



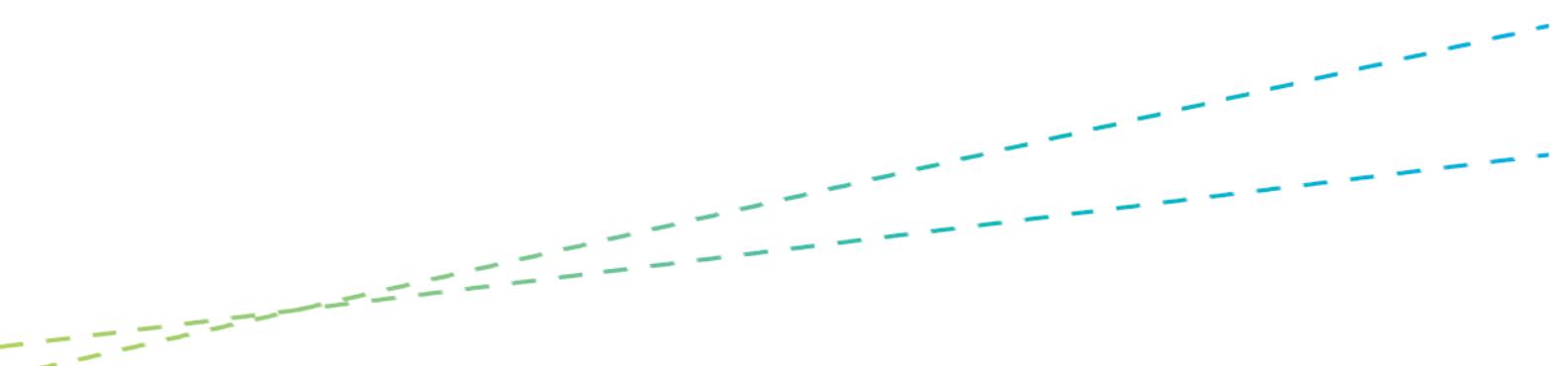
An Gníomhaireacht um  
Leanáí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 240**

**Year: 2025**



## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Clover Care Services</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>12<sup>th</sup>, 13<sup>th</sup>, 15<sup>th</sup> 19<sup>th</sup> August 2025</b>
<b>Registration Status:</b>	<b>Registered from 13<sup>th</sup> February 2024 to 13<sup>th</sup> February 2027</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Eileen Woods</b>
<b>Date Report Issued:</b>	<b>23<sup>rd</sup> October 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 13<sup>th</sup> of February 2024. At the time of this inspection the centre was in its first registration and was in year two of the cycle.

The centre was registered as a dual occupancy service. It aimed to provide medium to long term placements to young people of mixed gender, aged between 13 to 17 upon admission. The model of care focused on responding to trauma exposure and theories of attachments with the aim of supporting young people in forming positive relationships through the application of attachment theories. There were two young people living in the centre at the time of the inspection. With the approval of Alternative Care Inspection and Monitoring Service (ACIMS) the centre was operating outside of its statement of purpose under a derogation process and had accepted a referral for one child aged under 12 years.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
4: Health, Wellbeing and Development	4.2
6: Responsive Workforce	6.4

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. For various reasons on the day of the inspection, inspectors did not formally meet with either of the young people. 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 17<sup>th</sup> 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. In addition, a compliance meeting was convened between the deputy head of Alternative Care Inspection and Monitoring Service (ACIMS) and the registered proprietor on the 2<sup>nd</sup> of September. The purpose of this meeting was to highlight immediate concerns arising from the inspection and seek a plan of action to address these. A written plan of action to respond to identified matters was submitted to ACIMS on the 18<sup>th</sup> of September and this was accepted as being satisfactory. This action plan and the subsequently submitted CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 1<sup>st</sup> of October 2025. This was deemed to be satisfactory and the inspection service received evidence of how the issues identified would be 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: 240, without attached conditions from the 14<sup>th</sup> of February 2024 to the 13<sup>th</sup> of February 2027 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies Regulation 17: Records

##### Theme 1: Child-centred Care and Support

###### Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

The centre had a written policy on consultation with young people and their families that placed emphasis on including young people in everyday decisions and in longer term planning. Inspectors found that this policy was being realised in practice through young people's meetings, individual work, consultation about individual weekly planners, menu planning and weekly grocery shopping. Meetings with young people were convened on an individual basis at the time of this inspection. Inspectors noted in records reviewed that issues raised by a young person about their family contact had not resulted in actions, nor was there evidence that these matters had been followed up on behalf of the young person and responded to by staff. It was unclear if these had been brought to the attention of social work staff. Additionally, in this young person's file, there appeared to be inconsistencies between the staff members present for the meeting and the names signed on the record. These records require improvement as well as greater oversight by the manager to ensure that they represent an accurate account of discussions and that actions are correctly identified based on discussion and are followed through.

There was evidence that one of the young people currently in placement had been informed of the discharge of their co-resident and then, some weeks later, about a new young person moving in. The youngest resident had been invited and encouraged to attend their monthly statutory reviews by the staff team. The social worker had a different view of how this should happen for the young person, given the level of trauma experienced by this child. The social worker reported that in this area of practice, as with many others, the management and staff team at the centre lacked an awareness of the implications of this child's experienced trauma. Clearer communication and understanding are required. There was one consultation form on file that had been completed by the young person with the support of a staff member. This form was undated however and attention should be paid to such matters. There was less evidence of young people being actively consulted with in the development of their individual placement plans. Inspectors did not meet individually with either young person on the day of their visit for a number of reasons and neither did they

complete questionnaires for the inspection process. Greater focus should be brought to the practice of consultation with young people to encourage meaningful engagement by them. It was positive to hear that the oldest resident was actively engaging with their aftercare worker, and this should be consistently supported and encouraged as they move towards greater independence.

The centre had a written policy on complaints that distinguished between formal and informal complaints, although the language was interchangeable with notified and non-notified. Inspectors found that practice in relation to complaints made by young people requires significant improvement as a matter of priority to ensure compliance with Article 5, care practices and operational policies, of the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Practice in the area was not in line with the centres' own policy; staff and management were not familiar with the centre policy; and timeframes for the investigation and resolution of complaints was not adhered. The policy itself requires review and amendment to ensure clear and consistent language as well as better/more appropriate timeframes for all types of complaints to be resolved within. Inspectors reviewed the centre register of complaints – this had to be requested as was not in the centre on the day of inspectors unannounced visit and was instead at another centre within the agency. This record showed that there had been a total of 24 complaints recorded in this document since April 2024. Of these, 17 were categorised as 'notified' and all, apart from 4 made by a current resident, had a 'closed' status. Inspectors noted that many of these 17 exceeded the timeframe for investigation as stated in the policy with some exceeding 5 months. As the full record of these individual complaints were archived following the young person's discharge from the centre, inspectors are unable to comment on these complaints and the process followed with them. Inspectors found that the four open complaints did not clearly demonstrate the basis for or context of the complaint. Directly linked to the fact that management were not aware of and acting in accordance with their own policy, young people and staff were potentially left in a vulnerable position. Practice was not in line with the centre's statement of purpose. Inspectors recommend that the registered proprietor arrange for a workshop to be convened as a matter of priority to discuss the centre policy, ensure clarity regarding what constitutes a complaint, and to clearly assign responsibility for investigating.

Given the evidence of lack of understanding of policy and inconsistent and confused practice, action must be taken to enable management and staff to give young people a clear message that there is a clear process that they can also trust without relationships being damaged. As part of this process, mediation should be

undertaken and concluded promptly with repairs to relationships undertaken immediately and all parties aware of outcomes. Staff and young people need to be appropriately supported in this process. Going forward, a formal review of the complaints policy and process, as well as complaints made, should be undertaken so that learning can be implemented into practice at the centre.

Compliance with Regulations	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

Compliance with standards	
<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>Standard 1.6</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre management must oversee the improvement of all records, as well as greater oversight by the manager to ensure that records represent an accurate account of discussions and that actions are correctly identified based on discussion and are followed through.
- The registered proprietor must undertake a review of and provide an informed workshop on policy and practice relating to complaints in the centre. Centre management must ensure going forward that practice is in line with policy, that complaints are concluded promptly and mediation is concluded without undue delay.

### **Regulation 10: Health Care**

### **Regulation 12: Provision of Food and Cooking Facilities**

### **Theme 4: Health, Wellbeing and Development**

#### **Standard 4.2 Each child is supported to meet any identified health and development needs.**

There was an up-to-date statutory care plan on file for one young person. This child was twelve years old and, as such, their case was subject to statutory monthly reviews

in accordance with the National Policy in Relation to the Placement of Children Aged 12 Years or Under in the Care or Custody of the Health Services Executive. These Child in Care Reviews (CICR) had been occurring monthly. There were minutes of these meetings held on file at the centre, taken by centre staff. There were no updated care plans or formal review minutes from the social work department shared to the centre file. The care plan on file for this young person contained an updated review of their overall needs, which were complex, and there was evidence that some of these had been actioned since the young person's admission to this centre. This included referral and attendance at a local GP practice for review; their optical needs addressed through provision of glasses; and there was some individual work to prepare the child for forthcoming dental appointments. Inspectors found that greater attention was required to the area of establishing and maintaining healthy eating habits for this young person. The social work department and Guardian ad litem for this young person, reported significant deficits in communication and repeated requests made by them to ensure that appointments were conducted as planned. The securing of an educational placement had not yet occurred at the time of this inspection, due to primary schools being closed for the summer and what appeared to be differences of opinion about most suitable placement for the young person. This was a matter that the social worker intended to pursue. Centre management must ensure through their oversight and attention to professional practice going forward, that the staff teams' practice is in accordance with plans agreed with the social work team as this had been an issue previously.

The second young person had been admitted to the centre approximately three weeks prior to inspectors visit. Their statutory child in care review was being convened later that same week. The appointed social worker informed the inspectors that the discussion at the care plan meeting had centred on daily planning for the young person, their family access arrangements, aftercare planning, and possible training courses. They noted that there were challenges reported by the staff team in engaging this young person and that this would continue to be an area of focus. The centre manager will need to ensure that the placement plan developed following this CICR will identify how the various needs and actions named will be appropriately addressed within the placement. Staff confirmed that a GP appointment had been made, and a request submitted for medical records to be shared for this young person.

Inspectors found that during the centre managers' interview, they did not demonstrate a full and clear knowledge of the role of the various professionals working with one young person. Inspectors found it difficult to track, based on the

information provided at the centre, the role of the professionals involved and how their work was integrated with the care being delivered at the centre. There is a need for the manager to ensure they are fully aware of the complete care package being provided to each young person so that they can ensure it is delivered accordingly at the centre. Care planning documents at the centre should detail the agreed approach. The centre manager must ensure that all staff also understand the overall care package and approach to care as agreed at multi-disciplinary meetings. Records of relevant meetings and contact with professionals where decisions or actions arise must be clearly detailed in young people's care records at the centre with assigned responsibility for actions. The manager must create and oversee the consistent delivery of a professional approach to multi-disciplinary working. The provision of trauma-informed care training had been requested of the centre management by the social work team for the youngest child resident. This had not been completed at the time of this inspection. The registered proprietor must prioritise this training so that the staff team can be better supported to meet the needs of this young person.

There was a written medication policy and procedure and inspectors found that medication records were maintained in accordance with this policy. The policy stated that the centre manager was responsible for monthly audits of medication records, and the most recent record of an audit had occurred in June. The centre manager must ensure that their practice is in keeping with the centre policy. Based on their review of medication administration records reviewed, inspectors recommend that the centre manager prioritise a review of same to ensure clarity regarding use and disposal of over-the-counter medications. Additionally, it had been noted in the June audit of the medication records that training and knowledge was required for new staff. Inspectors found that this action remained outstanding and must be addressed.

Compliance with Regulation	
<b>Regulation met</b>	<b>Regulation 10 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

Compliance with standards	
<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>Standard 4.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must create and oversee the consistent delivery of a professional approach to multi-disciplinary working.
- The registered proprietor must prioritise the provision of trauma-informed care to the staff team so that they can be better supported to meet the needs of the young person in placement.
- The centre manager must conduct an audit of medication records and training needs and identify a plan of action.

### **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.**

There were training opportunities available to the staff team working at the centre, however inspectors noted that the prioritisation of these and ensuring they were attended to in a timely manner required improvement. A similar finding had been noted in the inspection of a sister house within the agency – the need to prioritise attention to training. Required training for the staff team had been identified as part of one young person's collective risk assessment (CRA) in advance of their admission, in April 2025. Named risk behaviours were identified as high and requiring a specific response. At the time of this inspection, inspectors noted that not all staff on the roster at that time had completed training in areas specified at the commencement of

this young person's placement – an identified model of behavioural intervention, the use of a ligature knife, and in first aid responder. At the preliminary feedback stage of the inspection, inspectors requested that centre management provide them with a clear plan of action to address the gaps in training. Whilst the confirmation of training was received, no plan of action to address outstanding gaps in mandatory and required training was provided.

Inspectors requested that centre management satisfy themselves of the training status of all relief and agency staff that were being used in the centre. At the time of writing this report, this had not been provided to inspectors. There was a reliance on agency staff to fill gaps on the roster on a weekly basis due to the centre having less than the required number of staff employed on a fulltime basis and thus not complying with Article 7, staffing, of the Child Care (Standards in Children's Residential Centres) Regulations, 1996. The use of agency and relief staff was having an impact on the provision of consistent and stable care to the young people resident.

One young person was consistently naming their dislike of unfamiliar staff and in particular staff from non-Irish backgrounds. They also were vocal about their dislike of many female staff. This had been noted in their pre-admission information. A previous resident of the centre had displayed similar behaviours throughout their placement and, whilst there had been discussions following their discharge with learnings noted, there was no evidence that the learning from that placement had translated into actions or practice for future/current placements. On the day of inspectors visit, they did not observe consistent interventions to behaviours displayed linked to an agreed approach. This is a significantly challenging aspect of the current young person's behaviour that needs to be addressed through a well-informed plan and consistently implemented by a stable staff team.

Inspectors found that the model of care was not referenced during interviews as informing staff practice, nor was its use clearly demonstrated in records reviewed. The regional manager acknowledged in interview that attention to the delivery of training in the model of care had slipped due to the prioritisation of other matters. They committed to giving this the attention needed to ensure the staff and management team had a clear understanding of the model of care and were reflecting it in their practice and records.

Inspectors were provided with a training record for the staff team, as maintained by management, and separately a schedule of upcoming training. Inspectors noted on the personnel file reviewed, that certificates of records maintained there did not

match with the records provided by the centre manager on their excel record. Centre management must ensure that they secure all training certificates and place them securely on personnel files. A training needs analysis to determine the actual training needs of staff, separate to the agency's training requirements, had not been undertaken. There were several areas of training identified by inspectors throughout this inspection including report writing, minute taking, supervision training for those appointed to this task, and other areas of professional development. The registered proprietor must prioritise the undertaking of a training needs analysis and plan of action to attend to training needs identified through this process. This analysis should be undertaken on a regular basis going forward and be linked to the presenting needs of young people in the centre and what training is required for staff to appropriately meet these.

There was an induction policy but inspectors found that this was not fully adhered to in practice in aspects of it including organising a series of day and overnight shifts before assuming responsibility on shift; agreeing a supervision schedule and communicating this to the staff member; and ensuring that the new staff onboarding had a full and clear understanding of their professional role and duties. The centre management must satisfy themselves that the practice of induction is appropriately robust and that all onboarding staff have a clear understanding of expected practice in relation to matters including professionalism, confidentiality, and practice with young people.

Compliance with Regulation	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 7</b>

Compliance with standards	
<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>Standard 6.4</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered proprietor must present a plan of action to demonstrate how they intend to comply with Article 7, staffing, of the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

- The centre management must present to inspectors a plan to address all current outstanding training requirements. In addition, they must provide evidence of the training status of agency staff used in this centre.
- The registered proprietor must undertake a training needs analysis for the staff team in this centre and provide a plan of action to address those needs.
- The centre management must satisfy themselves that the practice of induction is appropriately robust and that all onboarding staff have a clear understanding of expected practice.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre management must oversee the improvement of all records, as well as greater oversight by the manager to ensure that records represent an accurate account of discussions and that actions are correctly identified based on discussion and are followed through.</p> <p>The registered proprietor must undertake a review of and provide an informed workshop on policy and</p>	<p>The centre manager to have greater insight and guidance into overseeing all records and documents, ensuring they are recorded clearly accurately &amp; concisely.</p> <p>The centre manager to ensure necessary follow ups are completed in a timely manner and implemented on the floor and that the YP are provided with feedback i.e. from YP's meetings, complaints etc. There will be a prompter turnaround of professional feedback and advice being implemented into both reports &amp; practice where this will be supported by senior management through direct supervision of the centre manager role and attendance in the centre on a weekly basis (immediate effect &amp; ongoing).</p> <p>The Complaints Policy &amp; Procedure has been reviewed and updated, along with the internal complaints form. Please find</p>	<p>The centre manager will endeavour to ensure there are no delays in information being recorded &amp; subsequently reported / implemented as required. This will be monitored closely during morning handovers and daily oversight in the centre. The centre manager is being supported by senior management via direct supervision (weekly attendance in the centre, daily contact, attendance at team meetings etc), via a stringent PDP and with attendance at a step up in leadership course which will all contribute to effective leadership within the centre and continued professional development.</p> <p>Senior management will ensure that all employees are trained in the complaints policy &amp; procedure (9<sup>th</sup> October 2025), and</p>

	<p>practice relating to complaints in the centre. Centre management must ensure going forward that practice is in line with policy, that complaints are concluded promptly and mediation is concluded without undue delay.</p>	<p>attached the updated complaints policy and complaint document.</p> <p>The Director of Services will be delivering training in the complaints policy on the 9<sup>th</sup> of October 2025.</p> <p>The Director of Services will complete additional training during the managers meeting on 7<sup>th</sup> October 2025 in relation to managing complaints and ensuring that all complaints are dealt with in a timely manner.</p> <p>The centre manager to ensure that all complaints are promptly followed up on and planned mediation pieces to be recorded and highlighted within the complaint as they occur with a recirculation to the relevant professionals occurring following each stage. (Immediate effect &amp; ongoing).</p>	<p>they are fully understanding of how to identify and manage a complaint. Senior management will also continue to oversee all complaints (during their regular audits / in management meetings / SENs and / or managers supervisions) to ensure that complaints are in line with the complaints policy, that complaints are being dealt with in a timely manner and are being managed appropriately, including mediation if its required.</p> <p>The centre manager to ensure that complaints are reviewed weekly within the centre re; status / progress to ensure these are responded to without delay. The centre manager will ensure a follow up piece of work is completed with the YP in the centre re; complaints policy &amp; procedure where a child friendly version will be provided as a resource tool. The centre manager will review the complaints with the staff team during team meetings &amp; where required, supervisions / supplementary if the</p>
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			complaint is directly linked to the individual staff.
4	The centre manager must create and oversee the consistent delivery of a professional approach to multi-disciplinary working.	As there is a large volume of working professionals in relation to the two YP within the centre. The centre manager has requested to have fortnightly MDT meetings where senior management is also in attendance to support & promote a continued professional development into multi-disciplinary working and provide oversight responses to the centre running (Immediate effect).	The centre manager to ensure that recommendations following MDT's, CICR's, workshops are being implemented into practice with evidence of the follow up tasks being responded to on both the meeting record & subsequent records / reports / communication books / team meetings etc. The centre manager to ensure they participate & interact with all professionals during MDTs, providing updates and evidence of supports being implemented / created within the centre. This will support & promote the MDT's confidence in the centre management structure where a PDP is in place to continue the development of the centre manager with evidence being displayed, observed & assessed.
	The registered proprietor must prioritise the provision of trauma-informed care to the staff team so that they can be better supported to meet	A meeting was held with the psychotherapist working with Clover Care on the 4th of September in relation to developing an in-depth training to further	Senior management will ensure that the psychotherapist delivers trauma informed care training every two months to ensure that any new employees joining the

	<p>the needs of the young person in placement.</p>	<p>educate all employees in trauma-informed care. Our psychotherapist has agreed to develop and deliver training on trauma informed care. The training that will be provided to all teams and will then be further explored in the centre's monthly workshops with the psychotherapist that focuses on each young person. The psychotherapist will explore with the team, each young person's past trauma and how this has impacted on them, how it is currently impacting on them and what additional supports / resources the team can implement to further support the young people in our care.</p> <p>The new trauma informed care training will be delivered on 14<sup>th</sup> and 21<sup>st</sup> November 2025.</p> <p>The Model of Care training will be delivered to the staff team on Monday 6th October 2025 that will focus on trauma informed care and attachment styles.</p>	<p>company will be scheduled to attend the training. Please see attached training dates document specifically for trauma informed training.</p> <p>All new employees will also be attending the monthly workshop with the psychotherapist that will focus on the individual young people in the centre. This will further support the staff to meet the needs of the young people in placement.</p>
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	<p>The centre manager must conduct an audit of medication records and training needs and identify a plan of action.</p>	<p>At the time of inspection, the July medication audit had not been completed, and this was promptly followed up on when it came to the attention of the centre manager 15.08.25 (July) &amp; subsequently on 27.08.25 (August) audits were completed post inspection. All new recruits and staff who require medication training, are scheduled for medication management training (29.09.2025).</p>	<p>The centre manager to ensure that they are maintaining appropriate levels of oversight in the centre on a daily, weekly &amp; monthly basis where the implementation of a shared task list between centre manager &amp; deputy has been introduced to ensure there are no gaps in oversight. The centre manager is working on improving time management skills where a strict PDP is in place alongside attendance at a step up in leadership course which is scheduled for 1<sup>st</sup>, 2<sup>nd</sup> &amp; 10<sup>th</sup> October where both the centre manager &amp; deputy manager will attend. The centre manager will ensure that monthly medication audits are taking place, and this will be overseen by senior management during their regular audits and visits to the centre.</p>
<b>6</b>	<p>The registered proprietor must present a plan of action to demonstrate how they intend to comply with Article 7, staffing, of the Child Care (Standards in Children's Residential Centres) Regulations, 1996.</p>	<p>The registered proprietor is actively advertising for the recruitment of suitably qualified social care workers for the centre. This is immediate and ongoing. Advertisements remain in place on recruitment websites and on our social media platforms. A meeting took place</p>	<p>A recruitment drive remains active to employ social care workers for within the centre to ensure the centre is operating within the requirements set out under the Tusla ACIMS staffing notice. Staff levels and recruitment is discussed weekly with senior management and the recruitment</p>

	<p>The centre management must present to inspectors a plan to address all current outstanding training requirements. In addition, they must provide evidence of the training status of agency staff used in this centre.</p>	<p>with the recruitment manager on the 4<sup>th</sup> of September to discuss further means of promoting roles available within the centre. Interviews for social care workers are taking place on a weekly basis. The company is also attending the upcoming TUS college career open days in October to promote the company and to actively recruit social care workers.</p> <p>The use of agency has reduced since the time of inspection where consistent agency staff had been utilised up to this to support the deficits within the team. The centre manager linked closely with agencies which identify training needs for the centre. The centre manager has obtained training certificates for agency staff that are used within the centre where any outstanding trainings / certificates, have been requested. The centre manager is ensuring to request &amp; store all agency personnel files prior to staff attending for shifts to allow appropriate oversight &amp;</p>	<p>manager to see what staffing is required, how we are advertising the positions and what additional resources can be utilised to promote more applicants to apply.</p> <p>Senior management will also discuss in the upcoming board meeting on the 2<sup>nd</sup> of October, what additional benefits / incentives can be introduced to promote staff retention within the company.</p> <p>Senior management held a meeting with agency providers (19.09.2025) to relay the importance of staff trainings being completed to meet the needs of each centre and how this will impact the booking of agency staff moving forward. A subsequent email has been sent by both centre &amp; senior management to the second agency company – where although a meeting has not occurred, they have acknowledged the request and need for agency staff being trained in the core trainings required to meet the needs of the YP where this is being evidenced in training certificates</p>
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	<p>The registered proprietor must undertake a training needs analysis for the staff team in this centre and provide a plan of action to address those needs.</p>	<p>follow up of agency staff attending the centre.</p> <p>Attached is a training needs analysis for the staff team which identifies specific training required for the staff team to further support the young people in placement. The training analysis outlines the specific training, dates and times as to when they will be undertaken.</p>	<p>being provided. This will remain an ongoing process as agency staff are completing the trainings and subsequent certificates being shared.</p> <p>Senior management will ensure that specific training needs analysis is undertaken monthly during the managers meetings and in the centre managers supervisions. Consultation will also be held with the young persons' social workers to seek their input into any additional trainings required for the staff team to ensure their young person is being fully supported within the placement.</p> <p>Senior management will ensure that the centre manager is scheduling any new team members onto the specific trainings.</p> <p>Senior management will also ensure:</p> <p>That the centres team meetings and employee supervisions are reviewing the trainings specific to each young person and how the learnings from the trainings are</p>
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	<p>The centre management must satisfy themselves that the practice of induction is appropriately robust and that all onboarding staff have a clear understanding of expected practice.</p>	<p>The centre manager will schedule all new recruits for inductions once their staff file is completed in full where specific allocations of the centre management structure will be in place during the induction of new staff to ensure appropriate supervision, direct guidance, leadership &amp; support is available. The new recruits will be provided with a second copy of their job description where this will be discussed &amp; reviewed during initial induction and implemented into subsequent supervisions &amp; PDP's as required throughout their employment (ongoing).</p>	<p>being implemented in practice.</p> <p>The centre manager will continue to ensure that the induction process is implemented as outlined in the P&amp;P. The induction is carried out over a period of time (2x days) taking into consideration core training required. Training will be completed as soon as possible (within the first 3x months in line with P&amp;P) as per the training schedule. Each new staff member will be introduced into the centre by the Social Care Manager, Deputy Manager or a Social Care Leader. The management will assist the new staff member in becoming familiar with the local induction (structure and routine of the centre).</p>
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