



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 136

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Odyssey Social Care Ltd
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	16th and 17th of April 2025
Registration Status:	Registered from the 30th of May 2024 to the 30th of May 2027
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	2nd July 2025

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1. Information about the inspection process

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

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 30th of May 2018. At the time of this inspection the centre was in its third registration cycle and was in year one of the cycle. The centre was registered without attached conditions from 30th May 2024 to 30th May 2027.

The centre was registered as a multi-occupancy centre to provide medium to long term care for three young people aged between 13-17 years on admission. The centres statement of purpose and model of care had been updated in March of 2025. It outlined the implementation of a recognised programme of care which integrates a trauma informed approach to planning and caring for young people. The centres statement of purpose also included the availability of an activity programme as well as a positive behaviour support team for young people once internal referral and assessment thresholds were met. There were three 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
4: Health, Wellbeing and Development	4.1
6: Responsive Workforce	6.4
7: Use of Resources	7.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 26th of May 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 5th of June 2025 and inspectors requested more detail and evidence regarding the responses contained within the CAPA. An updated CAPA was returned on the 12th of June 2025 and the inspector and centre manager met to discuss the details on the 16th of June 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: 136 without attached conditions from the 30th May 2024 to the 30th of May 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The centre had a range of appropriate policies to support their work in this area, amongst these were policies on health, development and wellbeing, management of substance misuse and education. Inspectors found that during interview the team described practices and procedures that complied with policy. There were good quality medical folders in place for each young person. These were well organised and contained evidence of letters, emails and visit reports with key general health and specialist allied health professionals engaged with the young people and their care.

Inspectors found that there was good attention to the detail of the young people's health with primary care needs evidenced as followed up with the young people. There were conversations and key work sessions explaining and encouraging the benefits and gains from attending a GP, a dentist or optician. The young people did not always avail of these but they remained part of ongoing discussion through care plan reviews and other meeting forums so that these items were not forgotten.

The young people were engaged with or there were applications and communications related to referrals for complex needs. The management and team kept a track of letters of referral along with social workers. The centre manager and team demonstrated advocacy for the young people's complex needs towards securing suitable and safe accommodation and support post eighteen. This evidence was reflected in the medical folders, in communications and during interview with the manager and staff.

Social workers also noted where the young person had received that level of support from the centre. Other social work personnel noted to inspectors that it could be difficult to see the process and role of the organisations own specialist provision. Inspectors found that there was a clinical team within the organisation that a young person could be referred into through a tiered process. It is important that referring social workers are provided with the procedure for this process to see what

constitutes a threshold for a referral. Inspectors found that it difficult to track the referral process internally and to identify the thresholds that determined the level of intervention related to the level of need. Where it had been implemented fully it was possible to see the value and input for the direct care of a young person once activated. The regional manager informed inspectors that the company's clinical team were being expanded and that this would be beneficial regarding access and advice options for the staff teams working with the young people.

Inspectors also asked how and when a block of external intervention might be funded directly by the company and found that this occurred rarely. The centre manager and their regional manager were open to this and saw its value, for example for a block of occupational therapy, where a young person may be on long waiting lists, they can also follow up with Tusla regarding additional requests. Tusla had been funding some assessments but where it came to the intimate day to day living experience, with a young person, the centre have a vital role in advocating for clinical and therapeutic resources, not available through the company currently.

Inspectors found evidence that where provided the interventions and guidance for staff from the company clinical team were utilised. This was evidenced through integration into behaviour support plans and individual crisis support plans and then implemented by staff during incidents. There were good records maintained of incidents and responses by staff, with feedback from the centre manager and the regional manager. All the young people had good quality individual crisis support plans which were regularly reviewed. The centre manager and their deputy managed the communication with the various clinical and therapeutic services involved with the young people and staffed attendance at appointments through daily planning.

When examining the placement planning in the context of health and wellbeing inspectors found that the new placement plan format was still in the integration phase. Better tracking of key working both planned and completed was required. There was evidence of over optimistic scoring without the evidence to support that this progress was made. For example, inspectors could not track where implementation took place following discussions in February 2025 related to improved healthy eating for all within the centre and the need for better hygiene interventions for specific needs. These could not be tracked through placement planning and key working towards actual outcomes. Some items were absent from plans such as daily log evidence seen by inspectors of daytime sleeping and long periods spent in a bedroom. The daily logs also recorded high levels of take ways and

processed foods which were at odds with the identified food and nutrition goals for the whole group.

Inspectors found that the team had a positive attitude to health promotion and the role good nutrition can play in child development and did not seem aware that the records showed that improved the nutrition goals were not being rolled out as well as they perceived they were. Menu planning was completed with the young people at their young people's meetings, the centre manager had identified that this was a forum that required a refreshed approach in order to promote better young person engagement. Inspectors found that the company should lead initiatives in good nutrition to assist centres in linking into national health programmes or similar. Inspectors found therefore that the manager and team must focus on daily food routines and habits as a sample of daily logs did not support what was said at interviews regarding healthy eating.

The staff evidenced good attention to being physically active with young people in line with their interests, for example cycling, football and other activities were supported. Where young people had difficulty in engaging staff continued to put options in place for this and the company had an outdoor therapeutic programme that young people had been referred into and had successfully used.

Attendance at education, with a view to further education and training, was an ongoing area of difficulty for all three young people, there were limited hours per week being completed by each. A young person aged over seventeen did have access to an hour a day in a specialised unit attached to a mainstream school. The team supported the transitions into and out of that hour to try to maximise it chances of success but it remained a key area that they and the professionals involved reviewed on an ongoing basis. The team must remain proactive and vigilant through highlighting interventions in placement planning in support of education.

The centre was providing care for young people across a range of ages from fourteen up to seventeen. There were a number of restrictive practices that had implications for building life skills, these were in place for all three. They included having no or limited phone and internet access and not having access to cash or card to spend independently. Inspectors found that the system and procedure for recording and tracking these was not clear and was not reflective of review schedules, timeframes or young people's views. The centre management and team along with the relevant social workers must review these in a manner that balances safeguarding, age appropriate life experience and routes to reducing risk and educating young people.

The young people were unhappy in general about the lack of a phone and had complained about it. The centre, their social workers and guardian ad litem worked together and were in agreement that these measures were required, this was explained to the relevant young people. Inspectors found as stated above that the centre must ensure that during the time that these restrictive practices are deemed necessary that recording and tracking for restrictive practices, as per the criteria outlined within the standards, is improved. There must be a clear link to providing young people with the education and skills towards how they can manage better and be safer in the community, in line with their own abilities.

As part of this inspection inspectors looked at the preparation for leaving care work and did not see co-ordinated evidence of tracking of independent living skills and preparation for leaving care. The placement plan and the independent living skills folder and tracker did not capture these pieces adequately. There were complicating circumstances relating to a young persons needs post eighteen and Tusla and other professionals were working to ensure the most suitable aftercare options. It was important in that context that the team keep a record of what core daily life skills were in place and what required repetition in order to embed.

The inspectors acknowledge that the team worked well with the young people and that in key working there was evidence of sexual education, personal safety, drug and alcohol awareness sessions as well as information on consent and respect in relationships.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
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 4.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre management and staff must develop the placement plans to score accurately, identify goals, review and evidence actions and sessions related to those goals.

- The centre management and staff must ensure that they plan for, record and track life skills work and within this take account of any specific complex needs.
- The registered proprietor and the management team must ensure that the procedures for recording, tracking and gathering of young people's views and progress in restrictive practices be improved and have their own system of recording.
- The centre management must review the daily logs related to health, nutrition, daily sleeping and other habits to satisfy themselves related to the implementation of a healthy living environment and the early identification of additional needs.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Inspectors found the centre manager and staff to be positive, well trained and engaged in their day-to-day work. There was good feedback from external professionals in particular noting the communication and quality of engagement displayed by the centre manager and deputy manager. Where Tusla social workers referred a young person into the national specialist assessment and intervention team ACTS they found that the team engaged well with the training provided. This was evident to them through multi-disciplinary meetings held.

Inspectors found that training was a heading or topic on all meeting and reporting records from the centre. The centre management co-ordinated training records and identification of training needs at the centre level. The regional manager and the training team liaised to co-ordinate access to available mandatory and complementary training slots. Overall inspectors found good compliance with mandatory training, with some short delays, except in the area of first aid response, FAR. According to the records provided aside from the two managers, who are present Monday to Friday, out of ten staff two other staff have FAR in date and one other staff had a first aid training listed that was in date. The regional manager outlined the challenges in booking dates and making staff available and that the

organisation were aware of the issue. Inspectors found that this matter must be prioritised further to comply with the organisations risk assessment completed in line with the Safety, Health and Welfare Act to determine how many staff they require to be trained at FAR level and how many to be trained in basic first aid.

Staff were knowledgeable regarding the centres updated statement of purpose and their model of care, they displayed growing knowledge of the new model of placement planning. The consultant in the model met with the team and assisted in the team's development by working through examples related to the young people. The staff and management spoke positively about these sessions and its role in integrating this new system.

Inspectors were informed by staff about additional complementary company training that they had completed in a range of areas such as drug awareness, report writing, child protection and health and safety. They told inspectors that they found the training options to be a real support in their work, easy to log into and complete. They also spoke positively about the sessions with the clinical lead and their team. Training records provided by the centre manager showed that each staff mandatory and complementary training was placed on their record.

The regional manager tracked training needs through the governance reports from the centre manager, they also identified areas of policy training for staff through significant event and complaint oversight as part of their role. There was accountability related to the completion of these items. A new company auditor had commenced, and their full centre audit completed in the first week of April 2025 also highlighted training needs appropriately.

There was a training programme in place for senior staff which included modules on performance management and coaching as well as other skills in management of teams. As stated under standard 4.1 inspectors found evidence of a need for training and initiatives in healthy food routines and the importance of nutrition, inspectors also recommend that the team look at how they collate information from daily logs and integrate actions into placement plans to develop centre and individual goals. Inspectors found, as stated, that improvements were required in recording and tracking of restrictive practices, this also highlighted an overall need to review risk assessment policy and procedures with the whole team.

There was an organisational induction policy and procedure, new staff completed a pre-employment process before being assigned to the centre. This included

mandatory training, which according to the records involved six trainings on one day and five on another with a one day induction at the centre. There was a centre based induction for which there was a checklist. Inspectors reviewed a completed copy and found that it had an extensive list of categories and all were recorded as completed on same date. The copy provided had no signatures or comments regarding any points of note that may have come up requiring follow up. The regional manager stated that the HR team liaised with new starters to see how they are doing. They added that a full review of training for new starters is taking place between the head of care, the senior psychologist and auditor by the end of May with revisions for change identified for roll out thereafter. The centre manager informed inspectors that they do weekly check-ins with new staff as well as those who had been negatively targeted. They added that there was evidence that this had started to bring about some improvements, evidenced by a reduction in numbers of events.

Inspectors reviewed two personnel files for new staff who started since the last inspection in 2024, one file was complete but the second required attention. A list of actions was provided to the centre manager to attend to related to matching all aspects of vetting to dates on a CV and qualification verification.

There was evidence of negative discriminatory language being directed at staff and as stated above the centre manager was aware of this and was supporting staff, both formally and informally day to day. The employee assistance programme was made available also. Team support in this area had been a topic with follow through in March of this year and staff in interview described how they operated day to day to support each other. As the centre relies on a high level of one-to-one work for separate routines and safeguarding, and due to its layout, staff also may become isolated from each other. There was a good lone working and check in policy in place which staff did use. The company have a process for listening to staff at CEO level and discussions and advice could emanate from there to further enhance positive cultural promotion, in line with the model of care, that promotes safety for all in the workplace and as well being used to positively influence change in young people. The company had undertaken a diversity, equality and inclusion survey with staff in March also which is a positive process towards hearing staff experiences and ideas.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
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 6.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure that bookings and dates of completion are provided so that more staff can be certified in the relevant level of first aid training as determined by the risk assessment.
- The centre manager and regional manager must ensure that personnel files are reviewed and are compliant with vetting requirements.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

This centre had a team of a nine full time staff with an additional tenth post due to be filled. The centre manager and the deputy manager were separate to this number. Due to the rural location and different needs and schedules of the group three staff daily was the identified level of cover required. The centre manager and staff named that this was not always the case with some weekends and evenings, in the absence of managers, having double cover only. Whilst double cover overnight was suitable, a third staff was required into the evening to support activities, diversions and safeguarding of the group. This was named in the centres agreed plans related to behaviour management and safe care of the young people.

The centre management created and tracked the rosters to try to ensure that appropriate cover was provided but had encountered recent issues related to covering types of leave. The centre manager had consistently highlighted staffing through their

governance reporting and contact with the regional manager. Due to the centre being geographically distant from others within the company it added a layer of difficulty regarding accessing staff who may be supernumerary for a period in another centre or use of relief clustered closer to other regions. The regional manager identified the ways in which they escalated staffing needs and initiatives under way by the registered proprietor to augment staffing and recruitment. It was their goal to have a tenth full time staff member, fully inducted by June of 2025, and additional relief provided for the centre, taking account of their location and needs.

The staff kept good records that highlighted staff numbers were required in sufficient numbers daily to ensure safeguarding when the peers were together in the house. This was highlighted by recurrence of a young person or two young people still managing to leave the property without staff knowing immediately. The centre management had taken actions to improve the house security and recent events had been resolved without harm to any young person, they discussed these in detail with inspectors and the measures taken to ensure this does not recur.

The centre was well presented and homely but there were areas in flooring and general aspects that required attention. The centre manager stated that actions were progressing towards repairing the floors, some areas in the staff office now present a trip hazard so should be progressed without more delay. This hazard had been included in the audit and the health and safety records. The centre house alarms and door security had been improved and the centre had been recently provided with a third car in order to facilitate young people's schedules.

Inspectors found the centre petty cash system difficult to track regarding day to day spending as well as funding of additional items but the general records and logs supported that there were sufficient funds for foods, education, sports, activities and clothing along with toiletries. There had been items purchased such as new mattresses for the young people and items for their rooms. The regional manager told inspectors that there were discretionary amounts available to the centre management to use so that all additional purchases did not require a purchase order and a waiting period.

The organisation had started a sustainability group within the company and the regional manager was attending this, it was newly in place. At the centre there was attention paid to recycling, the national Re-Turn scheme, promoting good awareness and habits in the house.

Compliance with Regulation	
Regulation met	Regulation 7
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 7.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure that they progress the addition of staff for this centre inclusive of relief staff taking account of their location and daily safeguarding requirements for the young people.
- The centre manager must update inspectors on the completion of improvements to the flooring. They should thereafter develop a plan for the property to identify any longer term goals in improvements.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	The centre management and staff must develop the placement plans to score accurately, identify goals, review and evidence actions and sessions related to those goals.	<p>Centre Manager has completed a full review of young person's placement plans and updated these using the model of care to score each young person accurately in each of the six domains. Placement plans have been developed with identified areas for progress and planned sessions to be completed.</p> <p>Keyworkers have been retrained in key-working(01/05/2025), placement plan(01/05/2025), and after care (28/04/2025). Centre manager will ongoing conduct monthly keywork meetings and team meetings focused on placement planning, action/ goal setting and well tree outcomes.</p>	Monthly service governance reporting and review will ensure oversight on placement planning and key working by centre and regional manager. Service auditor will review placement planning as part of themed service audits. Training will continue to be completed or refreshed where there are any changes to keyworkers, or any new young people admitted the centre.

	<p>The centre management and staff must ensure that they plan for, record and track life skills work and within this take account of any disabilities and specific complex needs.</p>	<p>Life skills for young person have been added to placement plan goals for month of May and will be going forward on subsequent placement plans.</p> <p>Progress will be discussed at team meetings/ key working reviews monthly and any gaps or delays will trigger early intervention and additional supports needed. Placement plans will be tailored each young person's developmental stage to include practical and emotional skills such as budgeting, cooking, managing emotions and healthy relationships.</p> <p>Aftercare/ resource folder has been reviewed by centre management in June and has been updated to appropriately reflect ongoing life skills work completed and planned. On a day-to-day basis life skills will be integrated into daily plans and led by the social care team in completion associated tasks with the young person.</p> <p>Team training booked for 20th June 2025 with CDNT team specific to individual disabilities and complex needs.</p>	<p>Life skill goals will be monitored by centre management through daily paperwork review/ monthly service governance reporting – reviewed with regional manager, supervision, care planning reviews and internal audits. Service auditor will review placement planning and the associated goals as part of themed service audits.</p>
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	<p>The registered proprietor and the management team must ensure that the procedures for recording, tracking and gathering of young people's views and progress in restrictive practices be improved and have their own system of recording.</p>	<p>A new care record specific to restrictive practice will be designed and developed to outline the restriction, its purpose, tracking of review, recording of the young persons views of the restrictive practice, how the restriction is being progressed towards removal. This will be implemented organisationally and proposed implementation will be by August 2025 or at the earliest possibility. Centre management and staff will conduct monthly check in with young people to gather their views on restrictive practices in place for them. Complaints process will be utilised where the young person is not satisfied with restrictions in place.</p>	<p>Organisational implementation of new restrictive practice recording measures will ensure consistency in approach and that all restrictive practices are appropriately recording with a need for ongoing review. Monthly service governance reporting and review will ensure oversight centre and regional manager. Service auditor will review as part of themed service audits.</p>
	<p>The centre management must review the daily logs related to health, nutrition, daily sleeping and other habits to satisfy themselves related to the implementation of a healthy living environment and the early identification of additional needs.</p>	<p>Centre management has reviewed young people's daily logs for any outstanding or additional needs. Follow up GP appointment booked for identified needs. New young person menu planner added to young person's weekly meeting as agenda item to include visuals of suggested and</p>	<p>Centre management will review logs daily and will pay particular attention to sections designated to food intake, hours slept and any sleep disruption at night. There will be focus on any health requirements or appointments on a given day. Centre management and staff will focus</p>

		ideas for meals with a focus on healthy nutritional meals. Team training has been sourced with 'Grown Healthy Eaters' to enhance team knowledge/skills on promoting diet/health and nutrition for young person. This will be delivered at team meeting on 23 rd July 2025.	through keywork, daily conversations and role modelling on educating and developing young person skills and knowledge to manage better and be safer in the community in line with their own abilities.
6	<p>The registered proprietor must ensure that bookings and dates of completion are provided so that more staff can be certified in the relevant level of first aid training as determined by the risk assessment.</p> <p>The centre manager and regional manager must ensure that personnel files are reviewed and are compliant with vetting requirements.</p>	<p>Emergency First Aid training will be rolled out for all staff with a planned completion date of July 1st. Dates of attendance are 12th June 16th June 20th June 25th June. FAR training has been sourced specific to the centre and in the locality for ease of access to staff. This will be scheduled for all staff across July/ August/ September with a view to have all staff completed and fully trained by end of September 2025.</p> <p>All staff files have been reviewed by centre manager and regional manager. Outstanding documents have been requested to ensure staff files are compliant with vetting requirements.</p>	<p>FAR training will be scheduled by centre manager for any new starters utilising the local area training service. Training department will manage notifications regarding dates required for retraining/ refreshing and staff will be booked to complete by centre manager will local area training service</p> <p>Recruitment will ensure all prospective employees have relevant vetting requirements completed prior to taking up a position within the service. Recruitment department will going forward provide the centre manager with a file audit form on</p>

			commencement of any new starter to outline that they have audited the staff file ensuring all required documents and checks are completed and in situ. Discussed at SMT level.
7	<p>The registered proprietor must ensure that they progress the addition of staff for this centre inclusive of relief staff taking account of their location and daily safeguarding requirements for the young people.</p> <p>The centre manager must update inspectors on the completion of improvements to the flooring. They should thereafter develop a plan for the property to identify any longer term goals in improvements.</p>	<p>The centre currently has 9 full time social care staff and 2 relief staff available. There is ongoing active recruitment drive currently in place for both contracted and relief staff. There are 4 international recruits who have been offered social care positions and are presently progressing through the visa application process. Time frame cannot be confirmed at this time.</p> <p>New flooring fitted on June 10th to the upstairs of the property. Photographic evidence provided.</p> <p>Plan of identified longer term property projects will be developed by the estates manager in conjunction with centre manager/ regional manager also liaising with the landlord of the property. This will include any further works and updating of the centre as required. This plan will aim</p>	<p>Recruitment priority is to ensure the centre is able to maintain the necessary staffing levels and will continue to prioritise recruitment efforts to ensure the centre is fully supported in accordance with regulatory and safeguarding requirements.</p> <p>Centre management and regional management will do regular monthly walkaround to ensure no works are required. Centre management will continue to record and report maintenance issues as they arise.</p>

		to be completed by August 2025.	
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