



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 112

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	6th, 7th and 18th of August 2025
Registration Status:	Registered from 17th of May 2025 to the 17th of May 2028
Inspection Team:	Mark McGuire Lisa Tobin
Date Report Issued:	14th November 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 17th of May 2016. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from the 17th of May 2025 to the 17th of May 2028.

The centre was registered as a multi occupancy centre to provide care for up to four young people on a short to medium term basis, aged between thirteen to seventeen. The centre operated under a model devised by the company called STEM, a multi system therapeutic model aimed at maximising engagement with young people. The model incorporated several complementary approaches including a recognised behaviour management model, response abilities pathways and circle of courage. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.3
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.3

Inspectors identified that standards 3.3, 5.2, and 6.3 would be examined during this process. However, due to the centre's physical presentation along with the lack of health and safety related training for a majority of the core team, the remit of the inspection was expanded to include an examination of standard 2.3, which was explained to centre and senior management during the inspection process.

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult

with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 22nd of September 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 6th of October 2025. The lead inspector met with centre and senior management following this and requested that further updates be made to the CAPA to address the identified shortfalls. An updated CAPA was subsequently received on the 22nd of October 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be **continuing** to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 112 without attached conditions from the 17th of May 2025 to the 17th of May 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre is a large, detached property set on a spacious site with an extensive garden area, a large driveway, and an additional garden room which was used for meetings and laundry facilities. The premises was well lit and ventilated with multiple bathrooms, staff sleeping rooms, and a kitchen/dining area with adjoining conservatory. The sitting room, however, appeared sparse, with floors and furniture in need of refurbishment. Inspectors observed a damaged table requiring removal and noted that a new television was due to be fitted to replace one that had been broken over a week before inspectors last visit to the centre. The regional manager acknowledged that improvements were required in soft furnishings and cleanliness to enhance the homely feel of the centre and committed to addressing these matters.

Each young person had their own bedroom with sufficient storage. Both young people had personalised their spaces with posters, drawings, and in one case, painted the room in a colour of their choice. Toys and games were also present but there was a lack of photographs of young people throughout the centre. Inspectors noted that the general cleanliness of the younger child's room required attention. The centre manager stated that this room should be cleaned at least weekly by staff if the young person fails to do this, but it was evident that this was not being done, despite the young person being largely absent from the centre in the past month.

Inspectors identified health and safety risks in relation to smoking. One young person was found to be smoking in their bedroom and showed inspectors a drawer full of glass ashtrays they had in their room. The young person had also blocked their smoke alarm with a rubber glove, which was removed by centre management during the

inspection. The centre manager confirmed also that they would follow up with the young person to address this behaviour. Outside the front door, inspectors observed a bench used by staff and young people as a smoking area, with glass ashtrays and discarded butts present. This practice was not in line with the centre's fire safety policy, which designated the rear of the property as the smoking area, with use of fireproof sand-filled containers for disposal of cigarette butts. Inspectors also observed staff behaviours not in line with policy and it was clear that the overall approach to smoking on centre grounds required review to ensure compliance with policy and better role modelling for young people.

During the inspection, inspectors raised concerns about the general upkeep of the property. These included the presence of a disused swimming pool containing stagnant water, uncut lawns, overgrown hedges, issues with fire doors, and a need for painting and decorating throughout the centre. On a return visit, inspectors noted that some improvement had been made; the lawns had been cut and the pool removed. However, other issues remained outstanding, including a trampoline with a moss-covered net, damaged carpets, and overgrown hedges and bushes that obstructed the fire assembly point signage in the front garden. The centres own fire policy required that bushes and trees be cut back to ensure this sign remained visible. The general cleanliness of the building also required improvement, with cobwebs present, windows unclean, and rubbish scattered throughout the grounds. Inspectors observed food spillages and glass from a damaged television on the sitting room floor which had not been cleaned from the previous shift. Centre management acknowledged the need for stronger focus on maintaining higher standards of cleanliness.

Inspectors found deficits in fire safety. Several fire doors were not functioning correctly and had not all been repaired at the time of return visit. Centre management must ensure that the operation of all fire doors is checked daily as part of routine safety checks, and that any repairs are completed promptly and to a high standard.

Inspectors reviewed the fire register and found that while routine checks were recorded, they were not accurately identifying existing deficits. Fire-fighting equipment was viewed and was well maintained with up-to-date certification from qualified engineers on file. However, inspectors noted that extinguishers were not paired correctly. For example, one room contained two foam extinguishers while another contained two CO₂ extinguishers, instead of the required one of each. Routine checks signed by staff and management had failed to identify this issue, and

both the health and safety representative and centre manager were unaware of the error or the exact locations of extinguishers in the centre. Inspectors also reviewed the risk assessment in place for extinguishers that had been removed from communal areas and placed in offices. They found the accompanying signage noted as a requirement in this risk assessment was missing in some rooms, and the risk assessment did not accurately record all extinguisher locations.

Centre management and staff informed inspectors that maintenance requests could take considerable time to be addressed. The maintenance log reviewed by inspectors noted multiple items as not addressed and did not capture the date of completion for other tasks which made it difficult to track the timeliness of completion.

Inspectors also reviewed the centres safety statement and associated risk assessments. While these documents outlined risks such as the impact of staff working extended hours, inspectors found that practice did not align with policy. In the two and a half months prior to inspection, staff had completed ten double shifts and on one occasion, a triple shift of 72 hours, with one of those staff being an agency worker. In the week prior to inspection, three double shifts had taken place. This presented serious health and safety risks to staff and young people, in addition to concerns regarding compliance with the Working Time Directive. Staffing had been previously addressed with the registered proprietor at a compliance meeting in May 2025. A written response to these shortfalls was requested by inspectors and a response was received from the Director of Services which outlined their commitment to addressing these and ensuring they were not repeated.

In addition to the above gaps, inspectors found that four full-time and one part-time staff member did not have core training in fire safety, first aid, behaviour management, or the administration of medication. This posed additional safety concerns. Inspectors also found that on multiple occasions there was no staff member on shift with these core training programmes, leading to further risks for both staff and young people. Inspectors wrote to senior management requesting that this matter be addressed immediately. Inspectors received a risk assessment that included training scheduled for an earlier date and additional control measures of temporarily reassigning staff from other centres who held the core training.

Fire drills were being carried out regularly with new staff, and inspectors saw evidence that young people had taken part in some of these. However, the centre's fire policy required individual work and a risk assessment to be carried out when a young person refused to engage in a fire drill. Inspectors found this had not been

completed when refusals occurred. Regulations require centres to carry out at least one fire drill under darkness. Inspectors noted that while one had been undertaken in the centre, this occurred at 1.30 a.m. on a Monday morning with the young person who was present. Inspectors found this to be inappropriate, as it disrupted the young persons sleep routine and posed a noise disturbance to the local community. Fire drills under darkness can instead be conducted in the early evening during winter months, which would ensure compliance without undue disruption.

Inspectors saw that there had been an accident involving a staff member while driving a centre vehicle alone. An appropriate accident report had been completed and entered in the register for accidents and injuries. The vehicle had been promptly sent for repair.

One of the remaining centre vehicles was found to have an expired NCT. Centre management explained that this was missed due to staff sick leave and the deputy manager's delay in bringing the vehicle to the test centre. A new NCT appointment had been scheduled, and the vehicle was not being used in the interim. Inspectors found that the remaining vehicles held valid insurance, NCT certification, and road tax. They were serviced regularly, and records were kept in the car log. However, one car was observed to have damage to the rear passenger wing with a sharp piece of metal protruding. Centre management stated they were aware of the damage but had not realised the metal was exposed and hazardous. They acknowledged this issue and agreed to book the vehicle for inspection by a suitably qualified professional.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
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 2.3

Actions required

- Centre management must review and enforce the designated smoking arrangements in line with the centres fire safety policy and safety statement.
- Centre management must ensure that all fire safety requirements are adhered to regarding fire doors, extinguishers and fire drills. The fire assembly point must also be maintained to a presentable standard and all relevant fire safety signage appropriately displayed.
- Centre management must ensure that the interior of the centre is maintained to a high standard of cleanliness and presentation and must ensure staff are carrying out all cleaning duties whilst on shift, inclusive of young peoples bedrooms.
- The registered provider must ensure that the centre is maintained to promote a homely environment.
- The registered proprietor must ensure that the staffing arrangements within the centre are safe, sustainable, and in compliance with employment legislation. The use of double shifts must cease except in emergency situations.
- Centre management must ensure that centre vehicles are maintained to a high standard and that vehicle damage presenting a health and safety risk is addressed promptly.

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors found that staff and young people were able to raise concerns and report incidents occurring in the centre, and there was evidence of significant event notifications (SENs) being submitted promptly to relevant parties. In most cases, areas for improvement were identified in the debrief section of the SEN template. Inspectors noted, however, that there were gaps in the wider systems for identifying and sharing learning opportunities, including the significant event review group (SERG) process.

A policy on the management of SENs was in place, outlining the types of incidents classified as SENs and the process for recording and reporting them. SENs were

being reported promptly by the centre manager; however, some staff were unclear on the procedure and on how to report and respond to incidents, despite being placed on-call – which will be discussed later in this report.

Inspectors found that incidents had occurred where staff did not follow practice guidelines, individual crisis support plans (ICSPs), or basic safety protocols. Examples included the use of non-routine restraint and staff not having a phone on their person during an incident. Inspectors saw that these issues had been named with the team and that their importance was referenced in the centre’s risk assessment on lone working.

However, the lone working risk assessment, developed as a learning response to one incident, incorrectly stated within the related risk management plan that all staff were trained in behaviour management, when in fact most staff had not completed this training. It also stated that the employee assistance programme (EAP) was available to all staff to help manage the impact of incidents, which was also not accurate. Staff were only provided guaranteed access to the EAP service following a six-month probationary period raising a concern over how those on probation were afforded fair and equal supports. Staff were also unclear on the actions outlined in the risk management plan and confused over who the associated concern related to. This was a significant concern given the nature of the incident.

During interviews with inspectors, staff demonstrated a lack of clarity in relation to practice guidelines, interventions, and risk management plans for young people. Comments such as staff “locking themselves away” in response to behaviours that challenge and calling the Gardaí as a first response were noted, and the concern regarding staff being unclear on practice guidelines was raised as an action in the centres last inspection in December 2024. Inspectors also found a poor understanding of underlying risk factors for some young people, such as learning difficulties and attention deficit hyperactivity disorder (ADHD).

Inspectors also noted that practice guidelines had not been updated following a child protection and welfare report form (CPWRF) being submitted which outlined people of concern for one young person. The practice guidelines still noted these people as key contacts in their life despite an ongoing investigation into the CPWRF allegations. This indicated that SEN related actions were not always followed through to ensure that documents reflected relevant risks, leaving the team without clear guidance in some instances. This gap had also been identified as a required action in the previous inspection already referenced. The SEN relating to this incident was otherwise well documented, and inspectors saw evidence of an extremely caring

response from the new centre manager, which was identified as a positive by the social worker and Guardian ad Litem (G.A.L.) interviewed as part of the inspection.

Inspectors found that some SENs from May 2025 had not been well followed up by management, and there was no clear process in place for tracking patterns in staff practice. While inspectors acknowledged that local risk assessments were in place for some individual and group related issues, there was no group impact risk assessment despite this being an action from an audit by senior management in February 2025.

The SERG process was sampled and reviewed and inspectors found that minutes of the organisation level meeting failed to capture the full detail of discussions relating to SENs in the centre, as well as the learning points to be brought back to the team to improve care practice. The centre had not been included in one of the recent organisational SERGs despite the high number of incidents occurring. In-house SERG records were found to function more as an audit tool conducted by a single person, named as an auditor on the template, with learning sections not well utilised and with only one person's input recorded. Team members did not demonstrate an understanding of what a SERG was and could not evidence how learning from SERGs was shared with them, and there was limited evidence of this in the team meeting records sampled.

Inspectors saw some involvement from social workers in relation to SENs and other matters such as family access arrangements, and they appeared to be well informed of incidents occurring in the centre with one social worker interviewed noting a marked improvement in communication since the new manager took up post. The voice of young people was also recorded and responded to in post-incident life space interviews (LSIs), for example in one case where a young person expressed the impact of a staff member's actions, they received appropriate assurances that the staff member would not be returning to the centre.

Inspectors saw some evidence on SENs of learning and team reflection taking place with the staff team, and that debriefs had been carried out with the staff involved, which was a positive finding.

Compliance with Regulation	
Regulation met	Regulation 16
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 3.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must ensure that staff are clear on the procedures for reporting and responding to incidents and that all SEN related actions are fully completed, including timely update of practice guidelines and other key documents to reflect current risks.
- Centre management must ensure that all staff are trained in behaviour management and on areas of underlying risk factors for young people.
- Centre management must ensure that required actions identified in previous inspection are addressed in full and embedded in practice.
- Centre management must conduct a comprehensive impact risk assessment in relation to the ongoing and significant impact of young people’s behaviour on each other and convene strategy meetings as required.
- Centre management must strengthen systems for identifying and sharing learning opportunities with the team from incidents, including strengthening and better utilising the SERG process.

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.

The current centre manager took up post in early July 2025 and was supported by a deputy centre manager with both working standard business hours. When taking up

post, the centre manager advised inspectors that they received a one-day handover with the previous manager. Given the level of difficulty in the centre and ongoing compliance issues, a one-day handover was insufficient.

Inspectors observed that while the regional manager and quality assurance staff accessed files for audits, notable gaps remain in identifying and addressing patterns in the centre, such as the group impact previously mentioned. Regional management acknowledged that they had not followed up to complete this matter which was one of their own audit actions in February 2025.

The care team demonstrated limited understanding of the governance structure and the senior management team. Knowledge of individual roles and responsibilities was also limited and this lack of clarity extended to risk management processes.

Improved oversight was also required to ensure that follow up tasks from SENs are completed and that minutes of SERGs and team meetings accurately capture discussions. A review of roles, responsibilities, risk management processes and standard operating procedures must also take place with the full team to ensure their understanding of same.

A service level agreement was in place with the Tusla National Placement team.

The new centre manager demonstrated some awareness of deficits in the centre and outlined their plans to address these to inspectors; however, they were still only new to their role and required more time and support to fully assess the quality of care-delivery in the centre. Improvements in the follow up and commentary on SENs was noted since they took up post with the social worker and G.A.L. for one young person noting positive observation also with this regard. However, at the time of inspection, several issues remained outstanding, including care practices, understanding of practice guidelines and young people's risks, lone working protocols, and adherence to the absence management plan (AMP) process. Inspectors found that the AMPs were not in line with ACIMS direction given to the registered proprietor by ACIMS management in May 2025, despite ACIMS being informed this had occurred. These documents require review to ensure data minimisation is in line with GDPR guidelines.

Inspectors found there was a risk management policy in place. Staff demonstrated limited understanding of this policy and risk assessments in place. The lone working risk assessment, put in place in response to the serious allegation for one young person, was poorly understood by staff, who also showed limited understanding of

the underlying causes of young people’s behaviours. Concerns arose for inspectors regarding adherence to policies and procedures, given the lack of understanding of the model of care and core training requirements.

While a number of risk assessments were found to be in place, staff need to clearly understand them and ensure they are appropriately categorised and rated. Previous internal audits had raised similar issues, but these were not fully addressed. It may also be beneficial to review risk assessments to identify where they can be merged for clarity. It is essential that risk assessments are discussed and reviewed during team meetings, and that this is accurately evidenced in meeting minutes. Some evidence was seen of this taking place, but it was not consistent.

A schedule of audits was in place but not fully adhered to. Audit templates appeared effective and triangulated evidence through file review, observation, and interviews. However, as mentioned earlier, the findings of a February 2025 audit had not been addressed. Audits had been marked as closed, but inspectors observed these issues remained outstanding.

There was a delegation list in place with duties assigned by the centre manager to the deputy centre manager such as for supervision of staff, and there was a nominated health and safety representative.

An on-call system was in place, but inspectors observed that a new staff member, still very much on induction, with limited understanding of residential care, centre risks, protocols, and wider service policies had been placed on call for three centres in the service. While backup support was available to them, concerns were raised regarding this individual’s readiness to fulfil on-call duties.

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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must ensure that staff have a clear understanding of the governance structure, senior management roles, and their own roles and responsibilities with the centre and wider service.
- Centre management must ensure that staff clearly understand the risk management policy and procedures, that all risk assessments are discussed and reviewed consistently during team meetings, and that minutes accurately capture these discussions.
- Centre and senior management must ensure that audit schedules are adhered to, with follow up on previously identified issues occurring before the closure of audits.
- Centre management must review the suitability and readiness of staff placed on on-call duties to align to their own policy statement.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspectors reviewed the staffing information form provided and found that staffing levels remained below the required minimum with the centre having a complement of a centre and deputy centre manager, three social care leaders, three social care workers and one part time social care worker. Inspectors also saw how there was a continued turnover in staff since the last inspection in December 2024 and found that the current care team was low in residential childcare experience. There were also concerns with the application of practice guidelines when agency personnel had been rostered and as noted previously, a majority of the team were without core training modules and there was a concern with the use of double shifts and a triple shift. As a result, inspectors found the centre to not be in compliance with the Child Care (Standards in Children’s Residential Centres) Regulations, 1996 Article 7 Staffing and the National Standards Children’s Residential Centres (HIQA, 2018) Theme 6.3 Responsive Workforce and a written response was requested from the registered proprietor asking them to outline how these deficits would be addressed. The registered proprietor responded to this and committed to addressing the staffing issues promptly.

As referenced earlier, inspectors found a poor understanding among some staff of their roles and responsibilities. A number of staff stated they had not been provided with a job description. There was limited clarity on reporting lines and gaps in staff awareness of the policies and procedures that should guide their practice, including risk response.

While staff reported that they were encouraged to use professional judgement, they provided limited concrete examples of this in practice. Inspectors reviewed one decision not to continue facilitating a young person on free time in a certain location. The care team appeared to have led this decision despite the more experienced centre manager expressing their disagreement. Inspectors advised that this procedure required review with social work input. Inspectors also noted that the decision was recorded in a punitive manner, without reference to review options or positive reinforcement. This was inconsistent with the centre's stated approach of pursuing a positive reinforcement model. The GAL interviewed as part of the inspection noted the renewed focus on positive reinforcement as a positive brought about by the new centre manager.

Procedures in place to support staff also required review, particularly gender-based concerns. Beyond peer and management support, it was not clear how appropriate emotional support was being provided to the team. Staff outlined that lone working was to be avoided as a safety response to an allegation and if alone with a young person they were to remove themselves if an escalation in behaviours occurred. However, lone working was unavoidable in the centre and as previously highlighted, the lone working policy was not well understood by the care team. Also, removing oneself from a young person during escalation would not always ensure the safety of either party. Several staff reported feeling unsafe warranting further multi-disciplinary review of protocols to ensure safety and support for both staff and young people.

As previously noted, an EAP service was accessible to staff once they had completed their probationary period to help with managing the impact of working in the centre. When inspectors queried why this same support was not offered to the rest of the team, they were advised by the regional manager that they would always approve such a request if it were made to them. However, inspectors recommend that this be reviewed as staff in residential care are immediately exposed to challenging and high-risk environments and limiting access to EAP until after six months does not reflect the urgency of these support needs. Early and universal access to confidential support

would promote resilience, retention, and staff safety, which are critical to maintaining a consistent care environment for young people.

From reviewing the SERG process and team meeting minutes it became clear to inspectors that there could be an improved focus on developing a culture of learning and development. However, the new centre manager had begun implementing the review and debrief section of SENs to much greater effect since taking up post indicating positive early signs of their commitment to addressing this area.

Centre and regional management were transparent to inspectors in naming that supervision had not taken place in line with policy for the previous three months. The new centre manager had committed to addressing this issue going forward but was only in the initial stages of contracting and establishing a supervisory relationship with the staff team given their short time in post. Those carrying out supervisory roles had received appropriate supervision training; however, a majority of the team were still awaiting a date for supervisee training to align with centre policy. Inspectors found that overall supervision requires consistent implementation, a recommendation that was also made at the last inspection.

Annual appraisals were seen for the one team member who was in post long enough for these to have occurred, though none had been completed in the past year for them. The appraisals reviewed were detailed and well documented. Two exit interview notes were provided despite seven staff and a centre manager having left since the last inspection, and neither of these were fully completed. One had only the management section filled in. Inspectors found no evidence of exit interviews being attempted routinely to learn from staff experiences which was viewed as a missed opportunity.

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	Standard 6.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must ensure staffing levels are sufficient to adequately meet the needs of all young people.
- Centre management must ensure that all staff receive written job descriptions outlining their roles and responsibilities.
- Centre management must ensure supervision is carried out consistently in line with policy and that all staff receive the required supervision training.
- Centre management must ensure exit interviews are routinely attempted and recorded in full to support organisational learning.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must review and enforce the designated smoking arrangements in line with the centres fire safety policy and safety statement.	<p>A new designated smoking area was assigned by the centre manager on 23.07.2025, which was discussed in detail at the team meeting on that day alongside the fire policy.</p> <p>A fire bin was purchased and is due to be installed on 07.10.2025.</p> <p>The centre's safety statement was updated to reflect the change in the designated area on 23.09.2025 and was discussed at the team meeting on 01.10.2025 and will be reviewed quarterly with the team.</p> <p>New cleaning schedule has been devised and implemented within the centre and a cleaning folder has been set up also. This was discussed by the centre management team at the Team Meeting on 11.09.2025.</p>	Centre management team will review and sign off on daily cleaning checklists along with daily walkaround being completed by the centre management team and feedback being given to the staff team prior to completion of shift. As part of the regional manager's weekly site visits, they will complete a walk-around of the centre, looking to see if the designated smoking area is being adhered to, is being kept tidy as part of their focus on the environment and record findings in their monthly report.

	<p>Centre management must ensure that all fire safety requirements are adhered to regarding fire doors, extinguishers and fire drills. The fire assembly point must also be maintained to a presentable standard and all relevant fire safety signage appropriately displayed.</p>	<p>The regional manager completed a fire safety audit on 26.08.2025, and areas requiring action were identified, recorded and reported.</p> <p>Fire doors have been repaired and appropriate locking mechanisms installed. Magnetic door openers were also fitted to the centre managers office, the staff office, living room and kitchen. These were completed on 12.08.2025 and 18.08.2025.</p> <p>The centre risk assessment in relation to fire extinguishers was reviewed and updated on 27.08.2025. All fire extinguishers are now in correct locations as per centre risk assessment. This will be further reviewed in the team meeting on the 15.10.2025</p> <p>New fire signage and brackets to hang fire extinguishers were ordered and are due to be installed on 07.10.2025.</p> <p>The fire evacuation assembly point has been moved to a more visible area at the front entrance on the 14.08.2025 and the safety</p>	<p>The regional manager will complete a fire safety audit on a bi-annual basis.</p> <p>The regional manager will complete a walk-around of the centre and record findings in their monthly report. Any issues will be flagged with the maintenance department for repair as a matter of importance.</p> <p>Centre fire checks to be reviewed by centre management monthly to ensure completion, accuracy and that issues are being addressed in a timely manner.</p> <p>The centre manager to ensure that fire drills are completed with all new staff members and that they review and sign the centre's safety statement as part of their orientation.</p> <p>Centre management, as part of their induction with new staff members, will explain and demonstrate the</p>
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	<p>Centre management must ensure that the interior of the centre is maintained to a high standard of cleanliness and presentation and must ensure staff are</p>	<p>statement updated accordingly. All bushes have been trimmed back to ensure signage is visible.</p> <p>A fire drill under darkness was completed on 30.09.2025 at 21:00.</p> <p>The centre management team completed supplementary supervision with all staff members in relation to how to accurately complete the daily and weekly fire checks, including how to check if fire doors and emergency lighting are working correctly. This was completed the week dated the 18.08.2025 and discussed and demonstrated during a team meeting dated 11.09.2025.</p> <p>The fire policy and procedures were discussed at the team meeting on 23.07.2025.</p> <p>New cleaning schedule has been devised and implemented within the centre, inclusive of young people's bedrooms and a cleaning folder has been set up also. This was discussed by the</p>	<p>required checks to be completed on fire doors and emergency lighting, should issues arise this will be notified to management immediately and noted through a maintenance request.</p> <p>The centre manager will review and sign off on daily cleaning checklists along with daily walkaround being completed by the centre management</p>
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	<p>carrying out all cleaning duties whilst on shift, inclusive of young people's bedrooms.</p> <p>The registered provider must ensure that the centre is maintained to promote a homely environment.</p>	<p>centre management in a team meeting on the 11.09.2025 and again on 01.10.2025.</p> <p>Each staff member has been allocated a room to oversee in relation to overall cleanliness, deep cleaning and the purpose/function and decor of the assigned room. This was discussed in the team meeting on the 01.10.2025.</p> <p>Discussions took place with the maintenance department regarding the quality of works completed. Where required, this will be escalated to the regional manager, director of operations and group service director.</p> <p>Each room in the centre has been assigned to a staff member who is responsible for identifying ways to create a homely, child-friendly environment, and to provide a list of items needed. All lists are to be provided to the centre manager by 10.10.2025 and expense requests will be supported by the regional manager. A new sofa was purchased for the centre on the</p>	<p>and feedback being given to the staff team prior to completion of shift.</p> <p>Regional manager will review the standards of cleanliness in the centre monthly and discuss with the centre management team. Their findings will be recorded in their monthly monitoring reports.</p> <p>Centre manager to liaise with the regional manager once per month with any outstanding maintenance requests which have not been completed. Regional manager will follow this up with the maintenance department in relation to a defined timeline of completion.</p> <p>Regional manager will review the standards of homeliness in the centre monthly and discuss with the centre management team. Their findings will be recorded in her monthly</p>
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	<p>The registered proprietor must ensure that the staffing arrangements within the centre are safe, sustainable, and in compliance with employment legislation. The use of double shifts must cease except in emergency situations.</p>	<p>03.10.2025.</p> <p>The practice of double shifts has ceased and is utilised only in emergency situations and following senior management approval.</p> <p>Centre management to complete monthly rosters and ensure all staff have adequate breaks between shifts.</p> <p>The centre management team will ensure that all rostering is completed with staff training in mind and ensure that core training is completed within an appropriate timeframe.</p> <p>Centre management to continue to review and highlight staffing levels in the centre with regional manager during centre visits and monthly regional meetings.</p> <p>The centre management will complete training audits bi-monthly and ensure that training deficits are addressed in a timely manner and</p>	<p>monitoring reports.</p> <p>The regional manager will continue to send weekly recruitment updates and attend weekly meetings with the recruitment department and liaise with them to facilitate interviews.</p> <p>The regional manager will also continue to monitor the rostering arrangements in the centre.</p> <p>Where requested, the regional manager will explore all alternatives prior to approving any double shifts and ensure a robust risk assessment is in place.</p>
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	<p>Centre management must ensure that centre vehicles are maintained to a high standard and that vehicle damage presenting a health and safety risk is addressed promptly.</p>	<p>highlighted with the regional manager.</p> <p>The centre manager will ensure staff are booked on next available date for required training. If specified training is not available, the centre manager will notify the regional manager, who will liaise with our training provider to ensure training is scheduled.</p> <p>Daily and weekly car checks will be reviewed by centre management to ensure all information is correct.</p> <p>Any damages to centre cars will be immediately recorded using the appropriate forms and notified by centre management to the regional manager.</p> <p>Centre use of vehicles policy to be discussed at a team meeting dated 01.10.2025 and once every quarter going forward.</p>	<p>The regional manager will complete spot checks on centre cars. Their findings will be recorded in monthly monitoring reports.</p> <p>Where there are safety concerns, these will be escalated and addressed in a timely manner.</p>
3	Centre management must ensure that	Centre management have completed a full	Centre Management are utilising a

	<p>staff are clear on the procedures for reporting and responding to incidents and that all SEN related actions are fully completed, including timely update of practice guidelines and other key documents to reflect current risks.</p>	<p>review of the young people’s SEN folder and ensured that relevant documents are attached.</p> <p>All young people’s practice documents have been updated to ensure the function of behaviour and why these are being displayed and the appropriate staff response which is required. Where changes are made these will be attached to handovers daily until the full team have read and signed each document. This has been implemented since the 01.10.2025.</p> <p>The centre management team has implemented the completion of debriefs with the staff team after incidents which are added into the SEN notification. These debriefs will highlight any errors or practices that can be improved upon.</p> <p>The centre management have begun to thoroughly review all SENs (SERG) in bi-weekly team meetings beginning 11.09.2025. This has enabled the staff team to develop their understanding of possible patterns, triggers and promote the team’s development of their understanding of risk and behavioural</p>	<p>coversheet which lists all SEN follow-on actions that are to be completed including updates to practice documents. This folder will be reviewed on a bi-weekly basis and where deficits are found, this will be discussed in team meetings and/or supervision.</p> <p>Any changes to practice documents will be reviewed on a bi-weekly basis in team meetings and/or in individual supervisions where required.</p> <p>If ongoing issues arise in relation to staff member’s adherence to approaches and practice requirements dictated in the young people’s documents, this will be appropriately addressed directly with the staff member.</p> <p>Practice documents will be shared with young people’s social work departments monthly.</p>
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		<p>management within the centre.</p> <p>The risk management policy was reviewed in a team meeting on the 15.10.2025 and this will be reviewed every two months going forward.</p> <p>Risk management training has been scheduled for the team on 14.11.2025.</p> <p>The centre management are ensuring that supervision and supplementary supervisions are occurring within the centre to address deficits in staff responses and addressing any practice concerns that are arising.</p> <p>Supplementary supervision has taken place with staff members involved in incidents where best practice was not evident and or staff have not adhered to practice documents and risk management plans. These supplementary supervisions will continue if issues arise and the centre management will ensure that staff understand where and how errors were made, to ensure learning is implemented.</p> <p>The centre management have prioritised</p>	<p>The registered provider is committed to increasing the time and qualitative input from regional management in the centre. This is being achieved by reducing the number of centres the regional manager is responsible for. This development, due to be rolled out in November 2025, will allow regional manager to spend more time in the centre and working with centre management to address areas of focus.</p> <p>The regional manager will attend team meetings and management meetings to support the management team in addressing practice issues and staff errors in particular.</p>
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	<p>Centre management must ensure that all staff are trained in behaviour management and on areas of underlying risk factors for young people.</p>	<p>providing individualised support to staff members who have deficits in their understanding of the practice documents within the centre and are using team meetings to explore the rationale for risk assessments, IAMP's, ICSP's and practice guidelines.</p> <p>Monthly regional SERG meetings feedback is now being provided with the staff team during team meetings once a month, beginning on 06.10.2025.</p> <p>Training audit and action plan completed on 29.08.2025, reviewed by regional manager, and any outstanding training needs were identified, and courses were scheduled accordingly.</p> <p>The majority of staff members have now completed core training and any outstanding training requirements for the team are scheduled for completion by the end of November 2025.</p>	<p>Centre management will book any new staff members on core training during their induction, as per induction checklist.</p> <p>Regional manager will review the centre's bi-monthly training audit and will liaise with training partner to ensure that there is sufficient training courses provided to meet the training needs of the centre.</p>
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	<p>Centre management must ensure that required actions identified in previous inspection are addressed in full and embedded in practice.</p> <p>Centre management must conduct a comprehensive impact risk assessment in relation to the ongoing and significant impact of young people's</p>	<p>Workshop completed by ACTS with staff team on the 17.09.2025 tailored to the young people in the centre. A follow up workshop is scheduled with ACTs and the staff team on the 22.10.2025.</p> <p>Actions from previous inspections which had not been addressed or where outstanding learnings are required, have been incorporated into the centre's annual compliance report to ensure all actions identified are actioned.</p> <p>The centre management team have developed a folder to file all evidence of actions identified for completion and their status.</p> <p>Impact risk assessments were completed for both young people on 07.08.2025.</p> <p>All current risk assessments will continue to be</p>	<p>Training needs across the region will be discussed monthly at the regional management meetings.</p> <p>The centre's annual compliance report is overseen by the regional manager, and compliance officer.</p> <p>Regional manager will complete a CAPA audit yearly to ensure actions are being completed.</p> <p>Regional manager will document progress with CAPA actions monthly within monthly monitoring reports.</p> <p>The regional manager will attend team meetings and review meeting minutes to ensure that risk assessments are reviewed and</p>
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	<p>behaviour on each other and convene strategy meetings as required.</p> <p>Centre management must strengthen systems for identifying and sharing learning opportunities with the team from incidents, including strengthening and better utilising the SERG process.</p>	<p>reviewed in bi-weekly team meetings.</p> <p>Centre management will continue to liaise with residents' multi-disciplinary teams to address escalations and or impacts on or from co-residents. These meetings will be the basis for practice documents.</p> <p>Centre management began on 11.09.2025 to discuss the centre's monthly SERG document and feedback from regional meeting with the team during team meetings.</p> <p>During team meetings, all staff members are asked to reflect on incidents and to identify patterns of behaviours and triggers. Centre management will endeavour to include this input into monthly SERG reports beginning October 2025.</p>	<p>updated as required.</p> <p>The regional manager will complete a risk management audit in November 2025.</p> <p>The regional manager chairs the centre's SERG meeting and will review team meetings after the regional SERG meeting to ensure that feedback is provided and that discussions are recorded.</p>
5	<p>Centre management must ensure that staff have a clear understanding of the governance structure, senior management roles, and their own roles</p>	<p>Supplementary supervision was completed with all staff the week beginning 22.09.2025. All staff members were provided with a copy of their roles and responsibilities, as outlined in</p>	<p>The regional manager will review personnel files for new member staff members and ensure that their roles and responsibilities as outlined in</p>

	<p>and responsibilities with the centre and wider service.</p> <p>Centre management must ensure that staff clearly understand the risk management policy and procedures, that all risk assessments are discussed and reviewed consistently during team meetings, and that minutes accurately capture these discussions.</p> <p>Centre and senior management must ensure that audit schedules are adhered to, with follow up on previously</p>	<p>their employment contracts.</p> <p>The organisational structure will be discussed in a team meeting dated 29.10.2025. This will be further explored with the staff team in supervision.</p> <p>The risk management policy was discussed in a team meeting dated 06.08.2025 and will be discussed again on the 15.10.2025.</p> <p>Staff members are booked onto risk management training on the 14.11.2025.</p> <p>All current risk assessments will continue to be reviewed in bi-weekly management and team meetings and will be reflected in the team meeting minutes.</p> <p>Centre management will continue to complete monthly audits, as per schedule for same.</p>	<p>their employment contract is signed.</p> <p>The regional manager will complete a risk management audit in November 2025 which will include testing of knowledge. The findings of this audit will be communicated to centre management to address during a Team Meeting or supervision.</p> <p>The centre manager and regional managers monthly reports have been revised and will record the</p>
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	<p>identified issues occurring before the closure of audits.</p> <p>Centre management must review the suitability and readiness of staff placed on on-call duties to align to their own policy statement.</p>	<p>Centre management to review actions from audits and ensure completion of same.</p> <p>The centre management and regional manager will ensure the completion of monthly audits, as per schedule, and ensure that all actions are completed before the closure of audits.</p> <p>The suitability and readiness of staff members in the centre completing on-call was reviewed by the regional manager. Where deficits were found, all duties were removed.</p> <p>Centre management and the regional manager have developed a robust plan to develop skills and suitability which will be monitored via supervision. Once skills have been developed, on-call duties will recommence with a support</p>	<p>completion of all audits. These will be in place to record information from October 2025.</p> <p>The regional manager will continue to carry out targeted audits in line with auditing schedule.</p> <p>The director of quality assurance will provide additional oversight and governance on all centre audits to ensure that audits are closed when tasks/targets have been achieved.</p> <p>Suitability for on-call duties will be discussed between centre and regional manager to ensure they are ready to provide such supports. An individualised plan will be devised, focusing on applicable skills required for these duties. Once duties are assigned, the staff member will be supported by centre management until such a time as they are confident</p>
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		person for a period.	and competent in supporting the centre. This will be reviewed with the regional manager.
6	<p>Centre management must ensure staffing levels are sufficient to adequately meet the needs of all young people.</p> <p>Centre management must ensure that all staff receive written job descriptions outlining their roles and responsibilities.</p>	<p>Centre management to continue to liaise with senior management to highlight staffing shortages in the centre.</p> <p>The recruitment department are actively advertising for positions in the centre. Centre management will continue to interview all viable candidates for applicable positions.</p> <p>A centre risk assessment was completed on the 23.01.2025 regarding staffing shortages within the centre. This is recorded on the centres risk register and is reviewed and updated monthly by the centre management.</p> <p>Centre management will continue to provide all staff with their job descriptions while signing their contracts of employment with the centre manager during their first day induction.</p>	<p>The regional manager will continue to send weekly recruitment updates and attend weekly meetings with the recruitment department and liaise with them to facilitate interviews.</p> <p>The regional manager will also continue to monitor the rostering arrangements in the centre.</p> <p>Centre manager, through the induction process, will ensure each staff member has a copy of their contract, which includes their roles</p>

	<p>Centre management must ensure supervision is carried out consistently in line with policy and that all staff receive the required supervision training.</p>	<p>Centre manager completed supplementary supervision with all staff members, the week beginning 22.09.2025. All staff were provided with additional copies of their roles and responsibilities.</p> <p>Centre Management have created a supervision schedule for all staff members which is in line with the organisation's policy.</p> <p>Where deviations occur, the rationale for same will be explicitly recorded both on the supervision form but also on the centre's supervision tracker.</p> <p>All but one staff member completed Supervisee training on 01.09.2025.</p> <p>Professional supervision skills training has been completed by SCM, DSCM, one SCL. Further training scheduled for SCL on 17.11.2025.</p>	<p>and responsibilities. This will be monitored through personnel file audit bi-annually, which is reviewed by regional manager and director of governance.</p> <p>The regional manager will monitor the centre's supervision tracker monthly to ensure centre management are completing supervisions in line with policy. Issues noted within this will be discussed with centre manager via supervision and will be noted within monthly monitoring reports.</p> <p>The centre's supervision tracker will be overseen by the compliance officer focusing on the frequency of supervision and appropriate rationales for delays. Their findings will be recorded on the centre's new monthly report which is reviewed by</p>
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	<p>Centre management must ensure exit interviews are routinely attempted and recorded in full to support organisational learning.</p>	<p>Centre manager will notify the recruitment department and regional manager as soon as they are aware a staff member is leaving employment. All employees will be invited to complete an exit interview. Any issues/learnings which can be captured from this engagement will be sent from recruitment to regional manager and centre manager.</p>	<p>the regional manager.</p> <p>Regional manager will complete a supervision audit annually.</p> <p>Regional manager will highlight the requirement for specific exit interviews to occur through their weekly recruitment update.</p> <p>Feedback from exit interviews will continue to be provided to centre and regional manager so this can promote learning within the centre, and support staff retention.</p>
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