



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 261

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	TerraGlen Residential Services Ltd.
Registered Capacity:	One young person
Type of Inspection:	Announced
Date of inspection:	7th & 8th May 2025
Registration Status:	Registered from the 4th October 2024 to 4th October 2027
Inspection Team:	Catherine Hanly Cora Kelly
Date Report Issued:	10th 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 4th of October 2024. At the time of this inspection the centre was in its first registration and was in year one of the cycle.

The centre was registered as a single occupancy service. It aimed to provide a medium to long term placement for one young person aged between 13 and 17 years on admission. Its stated commitment was to provide a safe, stable placement to that young person working from a relationship-based model, adapted from pro-social modelling and attachment theories, with the young person at the centre of their work. There was one young person living in the centre at the time of the inspection in accordance with the registered capacity.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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, and the allocated social worker. The young person declined to speak with inspectors and did not choose to complete a questionnaire as part of this process. 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 3rd 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 manager returned the report with a CAPA on the 17th of June 2025. This was deemed to be satisfactory and, if implemented in full, will bring the centre into compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Article 5 Care and Operational Practices, and Article 7, Staffing. In addition, the CAPA when implemented in full will bring the centre into compliance with the Tusla ACIMS Minimal Staffing Level & Qualifications for Registration Children's Residential Centres Regulatory Notice, August 2024.

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: 261 without attached conditions from the 4th of October 2024 to the 4th of October 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

The young person had been in placement two months at the time of the inspection and there was an up-to-date statutory care plan on file in the centre. It had been developed via the formal child in care review (CICR) process that had taken place within three weeks of the young person's placement in this centre. The plan was reflective of the young person's needs and how they would be met within this placement. Most of the actions in the care plan were attributed to the social worker/social work department. There was a clear need for further discussion that related to planning for the young person within their new placement based on the detailed information provided in the collective risk assessment (CRA) as part of the admission process. The young person did not participate in the statutory care planning process though their views were noted in the care plan. Their parents had not participated in the CICR forum, and there was no direct contact between the centre and the young person's family. The social worker had taken on the responsibility to keep them informed of discussions and actions related to care planning and the placement itself.

There was an up-to-date placement plan in place, this had been developed at the commencement of the young person's placement and was updated monthly thereafter. Whilst the placement plan took account of aspects of the statutory care plan and accounted for change in focus from month to month, it lacked specific consideration of the young person's current presentation and their ability to engage with the planning named. The placement plan did not clearly correlate with the identified areas of need and focus documented in the CRA. It demonstrated a lack of thorough consideration of the areas of focus required to support this young person towards better outcomes. There was a significant emphasis in pre-admission information on the need for consistency, structure and solid routine. The implementation of these core aspects of care had been impacted by a changing staff team, a change in both allocated key workers after one month, and a lack of a robust daily routine being implemented for the young person. Some practical aspects of care

planning identified in the statutory care plan such as obtaining an updated passport, had not been progressed by the centre and these should be reviewed for action. The young person had declined to engage in their own placement planning process and declined also to hear feedback from staff on goals and plans in place. The allocated key workers had limited experience in residential care with young people and although one of these was reported to have a good working relationship with the young person, key working records were representative of one-way conversations, often whilst on long car journeys. These records evidenced that, when the young person did not like the focus of conversation, they quickly disengaged. Work must be undertaken with them to discuss achievable goals and to encourage ownership of their planning, particularly given they are almost seventeen years old. The staff team must also establish a mechanism whereby they will be able to soundly evidence progress within the placement.

The young person did not have any identified external support services that they were currently engaged with. There were some references to assessments which, the social worker, stated were prompted by the young person themselves. Inspectors highlighted the need for clarity regarding the need for and pursuit of these to be appropriately included in care planning.

Both centre staff and the social worker reported that they shared good and effective communication. It was noted that some significant decisions related to permissions/activities the young person engaged in had been given at short notice by the social worker. These should be avoided where possible to ensure that the staff team can appropriately plan for events.

Compliance with regulations	
Regulation met	Regulation 5
Regulation not met	None Identified

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

Actions required

- Centre management must review placement planning processes to evidence that every effort is made to involve the young person. These processes must identify achievable goals linked to identified needs of the young person in placement.
- Centre management must ensure that effective and consistent key working arrangements are in place and that the staff team's ability, experience, and knowledge is developed to ensure that each child in this centre is receiving care and support that optimises their development.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The inspectors found that practices in the centre regarding the approach to providing positive behaviour support and management was not in compliance with its own written policies. During interviews, the manager and staff did not demonstrate a familiarity with the policies aimed at behaviour management which included positive behavioural support, a behaviour management programme, model of care and restorative and natural consequence policy. A similar finding occurred during the ACIMS inspection of a sister centre that occurred some months prior to this inspection. Additionally, the policy document described a positive behaviour support plan (PBSP), and the documents on the young person's care record were named as behaviour support management plan (BSMP). The emphasis in the policy document was on understanding the impact of trauma, creating a therapeutic environment and a commitment to learning new co-regulations skills. These aspects were not being realised in practice. Rather, what was apparent was that the young person themselves dictated the daily routine and determined when or if they engaged with plans. Although some efforts had been made to put in place a daily routine, this needed to be significantly developed to provide the young person with a clear routine, consistent structure and expectations.

The staff team working in the centre at the time of the inspection were provided with training in a recognised behaviour management model. There was not a fulltime staff

team in place since the centre commenced operations in October 2024 and thus the centre was reliant on agency and relief staff to fill gaps on the rota on an ongoing basis. Not all relief staff had completed the core training required and, during interview with inspectors, were unclear about what training they had completed including in child protection, the model of behaviour management and other. Centre management must ensure that all staff coming to work in this centre, have completed the necessary training to inform and guide all aspects of their work with young people.

Care planning and individual work records reviewed by inspectors lacked evidence that the detailed pre-admission information provided to the centre had been given sufficient and necessary consideration in informing plans and interventions. A daily incentive chart had been implemented for the purpose of supporting a positive daily routine and the staff team reported this as being effective. Additionally, a monthly planner was utilised to implement structure for the young person. However, these measures were not proving to be effective to date due to several factors including the young person dictating their own routine daily and demanding activities/plans at short notice that were often acceded to. Additionally, there had been changes to the staff team since the young person's admission, and there was less than the numbers of staff required to provide a full team resulting in inconsistency in the rota week to week. This, coupled with a relatively inexperienced staff team, were contributing factors in the development of a trusting and therapeutic relationship that would optimise outcomes for the young person in placement. The centre did have the input of a child psychotherapist, and the staff team had already had two consultation sessions with them regarding the young person in placement. The guidance provided by them was at a basic level and included the need to implement structure, routine, consistency – all of which had been identified at pre-admission stage – and which should be implemented as standard for any young person within a residential setting.

There were two live behaviour support plans in place; these were described by the manager as being implemented when a presenting behaviour met the threshold of no longer requiring a risk assessment and management plan. This was not clearly understood or evidenced as there was a risk assessment and management plan and a behaviour support plan in place which overlapped for the same presenting behaviour. This was later clarified by centre management however inspectors recommend that a clearer distinction is made between the two types of guiding documents. The director of services had not conducted an audit on the management of challenging behaviour although the centre had had one previous emergency discharge of a young person based on their behaviours. The inspectors recommend

that this be included in the centres auditing schedule so that it can contribute to the required review of the overall approach to and understanding of the management of behaviour in this centre.

There were some restrictive procedures in place, such as door alarms and access to certain named areas in the country. The latter of these was not clearly demonstrated in interviews with staff as being understood as a restrictive practice, although it was recorded in the restrictive practice register. There was a risk assessment in place, though not all staff were familiar with that or the reasons for this restriction. Although stated as being reviewed, and referenced in team meeting minutes, the record lacked adequate detail regarding presenting risks, reduction of same, etc. All such practices should continue to be reviewed and discussed by the team with clear evidence of same recorded clearly for the benefit of all staff working in the centre.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must undertake the necessary steps to ensure that the approach to the management of behaviour in this centre is consistent with policy and is clearly understood by all staff.
- Centre management must review and strengthen all plans in place that guide interventions with young people. These must be clearly understood by all staff working in the centre and should support the young person in understanding their own behaviours

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

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre manager in place at the time of this inspection had been appointed to the post in mid-December 2024. Prior to that, they had worked for a period within the organisation as a director of operations but was asked to take on the role of centre manager when the previously appointed centre manager stood down from the role. They had a relevant social care qualification and had experience of residential care working within this service for over six years. They were expected to work normal office hours Monday to Friday and provide on-call support. The staff interviewed described them as available and supportive, and there was evidence of their oversight of records and practices. They were aware of the requirements of their role and reported on a weekly basis to the director of services.

At the time of the inspection, the centre manager was being supported in their role by an acting deputy manager. This staff member had initially been appointed as centre manager when the centre first opened but then stood down from that role. They had a social care qualification and six years' experience within the company. Their substantive post in the team was social care leader, however due to the unexpected departure of the deputy manager after a short period of employment, they were covering the duties of the deputy manager on an interim basis. Some of these changes to management in a short space of time were unavoidable and there were no exit interviews on file for a variety of reasons. Nonetheless, the impact on stability and consistency of care provided to young people was not evidenced as having been given due and necessary consideration by management. It was the inspectors' findings that, since the centre commenced operation in October 2024, it had not provided safe and consistent care and support to young people through the provision of a stable and knowledgeable staff team, in line with its own statement of purpose.

The centre manager reported to the director of services and there was regular contact on a weekly basis between the centre manager and their line manager. The director of services conducted audits at the centre on a thematic basis, doing announced and unannounced visits. The governance arrangements were clearly laid out with lines of accountability evident. Inspectors did note that some inspection findings from other

inspections within the service that not yet been realised in full. To continue to promote a culture of learning, quality and safety in service, the centre management must demonstrate learning through the implementation of all recommendations arising from internal audits and external inspections across services where relevant.

The suite of policies and procedures for this centre had recently been reviewed, with some updates, by the director of services and circulated to staff. There was evidence of discussion of some of these policies at team meetings. It was also evident however, that the discussions and separate reviews of policy did not consider their efficacy or impact in the context of direct practice. For example, the complaints policy requires considered review so that the manager and staff can focus on the local resolution aspect of the policy. Additionally, the child protection policy and associated policies require significant attention to ensure these are realised in full at this centre.

In the centres risk assessment and management policy, procedures for the identification, assessment, management, and ongoing review of risk were detailed. The centre manager held responsibility for developing individual risk assessments, reviewing and updating or closing these, as necessary. Inspectors were informed that several risks had been closed due to the non-presentation of behaviours by the young person, although only two months in placement. Some risks had moved from a risk assessment and management plan to a behaviour support plan and on one occasion, as highlighted under standard 3.2, there were two separate plans for the one presenting type of behaviour. The practice of lone driving for long periods had not been appropriately risk assessed, and this must be prioritised for action. The inspectors found that there was considerable work to be done by the manager and staff team to ensure a thorough understanding of risk assessment, management and planning of interventions.

Compliance with regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The director of services must ensure that an appropriate internal management structure is always in place in this centre.
- The director of services must ensure that the revised policies and procedures are understood by the staff team and reviewed with them for efficacy and impact in relation to practice.
- The director of services must ensure that effective risk management is clearly understood and demonstrated in practice.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The centre was registered to commence operations in October 2024, at which time, a centre manager, deputy manager, two social care leaders and five social care workers were named, one of whom was working only parttime. In November 2024, a change in circumstances (CIC) form was submitted to the ACIMS informing them of a change in the named manager at the centre, in accordance with the requirements of the Child Care (Standards in Children's Residential Centres), 1996, Regulations – Regulation 6, Person in Charge. A meeting was convened with the new centre manager at that time to seek assurances regarding the staffing arrangement for this centre. The centre manager stated that a special care application was being sought for the young person in placement. In January 2025, whilst undertaking an inspection within a sister house, an organisational review of staffing was commenced by ACIMS across all the registered centres operated by the company. This review identified that there had been further staff changes since the centre was registered. Thus, it was found that, since the centre commenced operations, it has been failing to consistently operate in compliance with the Tusla ACIMS Minimal Staffing Level and Qualifications for Registration Children's Residential Centres Regulatory Notice, August 2024 and Article 7, Staffing of the Child Care (Standards in Children's Residential Centres), 1996, Regulations.

In May 2025, at the time of the inspection, the staff complement consisted of a centre manager, one social care leader (that was acting as deputy manager at the time of this

inspection), an acting social care leader (that did not have the required length of experience working with children/young people in residential care) and four social care workers. As previously stated in this report, gaps arising in the rota were being filled by relief staff, staff from other centres across the organisation, and from two external staffing agencies. The director of services and the centre manager were aware of the staffing deficits and cited ongoing recruitment processes and national challenges with recruiting and retaining staff across the sector. Workforce planning and discussions were evidently ongoing, but these had not yet had any positive impact for the two young people that have been/are residing in this centre. Contrary to the centre's stated purpose and function, a "consistent and stable environment" has not, to date, been provided. There was no evidence that feedback provided by inspectors on the area of staffing and the requirements necessary, had been taken on board and implemented at this centre. Corrective action must be taken by the registered proprietor to ensure that all registered centres meet the minimum staffing requirement cited here.

In addition to the less than minimum required numbers of staff, the level of experience and competency that is required to meet this same regulation was also not in place. The information provided to inspectors regarding the formal qualifications of some staff team members was not accurate and should be resubmitted with supporting evidence of completed qualifications. Five of the social care staff (excluding the social care leader/acting deputy manager) each had ten months or less experience of working in children's residential centres. The staff team had been provided with two days of training on trauma and attachment by their external consultant child psychotherapist in April/May 2025. Aside from this, no additional training had been provided to the staff team to augment the significant inexperience across the staff team. A considerable and broad training programme is required to support the existing staff members to develop their knowledge and skillset. In addition, the registered proprietor should undertake an assessment of the content and quality of internal training being provided to the staff team and satisfy themselves that this is of a sufficiently good quality.

During interview, staff struggled to name incentives provided to them by the company to encourage them to stay working for this organisation. Retention incentives had been discussed at senior management meetings and further exploration was ongoing at the time of the inspection. The view by management of any measures in place were not shared by the staff team as incentives to remain within the company. Significant further work is required to ensure that continuity of care is provided to young people and for them to experience stability within their placement.

There was an on-call system whereby people at centre manager and deputy manager level, shared the responsibility for providing on-call support outside of normal working hours Monday to Friday. Inspectors noted that the use of on-call within significant event records (SENs) was not recorded and should be to include relevant direction provided and actions taken because of consulting with on-call.

Compliance with regulations	
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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 6.1

Actions required

- The registered provider must ensure that the centre is operating with the minimum number and qualification requirements set out in the Tusla ACIMS Minimal Staffing Level & Qualifications for Registration Children's Residential Centres Regulatory Notice, August 2024 and Article 7, Staffing, of the 1996 Child Care (Standards in Children's Residential Centres) Regulations.
- The registered provider must provide the ACIMS with evidence of each staff members qualification.
- The registered proprietor must ensure that a panel of qualified and experienced relief staff is available to support the centres rota.
- The director of services must put in place arrangements that promote staff retention to ensure the young people living in the centre experience stability.
- The registered proprietor must implement a considerable and broad training programme to support the existing staff members to develop their knowledge and skillset.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>Centre management must review placement planning processes to evidence that every effort is made to involve the young person. These processes must identify achievable goals linked to identified needs of the young person in placement.</p> <p>Centre management must ensure that effective and consistent key working arrangements are in place and that the staff team's ability, experience, and</p>	<p>SCM scheduled monthly planning meetings with the SWD, GAL and aftercare worker to ensure a consistent approach and response from all professionals. Goals and actions are identified and plans put in place to help achieve the goals. Keyworking is completed with the YP prior to the meetings and prior to developing the placement plan to encourage their involvement in the process and is evident on file. – Ongoing</p> <p>All staff members to complete key working training and ensure familiarity with the placement planning process – 31.07.2025</p> <p>The centre has a monthly keyworking calendar which is completed at the start of each month, identifying goals that need to be focused on. Due to the inexperience of</p>	<p>SCM will ensure monthly planning meetings continue, and keyworking completed with the yp prior and following to ensure their involvement is highlighted and ensure their understanding of the importance of achieving the goals identified.</p> <p>Monthly spot inspections/ audits completed by Senior Management to ensure oversight of same.</p> <p>SCM submits weekly governance report for review by senior management.</p> <p>SCM completes supervision every 4-6 weeks as per policy, highlighting any additional training required by SCT.</p> <p>The centre management will ensure keyworking is a standing item in the team meetings, supervisions, handovers, and complete keyworking meetings to continue</p>

	knowledge is developed to ensure that each child in this centre is receiving care and support that optimises their development.	the team, both the SCM and SCDM will include keyworking training and policies into the team meetings and supervisions to help develop their knowledge of same. SCM and SCDM will also ensure to complete keyworking meetings with the keyworking team when developing the placement plans for the upcoming months. – Ongoing	to help to develop and maintain a consistent keyworking system is in place to support the YPs placement needs. SCM submits weekly governance report, highlighting training needs for review by senior management.
3	Centre management must undertake the necessary steps to ensure that the approach to the management of behaviour in this centre is consistent with policy and is clearly understood by all staff.	Centre management will complete work with staff to help develop their understanding of positive behavioural support, behaviour management, model of care and restorative and natural consequences. Also, the importance of demonstrating and implementing a consistent approach and response to promote positive change in behaviours. This will be completed in team meetings, SERGs, and supervisions. Staff will also be scheduled on training required to support same. (June/July)	The model of care and behavioural support plans and management will be an ongoing standing item in team meetings. Centre management will also provide support and guidance on an ongoing basis to all staff to help develop their knowledge and experience in same. Weekly governance report to be completed and submitted by SCM, which outlines a section for the Model of Care. SERG meetings take place on a monthly basis, with Senior Management attendance and Model of Care is reviewed. Monthly audits will also highlight any discrepancies or areas for growth.

	Centre management must review and strengthen all plans in place that guide interventions with young people. These must be clearly understood by all staff working in the centre and should support the young person in understanding their own behaviours.	The centre management reviewed all plans in place to promote positive change to behaviours, and made changes whereby plans were seen to be ineffective. The management also discussed the importance of a consistent approach and discussed the changes made with the team in meetings, handovers, and communication to ensure full understanding of same. Keyworking completed with the YP to provide rationale for the plans in place, naming behaviours, and the need to promote change. Internal training was added to the schedule for staff that require same.	Continuous reviews will occur during team meetings and SERGs, and also in the planning meetings with professionals to ensure that the plans in place are effective, and if not that amendments are made in consultation with the YP until plans appear to be supporting and promoting change, and aiding the YP to understand their own behaviours, and the impact of same, whether positive or restorative.
5	The director of services must ensure that an appropriate internal management structure is always in place in this centre.	Due to the National staffing crisis, a HR generalist has been allocated in the head office to make positive changes in the recruitment sector, such as introducing new measures, which is increasing the level of applicants, which in turn will aid in sourcing experienced staff. Increasing the refer a friend incentive etc. All which have led to an increase in interviews.	The Director of Service will continue to work with the managers and HR on the recruitment drive for the company on a continuous basis to ensure there is adequate management staffing in the centres at all times, and also encourage, incentivise and promote progression within the staff teams through PDPs and trainings.

	<p>The director of services must ensure that the revised policies and procedures are understood by the staff team and reviewed with them for efficacy and impact in relation to practice.</p> <p>The director of services must ensure that effective risk management is clearly understood and demonstrated in practice.</p>	<p>Policy training was provided to all the staff teams between 8th – 27th May which included organisational policies and procedures in place in relation to the eight national standard Themes.</p> <p>A policy and or check and challenge document will be completed at each team meeting to ensure staff are familiar. Any short comings will be addressed during supervision.</p> <p>Risk assessment and management training scheduled for the staff in June and further discussed with the team in team meetings and supervisions to ensure understanding of same.</p>	<p>The Director of service will ensure there are trainings provided for the staff teams when policies are reviewed, and changes made. If changes are made within the review period, these will be discussed in senior management meetings, and then by managers in their staff team meetings.</p> <p>Director of service will ensure there is a review of risk management through internal Audits completed in the centres on an ongoing basis, and action plans implemented whereby further training or supports are required to ensure understanding.</p>
6	<p>The registered provider must ensure that the centre is operating with the minimum number and qualification requirements set out in the Tusla ACIMS Minimal Staffing Level &</p>	<p>Due to the national staffing crisis, a HR generalist has been allocated in the head office to make positive changes in the recruitment sector, such as introducing a new, which is increasing the level of</p>	<p>The registered provider and director of service will continue to work with HR and senior management on the recruitment drive and implement incentives to aid with staff retention.</p>

	<p>Qualifications for Registration Children's Residential Centres memo, August 2024 and Article 7, Staffing, of the 1996 Child Care (Standards in Children's Residential Centres) Regulations.</p>	<p>applicants, which in turn will aid in sourcing experienced staff. Increasing the refer a friend incentive etc. All which have led to an increase in interviews.</p> <p>One SCW and two RSCWs have been identified for this centre. One RSCW has started and are awaiting GV for the remainder two staff. We are currently actively interviewing for SCL roles for the centre.</p>	<p>The BoM will ensure this is reviewed on an ongoing basis at bimonthly meetings to ensure the agency are in line with other competitors.</p>
	<p>The registered provider must provide the ACIMS with evidence of each staff members qualification.</p>	<p>SCM will scan and send all staff teams Qualification.</p>	<p>The HR department and senior management ensure going forward all required documentation is sought prior to induction phase of staff.</p>
	<p>The registered proprietor must ensure that a panel of qualified and experienced relief staff is available to support the centres rota.</p>	<p>There is a big recruitment drive occurring within the agency to employ a pool of relief for the centres to aid with same.</p>	<p>A new recruitment system is in place to further support recruitment.</p>
	<p>The director of services must put in place arrangements that promote staff retention to ensure the young people living in the centre experience stability.</p>	<p>EAP has now been introduced to the agency in July 2025, and other incentives to aid with staff retention are currently being reviewed and discussed with HR and</p>	<p>Trainings and incentives will also continue to be a standing item on the agenda at meetings to promote a positive work environment, promote progression and</p>

	<p>The registered proprietor must implement a considerable and broad training programme to support the existing staff members to develop their knowledge and skillset.</p>	<p>senior management to put arrangements in place in the coming months.</p> <p>A review of the training matrix and schedule is being reviewed, and additional trainings that will help develop the staffs knowledge and skillset will be explored, such as management and leadership trainings that will also aid with the retention of staff. Two managers are also due to attend the model of behaviour management training programme in September which will also be a support to the training programme in place.</p>	<p>retention, and in turn ensure the YP in the centre experience consistency, stability, and a safe and secure homely environment. Staff retention is a standing item on the managers monthly meetings and the Board meetings.</p> <p>Training will be an ongoing standing item on the agenda for senior management to ensure all centre staff can avail of external and internal trainings to aid in developing their knowledge and skillset. Most recently HR training has been provided to the management of the centres regarding performance management and the disciplinary process.</p>
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