



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 177**

**Year: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland Ltd.</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>11<sup>th</sup> &amp; 12<sup>th</sup> of June 2025</b>
<b>Registration Status:</b>	<b>Registered from the 23<sup>rd</sup> of September 2023 to the 23<sup>rd</sup> of September 2026</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Lorraine Egan</b>
<b>Date Report Issued:</b>	<b>11<sup>th</sup> August 2025</b>

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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 23<sup>rd</sup> of September 2020. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from the 23<sup>rd</sup> of September 2023 to the 23<sup>rd</sup> of September 2026.

The centre was registered to provide care for three young people on a medium to long term basis. The centre worked within an outcomes-based model of care with the goal to have the young people at the core of that work. The approach was to be person centred, trauma informed and for this to take place within a homely environment. 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
2: Effective Care and Support	2.3
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.3

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. Inspectors spoke with two of the young people, the third declined to speak/meet with inspectors. 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 26<sup>th</sup> of June 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 management returned the report with a CAPA on the 8<sup>th</sup> of July 2025. This was not deemed to be satisfactory, and the inspection service requested a meeting with centre management to discuss the CAPA and the realisation of same. A meeting was held on 23<sup>rd</sup> of July 2025, during which the expectations of realising a satisfactory CAPA were outlined to centre management. A revised CAPA with supporting evidence was submitted to inspectors on the 29<sup>th</sup> of July 2025.

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: 177 without attached conditions from the 23<sup>rd</sup> of September 2023 to the 23<sup>rd</sup> of September 2026 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**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.**

This residential centre was a three-storey building on a large site, situated in a rural location with no immediate access to public transport routes. The property had been privately leased by the company since operations commenced but had been purchased outright approximately one year prior to this inspection. It comprised a large entranceway with various rooms leading off it. Each of the three young people had their own bedrooms with space within which to store items securely. Two of these bedrooms had been recently decorated with the respective young people having input to this. The three bedrooms were located on the ground and first floor of the house. There was a large kitchen/dining area with a small storage area for the washing machine and tumble dryer. The third floor of the property had a sensory room and a large office/staff sleepover room. Two other staff sleepover rooms were situated on the ground floor, off the kitchen, and on the first floor. This latter room also doubled as the staff office. Young people shared two bathrooms – one on the first floor with a bath and shower. The second was on the ground floor and had a shower. The upstairs bathroom was previously accessible (before being taken over as a residential centre) from the adjacent bedroom as well as its current access off the main landing area. This adjoining door, although always locked securely, did not afford the optimum level of privacy to young people when using the main bathroom as there is a gap between the floor and the bottom of the door. As the property is now owned, the registered proprietor should consider measures that would make this bathroom more private.

Inspectors found that there were limited recreational items for use by young people either inside or to the exterior of the property. When asked by inspectors, one young person said they didn't have many toys there but when this was explored further, they



couldn't name any things they would like to have. There were some board games and a collection of books. The gardens/lawned areas outside required attention as were overgrown and weeds were growing throughout. There was a trampoline, which was securely fixed to the ground, but was very dirty and in need of power washing with rubbish and dead leaves on it. There were no other external recreational items such as swing set, climbing frame, goal set, basketball hoop, or other such items that best suited children's needs and interests. etc. The centre generally provided for young people aged 13-17 years however had secured a derogation through the Alternative Care Inspection and Monitoring Service (ACIMS) to admit a young person aged 11 years old. This child had brought their own bike which, although in use, looked in poor condition with a visibly rusting chain. There was a locked shed to the rear of the property that the manager stated was not in use. This should be considered for use as an additional space for young people to store items and belongings that are used outside. There was no evidence that additions had been made to the house in consideration of this younger age child. The manager and staff team must give attention to refreshing what's available to young people of all ages in terms of games and resources as well as the use of the outside space for recreation.

Since the company took ownership of the property, there had been significant investment including a new boiler and improvements to the operation of the heating system. This had previously been identified as an issue requiring attention both by centre management and inspectors, and it was positive to see this had been addressed. The house was well lit and ventilated on the day of inspectors' visit. Another significant investment had been in a wastewater treatment system, undertaken to ensure the household system functioned adequately with the numbers in the house. The manager was not familiar with the operation of this system and should be provided with a briefing on it as it relates to the day-to-day operation of the centre for which they are responsible. Inspectors noted that kerbing that had been removed to facilitate the implementation of the wastewater system had not been replaced, and this should be attended to.

Inspectors received conflicting messages about how and why maintenance matters at the centre were prioritised, addressed and escalated for attention if necessary. Records of maintenance matters including servicing of the old boiler, the repainting of doors and frames, and the need for new kitchen cabinets were repeatedly reported from January through to May of 2025. The matter of kitchen cabinets had been identified during the Tusla inspection of this centre in August 2024 and remained unaddressed in full. Whilst inspectors acknowledge that some matters had been addressed on a piecemeal basis, on the day of inspectors' visit the laminate on the

work surface required repair or replacement. In addition to the identification of individual matters directly to maintenance staff, maintenance was a standing agenda item at managers meetings. Despite this, many matters were not completed within an acceptable timeframe. The registered proprietor must review the maintenance system in place at this centre and ensure that it is robust and responsive and supports a residential environment that provides a safe, secure and homely space for children and young people.

The recently updated health and safety policy referred to another residential centre within the company. The registered proprietor must ensure that a safety statement is in place for this centre and all staff are familiar with same. There were two appointed health and safety officers with responsibility for overseeing all matters related to health and safety in the centre. The centre manager maintained records of any accidents/injuries occurring to staff on duty or young people. In addition, the administration of first aid in the centre was recorded. The registered proprietor had previously submitted evidence of compliance with relevant building regulations and evidence of compliance with fire safety regulations was also provided for inspectors' review.

The centre had two dedicated house cars and inspectors were provided with a list of staff that were legally licenced to drive the vehicles and evidence of tax, appropriate insurance and regular servicing was provided during the inspection. The centre management and staff team were of the view that two cars comfortably provided for the needs of the young people, although the young people in meeting with inspectors disputed this. Both young people spoke about different reasons for why they would want a third car, including disagreements in the car and having to wait until a car was available. This should be kept under review. Inspectors noted that one of the cars had exceeded its servicing by 3,000km, this had been identified to maintenance, but no immediate response was evident. This had not been escalated as a health and safety risk/concern with an associated risk assessment in place in accordance with the centres own policy on health and safety.

Many aspects of the property and contents, particularly in the kitchen and main bathroom upstairs, were unhygienic on inspectors' arrival. There were sticky work surfaces, drawers, cupboards in the kitchen, amongst other matters noted. Additionally, health and safety items were identified including no stair rail on the top stairs and Perspex that had been attached to the bannisters that had since been damaged and had jagged edges. The social work team representatives' inspectors interviewed that had been at the centre stated that they had not noted any issues with

cleanliness on visits they had conducted. They did acknowledge that their visits were always planned and announced. One professional did acknowledge that the ground of the house could present as more child friendly. These matters did not contribute to the creation of a homely environment. There was a slate overhanging the roof which presenting a significant health and safety risk. This had not been identified in any audit of the property undertaken, though was addressed on the day of the inspectors' visit when it was pointed out to the centre manager. The findings, relayed to centre management during a walkthrough of the property and later sent on in writing, reflected similar findings of the inspection that took place in August 2024. Inspectors were informed that learning from that inspection had translated into new systems of cleaning and oversight of same, including by the service director and other professionals when visiting the house. Inspectors reviewed the cleaning rotas and environmental inspection reports completed by the centre manager; the latter did not identify any areas of cleaning to be addressed. The inspection report of August 2024 named the following action: *"The registered provider must ensure that they have effective property and maintenance systems in place on an ongoing basis."* Centre management responded to this action stating: *"A new maintenance system is currently being developed and will be in situ by the end of Quarter 4 of 2024. The centre management team are continuing to work with the young people to create a homely space in line with their needs and wishes and this has been incorporated into the ongoing programme of works. The management team will provide daily oversight to the cleaning of the centre."* An audit completed by the company's compliance and complaints officer in September 2024 included an examination of standard 2.3. This audit report found that ongoing attention was required to the areas of cleaning and maintenance. The centre's annual report for year ending 2024, also identified that the recruitment of additional maintenance personnel should be considered as part of the company's expansion to ensure maintenance matters were addressed satisfactorily. This had not been acted upon at this time and remained a consideration for directors. Considering the findings documented here and elsewhere, the registered proprietor should prioritise this consideration for action and implementation. Despite these internal audit findings and reported measures implemented, in addition to findings from inspections by ACIMS, inspectors found that the overall cleanliness of the house and the condition of the property was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Article 8 (e) Accommodation. The actions stated by centre management in response to previous inspection findings have not been sufficiently robust or effective in responding to matters related to maintenance and cleanliness. The registered proprietor must take immediate corrective action to address the deficits identified in this standard and implement the necessary robust and effective

measures required to ensure the property is clean, safe and provides a homely and stimulating environment for young people.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>Regulation 8 (e)</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 2.3</b>

### **Actions required**

- The registered proprietor and centre management must undertake corrective action to address the centres' non-compliance with Child Care (Standards in Children's Residential Centres) Regulations, 1996, Regulation 8 Accommodation.
- Centre management must implement the necessary systems and measures that ensures a consistently clean, safe, homely and stimulating environment is provided for young people.

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 6: Person in Charge**

**Theme 5: Leadership, Governance and Management**

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

There were systems in place at centre level to review the quality and continuity of care – these included staff supervision, staff and manager meetings, young people's meetings, the significant event review group (SERG) process, and environmental audits by the centre manager. Many of these records reflected a connection to daily

practice and guidance documents in daily use at the centre including risk assessments and behaviour support plans. Where necessary, discussions and reviews of practices led to the convening of strategy and professionals' meetings to attend to the safety and wellbeing needs of a young person. In addition, the staff team accessed the support of the internal systemic psychotherapist to give input on plans being implemented with young people and alterations to these as necessary. Young people's views were sought regarding their placement throughout their time in the centre as well as when they moved on. Additionally, exit interviews were conducted with staff for feedback on relevant aspects of the service delivery.

As mentioned above, regular SERG meetings were conducted and the records reviewed demonstrated thorough discussions with learning outcomes and recommendations identified within. Feedback from these meetings on the learning notes identified, were brought through to team meetings. These records also demonstrated that the staff team had a good understanding of young people's behaviours and underlying trauma with emerging trends also reviewed. The various professionals' inspectors spoke with as part of this process expressed the view that on the whole young people were well cared for and that staff demonstrated an understanding of their behaviours. The input from the company's systemic psychotherapist was not evident across records reviewed by inspectors and this may be an area for further development for the staff team and wider organisation in terms of promoting service delivery improvements. The social work team representatives were not aware of the role of the systemic psychotherapist within the company or their involvement or input with young people. All indicated to the inspector that they would explore this further with centre management to optimise the systemic psychotherapist role in the day-to-day care of the young people.

There were two persons within the company with responsibility for conducting audits against the national standards. Audits were taking place on a regular basis resulting in detailed reports. Inspectors found the tracking of implemented actions was not readily evident and multiple documents had to be reviewed to ascertain what actions were identified and whether implementation had occurred. It was not always clear who had conducted the audit, and the actions named were not always attributed to the responsibility of appropriate personnel. For example, the centre manager was assigned responsibility for maintenance actions that they could not readily influence or enforce. Centre management must improve their system of auditing to ensure it clearly evidences an approach to tracking and improving the service at the centre. Inspectors reviewed the centre's complaint register. Individual complaints in the register did not consistently and clearly demonstrate the outcome. Where it noted

that a young person was not satisfied with the response provided to them, what happened next, if anything was not clear. The company has recently created a new post of compliance and complaints officer. Centre management, in their response to the inspection report of August 2024 stated: *“The centre management will complete a full review of all complaints monthly to identify trends and patterns. All non-notified complaints that have been made 3 times over the previous 3 months will be escalated to a notified complaint. The Complaints and Compliance Officer will monitor complaints in the centre and will continue to consult with young people during regular audits.”* There was no evidence of this provided to inspectors during this inspection. This stated action must be implemented with immediate effect.

An annual review of compliance was completed for the year ending 2024 by the compliance and development manager with the findings presented in a detailed report. This report consisted of an analysis of findings of audits conducted across all centres within the agency and an assessment of performances as measured against the national standards. Inspectors suggest that to continue learning and driving service delivery improvements, centre management conduct a review of compliance for this centre against its own stated objectives with an accompanying action plan to address issues identified. Inspectors noted that the implementation of a timely action plan was lacking from the current compliance reports leading to ongoing deficits in matters identified. This included adherence to policy timeframes for supervision and the recommended escalation of maintenance matters, both of which were identified in the 2024 report and were not fully and effectively implemented.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.4
Practices did not meet the required standard	Not all standards under this theme were assessed

#### Actions required

- Centre management must improve their system of auditing to ensure it clearly evidences an approach to tracking and improving the service at the centre.



- Centre management must undertake a complete systems review of complaints policy and process at this centre as a matter of priority.

#### **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.**

Staff had a clear understanding of their respective roles and responsibilities and understood the various reporting lines within the centre. Those in more senior roles within the centre understood the additional responsibilities they held and described how these were delivered on in practice. There was clear information provided to inspectors about the importance of shift planning to cater appropriately to the needs of young people and ensure their various activities and interests were facilitated. Discussions at daily shift hand over, throughout the day, in individual supervision records, in significant event reviews (SERG) and at team meetings demonstrated the staff team were committed to a team-based approach, were consistent in the delivery of care and accountable for their practice. Inspectors found consistent reference to various planning documents including individual crisis support plans (ICSPs), risk assessments and behaviour support plans (BSPs) across documents reviewed and during interviews. These were referenced as informing daily interventions with young people as well as mechanisms for minimising possible risks to staff.

At the time of this inspection, the staff complement in the centre consisted of fulltime manager and deputy, two social care leaders, four fulltime social care workers and two further part time social care workers that were filling one whole time equivalent (WTE) on the roster. The staff team also had one fulltime support worker. This centre had been approved for a derogation request to accommodate a young person outside of the stated age range in their statement of purpose. In the derogation request, centre management had committed to providing a stable and homely environment for this child. To meet the individual needs of the young people, the centre operated a system of three staff on sleepover shifts daily, enabling one staff to each young person throughout each shift. However, due to having less than minimum required wholetime staffing numbers, the centre was reliant on a weekly basis on relief and agency staff to fill the rota to adequately meet the presenting needs of the young

people there. One young person spoke with inspectors in detail about the impact of the admission of this young person to the centre on them and their life. They spoke about the behaviours of that young person and their perception of staff not addressing the behaviours thus it is impacting on them and others. This young person's social worker stated that no concerns had been raised directly with them by the child. Both young people, as previously stated, commented on the matter of having to occasionally share the car on journeys and their respective views on this. Both were of the view that separate plans worked better for them.

Inspectors were informed that recruitment was ongoing to fill the current vacancies. The registered proprietor must address the deficits in staffing numbers as a matter of priority. The centre did not have the minimum number of staffing required to comply with the Alternative Care Inspection and Monitoring Service (ACIMS) Regulatory Notice (Revised) on Minimal Staffing Level & Qualifications for Registration of Children's Residential Centres, 2024 and thus not complying with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Article 7 'Staffing'

There was evidence of a culture of learning and development in the centre evidenced through supervision, team meetings, SERG, and during interviews. The company had a clinical support person that provided resources to the staff team to inform their work with young people. The staff team met with this professional monthly and, in addition to the resources, training and continuous professional development opportunities were delivered by them to augment the delivery of care in the centre. Inspectors noted that some areas of learning had not been embedded (as discussed under standard 2.3) and efforts to ensure this occurs must be strengthened significantly. There was a focus on self-directed learning through the supervision forum. Inspectors suggest that the manager and/or supervisor also identify areas of learning for staff to ensure they continue to develop in their role.

The company had a detailed supervision policy in place that specified supervision occurred at intervals no greater than 6-8 weeks. The centre manager, deputy and one social care leader were responsible for the delivery of supervision across the staff team. A second recently appointed social care leader was awaiting the provision of supervisor training before taking on this task. Records reviewed by inspectors found that the delivery of supervision was not consistently in line with policy. The timeframes were not always adhered to, and the continuous professional development (CPD) plan was not discussed in any level of detail. Inspectors noted that although actions were named related to work or interventions with young people, this was often generically phrased rather than specific and there was little



evidence of follow through on named actions from one record to the next. One staff member had been employed for over one year and had only three supervision sessions completed. These were done with three different supervisors, and it was evident that areas of professional development had not been progressed due to the inconsistency, lack of follow through and lack of oversight. The centres annual report for year ending 2024 noted some deficits in the delivery of supervision and there was a recommendation that noted the responsibility of the centre manager to action supervision audits as required. There were no such audits presented to inspectors as having been completed.

Annual appraisals were undertaken by the centre manager with individual staff members. The most recent record reviewed of an appraisal conducted by the current centre manager was clearly detailed with rationale for scoring. As with supervision, clearer naming of actions and how these would be implemented would improve this process.

The company had a detailed policy on supports and mechanisms in place for the staff team to access should they require. This included supervision, appraisals, on-call and an employee assistance programme (EAP).

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

- The registered proprietor must address the deficits in staffing numbers as a matter of priority.
- The centre management must ensure that supervision is conducted in accordance with centre policy and that corrective action is taken when this is found to not be the case.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered proprietor and centre management must undertake corrective action to address the centres' non-compliance with Child Care (Standards in Children's Residential Centres) Regulations, 1996, Regulation 8 Accommodation.	A detailed maintenance schedule has been developed. All maintenance issues identified during the inspection have been completed. The slate on the roof was fixed on the day of the inspection with evidence provided to the inspector on this date.	The Compliance department will conduct quarterly environmental audits in the centre beginning in Q3 of 2025 complementary to the regular schedule of audits for a period of 12 months. Any issues identified will be escalated to senior management. Senior management will include hygiene checks as part of visits to the centre and plans will be developed with centre management to address any areas that require attention.
	Centre management must implement the necessary systems and measures that ensures a consistently clean, safe, homely and stimulating environment is provided for young people.	Refresher training on the model of care with a focus on homely environment will be completed with the team on 17/07/2025. Centre management purchased a variety of outdoor recreational items for the young people following the inspection as advised, however the young person advised that they do not wish to have these in the	New tailored cleaning schedules have been developed with senior management for all communal areas in the centre. The SCDM will review these daily with spot checks occurring during senior management visits to the centre. Deficits in cleaning will be addressed through supervision and team meetings with the care team members. Additional in-house demonstration/

		centre. All the outdoor recreational items purchased will still be available to the young people should they chose to use them.	training is being completed with all care team members, and this continue to be implemented with all new care team members.
5	<p>Centre management must improve their system of auditing to ensure it clearly evidences an approach to tracking and improving the service at the centre.</p> <p>Centre management must undertake a complete systems review of complaints policy and process at this centre as a matter of priority.</p>	<p>A meeting was held with centre management, senior management and the compliance department on 14/07/2025 to review auditing systems in the centre. Additional compliance visits are planned to support improvements in the centre.</p> <p>Centre management have conducted a full review of complaints policy and processes in the centre on 07/07/2025. The centre management team have reviewed the centre's complaints register and have updated relevant information as per the complaint's forms. The centre management team will review the</p>	<p>The centre management team are required to action recommendations with both corrective and preventative measures. Centre Management will send the responses to the CDM for review, along with the CCO, to ensure that comprehensive systems are in place to address recommendations for a period of 6 months. The CCO will complete follow up visits to track the implementation of recommendations for a period of 6 months</p> <p>The centre manager will review the complaints register weekly to ensure adherence to policy. The CCO will review the complaints register monthly and make recommendations to the centre manager as required through the auditing process. The complaints register will be forwarded to the CDM before monthly SERG reviews to</p>

		complaints policy, register and all relevant documents concerning complaints with the care team in 10/07/2025.	ensure compliance for a period of 6 months.
6	<p>The registered proprietor must address the deficits in staffing numbers as a matter of priority.</p> <p>The centre management must ensure that supervision is conducted in accordance with centre policy and that corrective action is taken when this is found to not be the case.</p>	<p>Active recruitment is ongoing with one care team member currently being onboarded with the aim of this being completed by the end of July 2025 pending reference verifications. A care team member from a sister centre had been seconded to this centre since the 22<sup>nd</sup> of June until onboarding is completed.</p> <p>Centre Management have developed a supervision schedule for the remainder of 2025 to ensure that all care team members receive supervision in line with policy from a consistent supervisor. Supervision records will evidence detailed discussions on review of CPD plans and identify areas professional development for each supervisee going forward. The centre manager will complete a monthly review of</p>	<p>Staffing meetings take place on a weekly basis with senior management to monitor the needs of the centre. Alternative methods of recruitment are currently being explored. The CDM is currently part of the CRS working group to support staff recruitment and retention within residential centres. Learning from the groups will be implemented within the service to support recruitment.</p> <p>Supervision audits from the Compliance department are conducted biannually. The Compliance Department will increase this to quarterly in this centre for a period of 12 months to ensure that centre policy is being adhered to and follow up actions are being completed.</p>

		supervision files to ensure that recommendations made in the annual report are fully implemented in the centre and quality is being maintained. This will commence in at the beginning of July 2025.	
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