's Residential Services Management, and a new framework has now been put in place. These include new placement support plans (PSP's), risk assessments, safety and support plans, situation risk management reviews and crisis management planning and review. Training is being arranged for the team with the QSRI. Estimated delivery of this training May 2026	Through using the new risk assessment forms, PSP's and placement plan more robust risk management will be occurring in collaboration with the relevant social worker. Training in Risk Management will become part of the mandatory training schedule.
	The centre manager must ensure that all risks faced by young people are adequately assessed and risk management plans are developed with the allocated social workers without delay to ensure young people are safeguarded.	The centre has begun using new templates for risk management including updated individual risk assessments for young people, safety and support plans, situational risk management forms, PSP's. These are completed in consultation with their social worker to promote safeguarding of the young people.	The continued use of these templates and the risk management framework ensures that risks are identified, assessed and mitigated against as effectively as possible in consultation with young person and their social worker. The manager will continue to oversee the risk management system on a monthly basis. The CEO will have oversight as part of a quarterly review process

	The registered provider must ensure that all policies, procedures and related documentation are reviewed and updated is updated to reflect the centre's current statement of purpose.	These policies are currently being updated by the centre manager. Due for completion 30.04.26.	Once revised in line with the new purpose and function they will be reviewed every 2 years thereafter unless changes to legislation, best practise or purpose and function trigger an earlier review. On induction each staff member is required to read and sign that they have read the operational policies and GSC policies. Throughout the induction process management support staff to understand these policies and procedures and how they relate to their role. Once a new policy is devised or existing policy updated it is made available for all staff via our internal shared system and brought to a staff meeting for discussion.
	The registered provider must ensure that robust behaviour support plans are developed to provide staff with clear guidance and protocols for managing challenging behaviour, and that these plans are reviewed and updated as required following incidents.	New PSP's have been adopted to ensure that clear behaviour and support plans are available for staff. These outline clear procedures for managing behaviour. They will be reviewed monthly or more frequently following incidents or change to behaviours.	Key workers and managers will oversee the continued use of the more robust PSP's and ensure they are reviewed wed following incidents. These reviews and updates will also be brought to staff meetings.

	The centre manager must ensure that IAMPs are reviewed on a monthly basis in accordance with the *Children Missing from Care: A Joint Protocol Between An Garda Síochána / Tusla*.	The IAMP is now part of the PSP and this will be reviewed monthly. Both the keyworker and managers will ensure that they are reviewed in accordance with the *Children Missing from Care: A Joint Protocol Between An Garda Síochána / Tusla*.	The keyworker and centre manager will ensure that the review occurs monthly against the joint protocol criteria. New layout to the monthly progress report also clearly outlines missing from care episodes which will support this review. A copy of the protocol is available for all staff to read in the centre and will be brought to a staff meeting to support staff in understanding it.
	The CEO must ensure that arrangements are in place for the auditing of the centre's approach to managing behaviours that challenge by personnel external to the centre as required under the National Standards for Children's Residential Centres, 2018 (HIQA).	The CEO has appointed the Director of Service Development for Good Shepherd Cork, to conduct quarterly audits of the centres approach to managing behaviour as required under the National Standards for Children's Residential Centres 2018.	This auditing process will continue every quarter, and the process will be monitored by the CEO during their quarterly reviews of the service.
	The centre manager must ensure that all restrictive practices are reviewed in line with the National Standards for Children's Residential Centres, 2018 (HIQA).	Our restrictive practices has been reviewed, and the required changes have been made.	The restrictive practice register will continue to be audited weekly by management in line with the National Standards for Children's Residential Centres 2018.