



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 278

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Clarion Healthcare Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	23rd, 24th & 30th of October 2025
Registration Status:	Registered from the 23rd of December 2024 to the 23rd of December 2027
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	7th of January 2026

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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 23rd of December 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 multi occupancy centre for young people aged thirteen to seventeen upon admission. It aimed to provide short term and emergency care for up to six months. The statement of purpose and function was to work in collaboration with families, professionals and others to provide person centred and safe care with a view to transition home or to long term care. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspectors 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, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 28th of November 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 registered proprietor and centre manager returned the report with a CAPA on the 12th of December 2025. This was deemed to be satisfactory following some clarifications and additional evidence requested. The inspection service reviewed the evidence of the issues addressed and plans for ongoing improvements in 2026.

The findings of this report and assessment of the submitted CAPA, implemented in full, 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: 278 without attached conditions from the 23rd of December 2024 to the 23rd of December 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

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.

There were two young people living at the centre at the time of this inspection, both had child in care reviews held since their placements commenced. A young person was admitted in July 2025 and another in September 2025. The first young person had a new social worker assigned and they held an updated child in care review to reflect the change in social work team from duty to child in care team. A copy of this plan was not available for inspectors to review, a copy of their first care plan was on file.

The second young person had a copy of their child in care review on file and they also had a new social worker assigned, the social worker was visiting them on one of the days of the inspection. Both young people had been receiving weekly visits, shared between social care workers and social workers from two regions as part of the Tusla support for young people residing in special emergency arrangements (SEA's). The centre was now a registered centre and both social workers informed inspectors that weekly visits will be continued with a statutory social work visit in line with regulatory timeframes. They added that the young people were aware of who will be visiting them.

Inspectors found that both care plans had tasks and actions mainly assigned to their social work departments, reflecting the short term or temporary nature of the placements and the centres previous status as an SEA. Actions for the team at the centre were poorly represented and did not contain the expected tasks related to health, emotional support, family access and education for example. Inspectors advised that the centre manager and staff become more involved in contributing to and asking for clarity related to the actions within the care plans to allow them to better reflect these in subsequent placement plans. The young people told inspectors through their feedback forms that they were aware of their care plan and had previously been moved a number of times in a short time frame and both had views related to what might happen next which they had relayed to their social workers.

Both young people had been consulted with before their child in care reviews and had been invited to attend. The centre management included the young peoples voice on the planning documents and can build on this positive practice in this area.

The inspectors found that the team were working with the young people at a time of uncertainty and crisis where they had been separated from essential clinical and community supports as well as their schools. The team did not have access through the social work departments to any specialist advisory or clinical supports to inform their practice. They had not attended any internal training related to some of the complex diagnoses the young people were living with. This is an area that inspectors found the team required additional support with in order to have information from previous assessments and diagnoses to support behaviour response and planning.

Both of the social workers were interviewed as part of the inspection and described an overall level of satisfaction regarding communication from the centre and that the centre manager ensured that specific directions were followed. Both young people were at a distance from their existing schools, clinical supports or community supports and this presented a significant factor in them being unable to access some services they required. One young person was being supported by the social worker and the centre team to attend for further GP appointments aimed to re-engage them with appropriate services regionally. Both social workers confirmed that they were actively seeking suitable placements for longer term care through the Tusla national placement team. The young people had spoken to their social workers and had different views related to moving placement which had been heard by them.

The centre had a policy on placement planning and inspectors found that practice did not fully align with the policy. The policy stated that a developmental audit would be conducted within seven days of admission and that placement plan meetings, monthly meetings and progress reporting would flow from there onwards. The placement planning although representative of the policy regarding monthly progress reports and key work meetings did not have a clear and updated placement plan on file for both young people. There was a placement support plan for both, these represented aspects of placement planning, the copy on file for one young person was out of date, it contained directions related to previous rules in place.

There were goals identified within the placement support plans and brought forward into the monthly reports, these goals were not always feasible but were repeated, for example 'improving school attendance' when both schools were not accessible location wise. In both instances there was no detail on how such a goal could be

achieved. The placement goals and progress monitoring section needed to be more specific with achievable goals identified in line with the short-term purpose and function.

Inspectors found that placement planning must be in line with policy, be maintained up to date, be more specific regarding goals and the specific key work required to complete this work. There were elements of good organisation for placement planning across a number of plans and meetings. These must be better organised and condensed to ensure that there is a clear pathway and tracking for management and staff to follow.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 17
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

- The centre manager and staff team must ensure that they clarify necessary actions with social workers and discuss and agree aims and objectives achievable within the centres purpose and function.
- The centre management must ensure that they gather information and input related to the individual needs young people present with.
- The centre and operations management team must ensure that placement planning is in line with the policy, is maintained up to date, is more specific regarding goals and the specific key work required to complete this work.

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 centre had a policy on positive behaviour support planning which detailed the aims and objectives of the approach to same. The staff were trained in a crisis/safety prevention and intervention model which placed an emphasis on being person centred, and trauma informed. During interview with inspectors staff referenced this as their model of care and approach to management of behaviours that challenge. The nine core staff including the centre manager were certified in the safety intervention programme, for three staff the training was thirteen hours in 2024 and for the remainder the training was a one day foundation lasting eight hours. The certifications are valid for two years and the main body of staff completed this training in October 2025. The centre management must confirm if the hours completed are in line with the training structure which requires an online module prior to the eight hour training day in order for the physical interventions component to be completed.

The aim to provide positive behaviour support was evident in the young people's behaviour management plans, of which there were several format types in place. In practice, these aims were at an early stage of competency in terms of delivery by the team. The core goals were represented across the various plans, these included building relationships and trust, showing empathy to young people and being trauma aware. Wider goals related to emotional regulation, safety online and responding to attachment needs and other areas were not yet being addressed and must be as these were core needs that required regular, supportive and well informed work.

Whilst the team had been inducted into the policy and had recently attended the aforementioned one-day training, inspectors found that ongoing development was required to fully integrate and respond to behaviours presenting for the young people. Inspectors found a significant need for training, briefings or additional information for the team in self-harm, suicide ideation, mental health, social media risks/safety online, dealing with a variety of diagnoses such as autism and attention deficit disorders. There was an absence of evidence of information-based responses to these areas throughout the plans. The centre manager must ensure to enquire if a

referring area can provide specialist support for a young person or for the team upon their admission.

There were individual behaviour support plans (BSP's) and crisis management plans (CSP's) on file for both young people as well as risk management plans (RMPs). These were found to be good overarching documents that can be enhanced by including an awareness of diagnoses and assessment outcomes related to young people. They also required review to be more detailed regarding how an intervention takes place, who will follow it up in key work or one to one work and when it will be reviewed.

There was reference to interventions such as the use of an approach known as PACE - playfulness, acceptance, curiosity and empathy - and the availability of a games room which were not evident in practice. In the CSP's the risks of significant self-harm and suicidal ideation were not named for both. Other positive interventions were evident such as positive outcomes chart, supportive one to one time with staff and the use of an approach to assist young people in naming and having insight into their emotions. The latter practices supported that there was a baseline approach that can be built upon to more effectively plan for young people.

There was evidence of the use of consequences which inspectors found were reliant on over layering of consequences and taking too high a percentage of young people's pocket money. They did not present the young people's views and were not a learning opportunity for the young people that could lead to a change. The consequences recorded did not evidence review and commentary from the centre manager or the operations manager and they must evidence oversight and feedback regarding their use. There was also evidence of the use of calling the Gardai on occasion and events where this occurs must be fully reviewed for learning to inform future behaviour management.

Absence management plans were in place and agreed with the social workers. The centre also had expanded absence plans which outlined free time for the young people. Inspectors reviewed significant event notifications (SENs) and found that these were being logged, commented on by the centre manager and reviewed by the operations manager. A new system of significant event review was in place since late August 2025. Inspectors found that where recommendations were made following incidents that these were not updated onto the behaviour support plans and this should be done as soon as is practicably possible.

The centre did not have an agreed contract with Tusla for the provision of services and was not therefore linked to the national significant event notification system in place for same. Professionals stated that they had received SEN's and had not identified any gaps in the information shared. The centre records did not evidence who the SEN was sent to internally and externally so inspectors were not able to cross reference this information, the centre manager must ensure that they save proof of sending and the parties involved. The centre manager stated that family members were informed of incidents by the social workers. Family attended child in care reviews, and their wishes were evident within these plans. The short-term nature and location of this placement as stated had an impact on realising some of those goals.

The centre had procedures in place to risk assess and review any restrictive practices in place. Inspectors found that the staff did not know these procedures nor what restrictive practices were in place. These procedures and what constitutes a restriction and why this is important in terms of young person's rights and lived experience must be discussed and reviewed together by the team.

The safety intervention certification provided training in verbal preventative techniques and in safety disengagement and/or holding techniques, if completed in accordance with the training requirements. The training promoted the use of the least restrictive physical intervention to ensure the care, safety and welfare of all. This training included a decision-making matrix which was implemented at the centre to guide the risk register and the risk assessments for each young person. Staff were not aware and could not confirm if the current two young people could be subject to the use of a physical intervention or if there were any contraindicators to same. This must be discussed and agreed as a team and clearly recorded on the behaviour management plans.

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

- The centre manager must confirm the details including hours, and content completed in the safety intervention training programme completed by their team.
- The registered proprietor must ensure that they make available a schedule of complementary training designed to improve and strengthen the competencies in service delivery.
- The centre manager and operations manager must ensure that behaviour support, crisis management and risk management plans cross reference effectively and have specific interventions and tools integrated to ensure the safe care and support of the young people in placement.
- The centre manager must review the use of consequences to ensure that they are fair, purposeful and understood by all staff. The operations manager must ensure that they oversee consequences.
- The centre manager must ensure that they consistently record and save evidence of who significant event notifications are sent to.
- The centre manager and operations manager must ensure that there is a clear understanding and record of the approach to use of physical interventions and the policy and procedure governing restrictive practices.

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.

There was a centre manager in post, they were appointed at the beginning of August 2025. They were qualified for the role and had completed leadership training. They had not been trained as yet in the provision of supervision and did not have an experienced social care leader or other senior staff in post. They had officially requested the addition of an experienced staff member to support with the service delivery needs for the young people. The registered proprietor had agreed to this request in line with proven service needs and stated to inspectors that they were actively recruiting for an experienced staff member. The centre manager required a person who could deputise for them in their absence. At the time of the inspection if

the centre manager was to take leave the operations manager stated that they would manage the centre. The operations manager is based a significant distance from the centre, it was acknowledged that this would not be a viable option long term.

Following an inspection of a sister centre within the company in May of 2025 the registered proprietor had expanded the management structure with the addition of a full-time operations manager and a policy and quality assurance officer. The senior management team created a set of expanded policies and procedures for the company and staff were attending weekly online training in these. The staff interviewed were aware of the structure of the company from the registered proprietor downwards but needed support in differentiating the quality assurance role from the operations role. The previous inspection report for the other centre and its corrective and preventative plan, known as the CAPA, had not been shared with the centre manager which was a missed opportunity for organisational learning.

The centre did not have a service level agreement in place with Tusla national placement team. As a former SEA, now a registered centre, they were funded per placement for each individual young person.

Leadership was evident through the centre managers commentary and guidance to staff and their communication with social workers which was reported to be regular and well informed. They held fortnightly team meetings and participated in the weekly policy workshops with staff. They had commenced supervision of the team, and this was in the initial stages at the time of the inspection. Inspectors found that the team meeting minutes did not contain an action plan with persons assigned and found that this would assist in ordering and tracking the centres work. The centre manager completed a significant amount of the centres paperwork and as stated had requested a senior staff member to support with this. They attended senior management meetings on a monthly basis, these were recorded.

The centres paperwork and recording systems were found to require immediate development, there were deficits found in a number of documents. A better detailed register of admissions and discharges must be in place. The complaints register should record if a complaint was notified to a social worker or family member and contain dates through to outcomes. The child protection and welfare reporting register must record the portal number and a copy must be printed of the report made and then stored confidentially. The centre had a register in place for child sexual exploitation and it contained a duplication from the CPWRF register which was not an accurate use of that register. A delegation record must also be developed.

The centres daily logs were typed and printed naming the centre manager as the author, they did not record the full names of staff on duty and making the entries, staff had been using corrector fluid and this must be discontinued. Any corrections or changes should be clearly annotated and no corrector fluid used. There must be adequate centre resources for printing, it had been an issue previously. The night waking staff must also enter their full names and should be clear about how the young people are checked at night, for example do they enter the bedrooms.

The quality assurance manager and operations manager had completed two centre audits, September and October 2025, the audit structure was informed by the National Standards. They visited the centre regularly and engaged with staff whilst reviewing paperwork and related practices. The copies of audits reviewed by inspectors did not contain action plans and responses which would assist in tracking development and outcomes. Also, the content of the audits was unclear regarding what had been achieved and what was yet to be fully implemented. The creation of a CAPA tracker and overall service improvement plan is recommended.

There were monthly senior management meetings held, the records provided commenced in September 2025. An SEN review and oversight format had been developed and implemented; this commenced at the end of August 2025. The senior management meetings brought together the operations and quality assurance manager, the registered proprietor and the centre managers, these records were of a better standard with actions identified and direction given. The senior management team must focus on this type of approach in order to better evidence that good and effective governance is taking place.

The centre had a risk management policy in place and this utilised the risk decision making matrix from the safety intervention training. Inspectors reviewed the centre risk register, the young people's individual risk assessments and found that the risk register must be replaced with a clearer format that numbers and displays risks individually. Guidance and training in same are required for the centre manager in operating a risk management system at risk register level. Individual risks for the young people required review to ensure that each had their risks entered based on known information and that they are appropriately assessed. Inspectors found that for example low mood was rated down to a twelve from a possible high of twenty five at a time where it was still unclear what positive impact the centres controls and mitigations would have.

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

Actions required

- The registered proprietor must ensure that they create a system of CAPA tracking and service improvement planning that is shared with the centre manager to support organisational learning.
- The registered proprietor must ensure that there are suitable arrangements and personnel in place to allow for delegation of management tasks and cover.
- The registered proprietor and management team must ensure that the paperwork and recording systems including registers are fit for purpose.
- The registered proprietor must provide a suitable template and training for risk management structuring and recording. The centre manager and staff team must be educated in all aspects of risk to ensure that they are providing an appropriately safe placement for young people in this centre.

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 staff team consisted of a centre manager and eight qualified staff. The team had a blend of qualifications and some experience, most of it not in children's residential care. A training matrix had been established, and mandatory training had been taking place. The most recent of which was the safety intervention training with most staff being therefore relatively new to this and still establishing their

understanding of that in practice. Inspectors found that significant development was still required in this area to ensure that there was a cohesive daily staff approach.

Inspectors reviewed a sample of four personnel and training files and found that certificates were not stored together and that qualifications were not being independently verified with the relevant awarding institutions. They were being verified through copies of yearly transcripts. Aside from the weekly policy workshops the team had not attended external training in complementary topics related to their work. Inspectors made recommendations to the registered proprietor and centre manager related to available relevant national training opportunities.

The staff interviewed and on duty at the centre were engaging and interested in their work with the young people, they stated that they could and did constructively challenge each other to improve daily practice and the daily experience for the young people. Both young people gave feedback about their experiences and for one although aspects were “fine” and their complaints had been responded to they said it was not their home and that their education was being impacted. Another young person was happy with their experience of the staff to date and liked how they were cared for and their family contact.

The records supported that the staff required more structure and training related to their roles through delegation, key work tasks and purpose and function implementation. The team required training on report writing and a focus on a holistic approach to safeguarding and positive behaviour support as well the management of risk in a short-term environment.

As stated, the centre manager had identified the need for a senior experienced staff member for the team. There was evidence that this was required in order to help build on the governance and tasks structures as well as the delegations. For example, there was an on-call system devised and made known to staff. These were named persons on the team who would be available in the event of an emergency. Inspectors found that on call included staff without the relevant experience or seniority in this area of work and requested that this be corrected immediately. On call should be delivered by experienced senior persons who have the skills and knowledge as well as decision making role in order to support staff during a crisis.

Compliance with regulations	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure that the individual qualifications for all staff are independently verified with the awarding colleges.
- The centre manager and the operations manager must ensure that the on call system in place is fully reviewed to ensure that it is provided by senior and experienced staff.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager and staff team must ensure that they clarify necessary actions with social workers and discuss and agree aims and objectives achievable within the centres purpose and function.</p> <p>The centre management must ensure that they gather information and input related to the individual needs young people present with.</p> <p>The centre and operations management team must ensure that placement planning is in line with the policy, is maintained up to date, is more specific regarding goals and the specific key</p>	<p>The Centre Manager has engaged with the allocated Social Worker to discuss and formally agree the goals and objectives for the young person's placement. All agreed goals align with, and remain within, the Centre's approved purpose and function.</p> <p>The Centre Manager has engaged with the allocated Social Worker, relevant stakeholders, and each young person to obtain the necessary information required to inform the development of individualised goals and an action plan to meet each young person's assessed needs.</p> <p>A review of the centre's placement planning process has been completed to ensure alignment with the organisation's Placement Planning Policy. Placement goals and objectives will be agreed</p>	<p>The centre manager and key worker will attend care plan meetings to ensure that goals and objectives for young person's placement are agreed with the social worker.</p> <p>Centre management has developed a template for collecting relevant information on each young person to support the identification of their individual needs. The implementation and use of this template will be monitored by the Operations Manager.</p> <p>The Operations Manager will oversee the placement planning process and the tracking of individual goals as part of their routine centre audit.</p>

	work required to complete this work.	collaboratively with the young person and their allocated social worker. The key worker, supported by the staff team, will conduct targeted key working sessions with the young person to support the achievement of these goals. A tracking mechanism has been implemented to monitor and evaluate the progress and completion of the agreed objectives.	
3	<p>The centre manager must confirm the details including hours, and content completed in the safety intervention training programme completed by their team.</p> <p>The registered proprietor must ensure that they make available a schedule of complementary training designed to improve and strengthen the competencies in service delivery.</p>	<p>All staff are required to complete Crisis Prevention and Intervention (CPI) training. The programme consists of 8 hours of theoretical instruction, followed by an 8-hour practical classroom session. Training content includes de-escalation strategies, safe disarming techniques, and other critical intervention skills to ensure the safety and well-being of both staff and service users.</p> <p>A structured training schedule has been established for all staff to ensure ongoing professional development, enhance competencies, and support the safe and effective delivery of care to young persons</p>	<p>The administrative and operations team will continue to oversee staff training and assess its impact on the delivery of safe and quality care to the young people in the centre.</p> <p>The administrative and operations team will continue to oversee staff training and assess its impact on the delivery of safe and quality care to the young people in the centre.</p>

	<p>The centre manager and operations manager must ensure that behaviour support, crisis management and risk management plans cross reference effectively and have specific interventions and tools integrated to ensure the safe care and support of the young people in placement.</p> <p>The centre manager must review the use of consequences to ensure that they are fair, purposeful and understood by all staff. The operations manager must ensure that they oversee consequences.</p>	<p>within the centre. Completion of all scheduled training is required by 26/03/2026.</p> <p>The behaviour, crisis, and risk management plans have been systematically reviewed to provide clear guidance on specific interventions for staff in the management of the young person's presentation and challenging behaviours, ensuring a consistent and safe approach.</p> <p>The use of the consequences and rewards system has been reviewed to ensure alignment with the organisation's Rewards and Consequences Policy. All staff have read and acknowledged the policy to guarantee that any consequences applied are fair and achieve their intended corrective purpose. The Operations Manager will monitor and review the implementation of consequences during their weekly visits to the centre.</p>	<p>The centre manager and operations manager will continue to review behaviour, crisis, and risk management plans as part of their routine audit of the centre.</p> <p>The Operations Manager will monitor and review the implementation of consequences during their weekly visits to the centre.</p>
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	<p>The centre manager must ensure that they consistently record and save evidence of who significant event notifications are sent to.</p> <p>The centre manager and operations manager must ensure that there is a clear understanding and record of the approach to use of physical interventions and the policy and procedure governing restrictive practices.</p>	<p>All significant event notifications are communicated to the allocated social worker and relevant stakeholders via email. The Centre Manager will ensure that a copy of this email is attached to the corresponding significant event notification record maintained at the centre.</p> <p>The Behaviour and Crisis Management Plan has been updated to provide clear guidance on staff interventions and approaches. Additionally, all staff will undergo training on the organisation's restrictive practices policy.</p>	<p>The significant event notification review group will monitor the record of evidence of who significant event notifications are sent to.</p> <p>The operations manager will review behaviour and crisis management plan during their weekly visit to the centre.</p>
5	<p>The registered proprietor must ensure that they create a system of CAPA tracking and service improvement planning that is shared with the centre manager to support organisational learning.</p>	<p>CAPA tracking and service improvement plan has been established and disseminated to all centre managers within the organisation. The plan has been incorporated into management meetings to ensure systematic monitoring, evaluation, and continuous service improvement.</p>	<p>The Operations Manager will continue to review and update the CAPA tracking and service improvement plan on an ongoing basis, with key learnings shared and discussed during management meetings.</p>

	<p>The registered proprietor must ensure that there are suitable arrangements and personnel in place to allow for delegation of management tasks and cover.</p> <p>The registered proprietor and management team must ensure that the paperwork and recording systems including registers are fit for purpose.</p> <p>The registered proprietor must provide a suitable template and training for risk management structuring and recording. The centre manager and staff team must be educated in all aspects of risk to ensure that they are providing an</p>	<p>A Deputy Manager has been sourced to enhance the centre's management structure. The candidate has accepted the offer of employment and is scheduled to commence duties on 02/02/2026, contingent upon the satisfactory completion of all required vetting procedures.</p> <p>A full review of all documentation and recording systems is being conducted to ensure their effectiveness and alignment with organisational standards. The review is expected to be completed by 30/01/2026. Subsequent training on the implementation and use of the updated documentation and recording systems will be provided to all relevant personnel.</p> <p>The risk assessment template has been revised to enhance usability and ensure it is fully fit for purpose. The Centre Manager and all staff shall complete mandatory risk management training by 21/01/2026.</p>	<p>Ongoing recruitments and staff retention strategies are being developed and will be developed to ensure adequate staffing and management structure for the centre.</p> <p>Operations Manager will continue to monitor paperwork and recording systems to ensure their appropriate use.</p> <p>The operations management team will continue to monitor the use of risk assessments and evaluate their effectiveness in guiding the staff team on mitigation procedures.</p>
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	appropriately safe placement for young people in this centre.		
6	<p>The registered proprietor must ensure that the individual qualifications for all staff are independently verified with the awarding colleges.</p> <p>The centre manager and the operations manager must ensure that the on call system in place is fully reviewed to ensure that it is provided by senior and experienced staff.</p>	<p>All staff academic qualifications are currently being verified with the respective awarding institutions. In the meantime, each staff member's academic transcripts, used to validate their qualifications, are maintained in their personnel file.</p> <p>The on-call rota has been reviewed, ensuring that only senior and experienced staff are scheduled for on-call duties.</p>	<p>The administrative team will ensure that all academic qualifications are verified as part of the vetting process prior to commencement of employment of all staff.</p> <p>On call roster will be reviewed and approved by the Operations Manager to ensure that staff rostered have the required experience for on call duty.</p>