



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 279

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Clarion Healthcare Ltd
Registered Capacity:	Two young people
Type of Inspection:	Scheduled - unannounced
Date of inspection:	9th & 10th of April 2025
Registration Status:	Registered without conditions from 23rd of December 2024 to the 23rd of December 2027
Inspection Team:	Catherine Hanly Lorraine Egan
Date Report Issued:	5th August 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 23rd of December 2024. Prior to this, the centre had been operating as a Special Emergency Arrangement (SEA), whereby it had been providing placements for young people directly from social work departments but was not registered or regulated by Tusla. 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 without attached conditions from 23rd of December 2024 to the 23rd of December 2027.

The centre was registered to provide dual occupancy to young people of any gender, aged between thirteen and seventeen on admission. The centre did not have a statement of purpose that specified its approach to the delivery of care in the centre. It provided placements for up to six months in duration. There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
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 workers. Young people declined to speak with inspectors. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 16th of May 2025. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. Prior to this, on the 6th of May, the inspector manager and lead inspector of this inspection met with the registered proprietor. The purpose of the meeting was to discuss some of the findings of the inspection, particularly those related to regulatory compliance, as well as the expectations of the CAPA. 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 30th of May 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

Overall, at the time of the inspection, inspectors found that this service was not operating in compliance with the requirements of the Child Care (Standards in Children's Residential Centres), 1996, Regulation 5, Care Practices and Operational Policies. Whilst the CAPA was accepted, findings were referred to the ACIMS' National Registration Enforcement Panel (NREP) for review. The registered provider was met with and directed that the implementation of the submitted CAPA must be realised and specified that the following actions must be evidenced by the 30th of August 2025:

- A training schedule and full staff team in place.
- A full suite of updated policies and procedures.
- Confirmation of the new person in charge in post or date for same.

A follow up inspection of the service will be completed to ensure that the agreed actions have been implemented.

As such it is the decision of the Child and Family Agency to register this centre, ID Number:279 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

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 in the centre at the time of this inspection, both of whom had been placed there after the centre commenced operations as a registered service. Of the two young people in residence at the centre at the time of this inspection, only one had an up-to-date statutory care plan on file. This had been developed since the child's admission to this centre following a statutory child in care review (CICR). The child had not attended this review nor had a parent, but both their views were reflected in the care plan document. Inspectors noted that actions named were all identified as the responsibility of the social work team with none being assigned to the centre. The care plan document did not clearly state the intended purpose of the child's placement in this centre. The social work team, in interview with the inspector, acknowledged these matters as an oversight on their part which they attributed to having to maintain close oversight of the placement, including giving daily instruction to the staff team, due to the level of inexperience of the staff team in the provision of residential care. They indicated their intent to meet with the centre manager to outline respective responsibilities and clarify expectations. The second young person did not have an updated care plan on file and although a statutory CICR had been convened, representatives from the staff team at the centre were not present at this. There were conflicting views on the reasons for this. The social work team agreed to clarify this with centre management and provide a copy of the statutory care plan. The social work team for this young person also informed inspectors that they had had to provide almost daily support and direction to centre staff in relation to the care of the young person. They had concerns about the centre's ability to provide a safe and stable placement for the young person, based on the feedback the young person had provided to them. They had given clear direction around risk assessment and management, as well as key working to address presenting needs. None of this direction or input was evident on the care files at the centre, nor were the updated risk assessments that the social work team described to inspectors. Inspectors found that care records at the centre were not being maintained in such a way as to contribute to effective care planning. It was inspectors' findings, based on these deficits in recording, alongside other deficits

noted in records, that the registered proprietor was not complying with the requirements of the Child Care (Standards in Children's Residential Centres), 1996, Regulation 17, Records. This will be further commented upon under standard 5.2 later in this report.

The centre had previously operated as a special emergency arrangement (SEA). In line with this, the centre had been utilising SEA placement plans which provided a broad overview of needs, young persons and their parents' view, and an initial planning document covering the first four weeks of placement. These documents were vague and lacked necessary detail and should no longer be used as the centre is now operating as a registered service. In addition to the SEA plans, the centre had developed their own Placement Support Plans which gave a broad outline of the young person's needs with suggested support strategies named. They had multiple goals outlined, which were similar across both plans, that were not evidenced as being individualised or based on consultation with the young person and their social work team. These plans were not connected to the statutory care plan or direction given by the social work teams and required significant development to adequately outline the purpose of the placement and how realistic goals and supports can be met and provided for. This development should be aligned to the centres statement of purpose (SOP) which also needs to be developed as was not in existence. Inspectors were informed by the centre manager that young people were involved in the development of these plans, but this was not evidenced in the documents reviewed. Centre management must first develop a template for their own placement plans then agree with placing social work teams the needs of each child and how the centre can provide the necessary supports to ensure best outcomes. This process should be supported by the development of a guiding policy on placement planning. Young people should be involved in all aspects of their care planning and the views of parents should also be given due consideration. Overall, inspectors found that this service was not operating in compliance with the requirements of the Child Care (Standards in Children's Residential Centres), 1996, Regulation 5, Care Practices and Operational Policies.

Both young people in the centre were linked with external support services and further referrals by the respective social work teams were active at the time of this inspection. The social work teams were managing the liaison with the external services and there was little evidence within the centre of the connectedness of these services to the overall care planning of the young people. The social work team for one of the young people had made a recent referral to an external support service and they hoped that this service, once on board, would provide much needed guidance

and direction for the staff team in supporting the young persons' placement. There was no consistent or structured system for recording contact with social work teams at the centre. Information reported by the social work teams to inspectors was not evidenced in records reviewed during the inspection. Centre management must develop and implement a robust and effective system of communicating with social work teams, recording this, and integrating as necessary to placement planning for young people.

Compliance with regulations	
Regulation met	Not all regulations were assessed
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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 2.2

Actions required

- Centre management must develop a template for their own placement plans then agree with placing social work teams the needs of each child and how the centre can provide the necessary supports to ensure best outcomes.
- Centre management must develop and implement a guiding policy on placement planning.
- Centre management must develop, and communicate with all vested parties, a statement of purpose for this centre.
- Centre management must develop and implement a robust and effective system of communicating with social work teams, recording this, and integrating as necessary to placement planning for young people.

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.

Inspectors found that there was no consistently utilised, clearly identifiable approach to the management of behaviour that challenges, supported by policies and procedures, in this centre. And, overall, inspectors found that the care being provided to young people in the centre at the time of the inspection was not at the level required to always ensure their safety. The only approach evidenced appeared to be one that consisted of verbally encouraging young people to desist from behaviours that were harmful to themselves or others in a non-confrontational way. This approach was not having any positive impact on the negative or challenging and at-risk behaviours that the two young people were presenting with in their placement. A trauma-informed and person-centred approach were referenced by some of those interviewed as part of this inspection process. In practice, inspectors found that the staff team did not evidence a good understanding of how best to respond to and manage behaviours that challenged. There was no evidence that the underlying causes for presenting behaviours were examined or understood.

The significant event reports (SEN) that inspectors reviewed lacked sufficient and necessary detail such as preceding factors that led to the incident occurring. These reports were being forwarded to the relevant social work teams but, unlike registered centres that operate with a contract from the Tusla National Placement Team (NPT), the SENs were not being overseen by the Children's Residential Services (CRS) team that review all SENs from registered services. These records at the centre also lacked specific detail about the actual presenting behaviour and the young person's presentation, instead vague descriptors such as "*disruptive behaviour*" were recorded. The detail in these records demonstrated that the staff team lacked the knowledge, skill and experience necessary to respond to and manage these situations appropriately. Young people were "*asked not to be disruptive*" or "*reminded of their curfew*", but aside from that there were no appropriately informed, identifiable interventions by staff. Inspectors noted that the Gardai were frequently contacted and requested to respond to events including when young people went missing from care, when they were "*disruptive*" in the centre, and when neighbours complained to staff about the behaviours of young people. One social work team informed the

inspector that they were aware racially abusive and derogatory language was used by at least one young person towards staff working in the centre. This was not evident on records reviewed by inspectors. There was no evidence that young people were being actively educated about their respective behaviours, the impact of these on self and others, and how they could be supported to find appropriate ways of managing these. The strategies outlined in risk assessments sampled by inspectors were poor overall and represented significant deficits in responding to identified risks.

There were no consequences implemented for young people for non-compliance with house rules for example vaping, rather young people were “*encouraged to vape outside*”. As previously stated, the young people residing in the centre at this time were involved with various external support services and, where this is the case, a coordinated approach to care delivery and sharing of information to support the young person with their behaviour that challenges would lend itself to better outcomes for them. It was inspectors finding that the Child Care (Standards in Children’s Residential Centres), 1996, Regulation 5, ‘Care Practices and Operational Policies’ was not met at the time of this inspection and the registered proprietor must take immediate corrective action to address this. This must include the development and implementation an approach to positive behavioural support, that is underpinned by policy and regularly audited to determine its effectiveness.

There was no policy on restrictive practices for this centre and inspectors found that the staff team did not have a good understanding of what these were and that some, such as supervised spending, were in use at the centre. Centre management must develop a policy on the use of restrictive practices at the centre and ensure these are understood, used as a last resort and recorded appropriately.

The operations manager provided information to inspectors on the staff teams’ training in the use of Prevention and Management of Aggression and Violence (PMAV). Inspectors did not see any evidence that this training had been utilised in practice at the centre. There was no policy on the use of this training, and one should be developed and incorporated into practice at the centre.

Compliance with regulations	
Regulation met	Regulation 16
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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 3.2

Actions required

- This centre must develop and implement an approach to positive behavioural support, that is underpinned by policy and regularly audited to determine its effectiveness.
- Centre management must develop a policy on the use of restrictive practices at the centre and ensure these are understood, used as a last resort and recorded appropriately.

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 had been in post approximately two months at the time of this inspection. The previous centre manager, identified at registration application stage to the Alternative Care Inspection and Monitoring Service (ACIMS), had stepped down from their post in February 2025. They were named as a fulltime member of staff at this inspection but, as will be detailed later in this report, they were not working fulltime hours. The new named centre manager did not have a social care qualification, had no previous experience of working in residential care prior to their position as social care worker in this centre, and did not have any management experience or qualification. Their qualification and experience did not meet with the requirements of the ACIMS Regulatory Notice (Revised) on Minimal Staffing Level &

Qualifications for Registration Children's Residential Centres, August 2024. ACIMS had not been informed of the change of manager in the centre in accordance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Regulation 6 'Person in Charge'. Centre management were informed of this at the verbal feedback stage of the inspection process and were advised to take immediate corrective action in submitting the necessary 'Change in Circumstances' form to comply with this notification requirement.

The centre manager worked usual office hours at the centre, Monday to Friday. They provided formal supervision to the staff team, as well as direction and guidance to staff on shift. The staff members interviewed reported that the manager was available to them for guidance, and they understood they were accountable to them for their practice. They demonstrated a good understanding of each person's placement in the centre but acknowledged there had been no collective planning involving all relevant parties. The manager was supported in their role by the operations manager who provided supervision, and guidance to them separate to conducting audits of practices at the centre. The centre manager had not had a period of leave since commencing in their role but advised inspectors that the operations manager would provide alternative management cover should they be absent for any extended period. The operations manager informed inspectors that they had a live contract with Tusla as a special emergency arrangement (SEA). They had an identified point of contact within the SEA team in Tusla and directed any queries or concerns there. The company intended to secure a contract with Tusla through the National Placement Team (NPT), but this had not yet happened. Therefore, although the centre was a registered service, it was operating by the requirements of its SEA contract.

Centre management need to develop a comprehensive suite of policies and procedures as a matter of priority. These should be aligned to the National Standards and should be discussed with the staff team regularly to ensure there is a thorough understanding. This report has made commentary on policies/procedures/guidance that requires significant development in the areas examined within this inspection. Centre management must refer to, and be guided by, current relevant legislation, national standards, guidance documents and knowledge about best practice in residential social care.

The centre had some minimal governance systems in place including audits by the operations manager and oversight of key working and planning for young people by the centre manager. These systems need to be expanded and further developed and,

to be effective, will require a thorough understanding by the centre manager and staff team of their role and function within this centre, as well as the development of planning and recording systems at the centre.

The centre did not have a risk management framework in place. Individual risk assessments for young people were on file and there were risk assessments on file relating to environmental risks also within the centre. The individual risk assessments had not yet been found to have any impact on the risk-presenting behaviours of young people. Inspectors found that knowledge of risk, its impact, its context within safeguarding and child protection for young people, how to manage it and how to mitigate presenting risks was significantly lacking. Not all known risks for young people were assessed and mitigated against, further making the situation in the centre unsafe for young people. One social work team informed the inspector that they were not satisfied with the risk assessments and interventions identified by the staff team and had amended and contributed to risk management documents. These updated documents were not present on the young person's file at the centre. The development of a risk framework should include a risk matrix to appropriately rate the representing risk and to determine the necessary interventions required. Risks and interventions should be reviewed as per indicated timeframes; this was not happening consistently. Strategies/interventions must be more robust – they should be aimed at prevention and education, as well as responding to the immediate risk. Centre management must take immediate action to ensure they are providing a safe and secure placement for young people in this centre.

Compliance with regulations	
Regulation met	None identified
Regulation not met	Regulation 5 Regulation 6

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 5.2

Actions required

- The registered proprietor must appoint a suitably qualified and experienced manager to this centre to comply with the requirements of the ACIMS Regulatory Notice (Revised) on Minimal Staffing Level & Qualifications for

Registration Children's Residential Centres, August 2024, and must notify this change to the ACIMS in accordance with the relevant Regulation.

- Centre management need to develop a comprehensive suite of policies and procedures as a matter of priority. These should be aligned to the National Standards and should be discussed with the staff team regularly to ensure there is a thorough understanding.
- The systems of governance need to be expanded and further developed.
- Centre management must develop and implement a robust risk management framework. The 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.

This centre was registered by the Alternative Care Inspection and Monitoring Service (ACIMS) to commence operations as a registered service on the 23rd of December 2024 having operated for a period prior to that as an unregulated special emergency arrangement. In the period between registration and the commencement of this inspection process on the 9th of April, there had been significant changes to the staff team in the centre, none of which had been notified to the ACIMS, as was required by regulation (for the centre manager change) and was required as a condition of their registration (for changes to the staff team). A staff member identified as a social care worker on the application for registration form, was holding the position of centre manager at the time of this inspection, having commenced in that role in February 2025. This individual had no previous experience of working in a children's residential centre prior to commencement in this centre. They did not have a social care or relevant equivalent qualification, and they had no management-related training or qualifications.

Four staff named on the application form were no longer working at the centre at the time of this inspection. Some of these were identified by the new centre manager as now working in another centre operated by the company. Seven new staff that were not named on the application form were now named as working at this centre. Of the

nine individuals named as the fulltime staff team for this centre at the time of the inspection, all but one had no previous experience of working in residential care with young people. The one person that had some prior experience of working in residential care was also the only staff member from the entire team with a social care qualification. Although named as fulltime and identified as working 39 hours weekly, a review of rosters from January to the time of this inspection found that they had only worked eight shifts in total at the centre, three of which were waking night shifts where their contact and interaction with young people would be limited.

From a review of all rosters, but without having confirmation of worked hours, it appeared that only two of the nine named fulltime staff were working fulltime hours in this centre. As stated above, all but one had no prior experience of working with children in residential care. The operations manager acknowledged to inspectors that they had not made connections with other providers of residential care for young people, with a view to learning and developing their knowledge and skill base. The centre did not have a written and communicated statement of purpose, with associated team training that would provide much-needed clarity on role and function for the staff team. There was no evidence of multi-disciplinary working with other professionals engaged with young people towards a more rounded understanding of their needs and how best to meet these. As documented under standard 3.2 of this report, the staff team lacked the knowledge, skill and competencies required to respond appropriately to presenting behaviours that challenged and support young people appropriately in finding alternative ways to behave. The registered proprietor of this centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Regulation 6 'Person in Charge' and Regulation 7 'Staffing' at the time of this inspection and must take immediate corrective action to address this. This will include developing a statement of purpose for this centre; delivering training/educating the staff team on this; creating liaison with other professionals in the field of residential care for the purpose of learning and professional development; securing relevant training and education courses that will better equip the staff team to better meet the identified needs of young people; the development of a range of policies such as lone working, and a practice guidance document on live night working – to include expectations of staff, rationale for their use, etc. The company will also need to develop an approach to staff retention that will support continuity of care to young people and so that they experience stability within this placement.

The manager and operations manager provided on-call support to the centre, outside of normal working hours. Inspectors found that there was conflicting understanding

about how on-call was provided and centre management should devise a guidance document for all staff.

Compliance with regulations	
Regulation met	None Identified
Regulation not met	Regulation 6 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 proprietor and centre management must take corrective action to address the deficits identified in this standard and to ensure that there are sufficient numbers of consistent staff with the necessary experience and competencies to meet the needs of young people coming to love in this centre.
- Centre management must devise a guidance document for on-call procedures for all staff.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must develop a template for their own placement plans then agree with placing social work teams the needs of each child and how the centre can provide the necessary supports to ensure best outcomes.	Placement plan template has been developed by the Centre Manager and has been reviewed and approved by the Operations Manager. Centre Manager will facilitate Placement support plan meeting with the young person's allocated social worker, the young person and other relevant parties to discuss measures and goals aimed at achieving best outcome for young person while living in the centre.	Placement plan for all young persons living in the centre will be checked by the Operations Manager during their monthly visit to the centre. A monthly audit of the centre will include checking placement plan.
	Centre management must develop and implement a guiding policy on placement planning.	Care planning and Placement planning policy has been developed and approved by the Operations Manager. Implementation process of the policy is ongoing with staff training and workshop to be completed by August 2025.	Operations Manager will ensure all relevant policies are in place during their monthly visit to the centre.
	Centre management must develop, and communicate with all vested parties, a statement of purpose for this centre.	Statement of Purpose for the centre has been developed, and a copy has been sent to all relevant parties.	N/A

	Centre management must develop and implement a robust and effective system of communicating with social work teams, recording this, and integrating as necessary to placement planning for young people.	A communication procedure has been developed on how the centre will receive and record communication to and from the centre and how this information will be integrated and utilised in placement planning for young persons.	As part of their monthly visit to the centre, the operation manager will review the communication procedure to ensure its use and evaluation of its integration in placement planning.
3	<p>This centre must develop and implement an approach to positive behavioural support, that is underpinned by policy and regularly audited to determine its effectiveness.</p> <p>Centre management must develop a policy on the use of restrictive practices at the centre and ensure these are understood, used as a last resort and recorded appropriately.</p>	<p>The centre has developed a positive behavioural support policy as guidance on the appropriate approach for best outcome for young persons.</p> <p>Implementation process of the policy is ongoing with staff training and workshop to be completed by August 2025.</p> <p>A policy on the use of restrictive practice at the centre has been developed. All staff will be trained to understand the use of restrictive practice as a last resort, record any form of restrictive practice been used and learning outcomes.</p>	<p>As part of their monthly visit to the centre, the operations manager will ensure that positive behavioural support policy is being adhered to.</p> <p>Audit of significant event reports and measures utilised by staff in managing challenging behaviour of young persons will be carried out monthly by the compliance manager to determine adherence to policy.</p> <p>Audit of all restrictive practices being used in the centre will be carried out monthly by the compliance manager to determine adherence to standards.</p>
5	The registered proprietor must appoint	Recruitment of a suitable and qualified	N/A

	<p>a suitably qualified and experienced manager to this centre to comply with the requirements of the ACIMS Regulatory Notice (Revised) on Minimal Staffing Level & Qualifications for Registration Children's Residential Centres, August 2024, and must notify this change to the ACIMS in accordance with the relevant Regulation.</p> <p>Centre management need to develop a comprehensive suite of policies and procedures as a matter of priority. These should be aligned to the National Standards and should be discussed with the staff team regularly to ensure there is a thorough understanding.</p> <p>The systems of governance need to be expanded and further developed.</p>	<p>person is currently ongoing. A suitable candidate has been identified for the role of centre manager and will commence the role after a successful vetting process is completed. In the meantime, the registered proprietor has appointed a suitable and qualified person as acting manager. This change has been notified to the ACIMS.</p> <p>Additional Policies and procedures are being developed by the Senior Management to guide staff on practices and approaches towards achieving best outcomes for young persons. Management will organise trainings and workshops for all staff on these policies to ensure staff understanding and adherence.</p> <p>The management has appointed a deputy centre manager to support the centre manager. The Centre Manager will oversee the day-to-day activities and leadership of the of the centre and will report to the Operation Manager who will also provide</p>	<p>Management team will continue to review policies and procedures to ensure that they align with national standards.</p> <p>N/A.</p>
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		<p>additional oversight for the centre. The Operations manager will visit the centre at least monthly to carry out reviews of centre registers, evaluations of practices/adherence to policies and procedures. An internal auditing and quality assurance process to ensure compliance with national standards and legislations will be championed by the compliance manager Management has developed on-call rota underpinned by on-call policy to ensure robust governance and leadership at all times.</p>	
	<p>Centre management must develop and implement a robust risk management framework. The 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.</p>	<p>The management has developed a risk management framework and policy. Implementation of this framework and policy is ongoing with staff training to be completed by August 2025.</p>	<p>The Operations Manager will review the risk register as part of their monthly visit to the centre to ensure that centre manager and staff team understand all aspects of risk and risk management framework.</p>
6	<p>The registered proprietor and centre management must take corrective action to address the deficits identified in this standard and to ensure that</p>	<p>The registered proprietor and centre management is taking the following measures to address the deficits identified Policies and procedures: Management will</p>	<p>The Management team will put monitoring mechanisms in place such as reviews and audits in ensuring that any deficit identified are addressed in a timely</p>

	<p>there are sufficient numbers of consistent staff with the necessary experience and competencies to meet the needs of young people coming to live in this centre.</p>	<p>develop relevant policies, procedures and frameworks to guide practices that are designed to achieve best outcome for young persons living in the centre.</p> <p>Training: All staff will undergo training on the centre's policies and implementation. Management will organise trainings aimed at upskilling staff in managing needs and behaviour of young persons will be facilitated by the management.</p> <p>Recruitment: Management will recruit staff with suitable qualification and experience to join the staff team.</p> <p>Monitoring: Management will develop a robust monitoring mechanism to measure compliance of practices in the centre with national standards and learning outcomes geared towards better service delivery for young persons living in the centre.</p>	<p>manner.</p>
	<p>Centre management must devise a guidance document for on-call procedures for all staff.</p>	<p>An on-call rota underpinned by guiding policy has been developed for the centre. Training will be organised to ensure staff team understand and implement this policy.</p>	<p>The Operations Manager will review the on-call rota as part of their monthly visit to the centre to ensure compliance.</p>