



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 282

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Six Young People
Type of Inspection:	Announced
Date of inspection:	28th and 29th October 2025
Registration Status:	Registered from 7th February 2025 to 7th February 2028
Inspection Team:	Linda Mc Guinness Anne McEvoy
Date Report Issued:	04th of December 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 7th February 2025. 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 service. It aimed to provide short to medium term care and support for six young people aged thirteen to seventeen upon admission, who were seeking international protection in Ireland. The stated objective was to provide stability and support young people with recovery from displacement and early life trauma. There were six 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
1: Child-centred Care and Support	1.1
2: Effective Care and Support	2.2
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2

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. This inspection intended to review standards 1.1, 3.1 and 5.2 of the National Standards for Children's Residential Centres 2018, HIQA however standard 2.2 was added for assessment during the inspection process when deficits in placement planning were identified.

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 20th 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 centre manager returned the report with a CAPA on the 26th of November 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 282 without attached conditions from the 7th February 2025 to 7th February 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Inspectors found there was a positive focus on cultural diversity, respect and promoting and protecting the rights of young people. There was written information available to the young people in several languages. There was evidence that young people were informed about their rights under the UN Convention on the Rights of the Child. As English was usually not the first language, translators were provided during the admissions process to ensure that young people understood the information being provided. There was evidence too that care staff revisited key points both individually or in young people's meetings depending on the age, language skills or presentation of individual young people.

The organisation had policies in place aligned to the National Standards for Children's Residential Centres, 2018, HIQA. These included rights and responsibilities, diversity, handling and management of complaints and access to information. Team meetings evidenced some discussions about current issues relating to the various young people's educational, cultural, religious, and health needs. This aspect of the team meeting should be further developed when placement planning has been reviewed to ensure a more proactive approach to needs assessment and supports required.

Inspectors found that care staff in interview had an appropriate focus on rights, and information was available to young people about advocacy and supports they might require through the course of their placement. They received training facilitated within the organisation specifically to highlight issues and key information to support the care of separated children seeking international protection. They had undertaken training in respect of harmful cultural practices and were waiting on a date to receive external intercultural awareness and cultural competency training.

The manager and team worked in collaboration with the separated children seeking international protection (SCSIP) social work department. Inspectors found that generally when young people moved into the centre an interpreter was provided to facilitate communication and help them to understand and assimilate to the new environment.

From review of care records and feedback from young people it was evident that they were supported with applications for refugee status and the progress of these. Additional support to learn English was provided if needed, and technology applications were used to support communication and comprehension about generic topics if required.

Through interviews with care staff, review of records and reviewing feedback provided by young people it was evident that there was a positive focus on young people's rights. Their views were reflected in centre records such as the daily logs and young people's meetings. When young people moved into the centre, the care team provided a guided orientation to the local area. They accompanied young people using public transport to the city where they met social workers or attended medical and legal appointments. They were supported to attend their educational placements and part time employment. Young people explained how their interest in preferred recreational activities in the community was supported and encouraged. They enjoyed individual and group activities, local sports clubs, individual time with keyworkers and met with young people from another sister centre for day trips/hikes.

Inspectors found that while some Irish traditions and holidays were explained to young people additional work should take place to explain societal rules, norms and laws in Ireland that may differ from their own. Examples of this could include the age of consent, role of An Garda Síochána, gender and marriage equality, laws regarding carrying weapons to name a few. The team were cognisant of risks that young people may experience in the community particularly around racial tensions or recent protests. They explained the reasons why young people may need to avoid certain areas or places and gave them advice and guidance in case they ever experienced danger.

There were appropriate resources and arrangements in place to facilitate young people to practice their religion. Religious celebrations were marked by the young people and care team with decorations, special food and new clothing. Additionally, there was evidence that young people were invited to celebrate various Irish cultural festivals if they chose.

Young people had opportunities to shop for and cook their own meals if they wished and wholesome and nutritious culturally appropriate food was available at all times. Inspectors shared lunches with young people and care staff and observed that food and mealtimes were an important part of the daily living.

If possible, young people were facilitated to maintain contact they had with family members or significant people in their country of origin.

Inspectors met and spoke to five of the young people who all stated they 'loved' the house. They said they 'got lots of support and help' and that the manager and 'staff' listened to them. They said that felt that their culture was important to the adults. One young person was supported to spend time with a parent who came to Ireland to meet with them for their birthday, and it was evident that they were invited to contribute to planning for their child.

Additionally, all young people completed a written questionnaire for the inspectors. From a review of these, inspectors determined that they felt well looked after and had input into their daily living and the décor of the house. Additionally, they stated that their rooms were homely and comfortable. All stated they felt safe and could talk to adults who care for them. One young person stated, 'it is a peaceful and safe place'. They knew who they could talk to if they were unhappy with something and commented positively about activities offered to them.

Additionally, inspectors spoke with social workers or social work team leaders for five young people as the sixth was awaiting allocation. They confirmed that they felt the centre was providing good quality care and that the rights of young people were promoted and protected and they expressed that they liked living there and felt supported. The team leader expressed confidence in the managers in the centre and stated that they were strong advocates for all young people.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 11 Regulation 12 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

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.

Five of the six young people were admitted to the centre in February 2025 shortly after its first registration. The other young person was admitted six weeks prior to this inspection.

Inspectors found that the centre policy and admissions process were not aligned. The organisation policy indicated that a collective risk assessment (CRA) would take place at a meeting between the referring social worker and the centre manager and that social workers for other young people would be contacted. It then stated that the CRA would be signed and once all parties were in agreement the transition would commence. In practice the centre was informed of a proposed admission, and the centre manager completed the risk assessment in consultation with the social worker or delegated person. The social workers for other young people were subsequently informed that an admission had taken place. Organisational management must review processes and ensure that policy and practice are congruent.

The social work team leader for five of the young people had visited the centre to chair statutory child in care reviews and was able to speak positively in relation to observation of care practice and feedback from young people about the care they received. There was a care plan in place for the first five young people and a date requested for a statutory child in care review for the sixth young person. Overall, the inspectors found that information was limited due to many unknowns, and therefore the care plans were often basic in terms of assessment of needs.

The centre was registered for short to medium term care however, a decision was made that all young people would remain in the centre. It was the assessment of management that longer term placements would support the development of relationships, identification of needs and facilitation of supports required. The centre changed their statement of purpose in November 2025 to providing medium to long term care.

The centre operated a recognised model of care that used an outcome focused framework to measure progress. It was trauma informed, and the focus was person centred, individualised, relationship-based care. Inspectors found that within a short timeframe following registration, six contracted staff named were no longer available and that the centre remained short staffed until the time of inspection. The Alternative Care Inspection and Monitoring Service (ACIMS) had not been notified of the staff changes by the company in line with the requirements of their registration. Eight new staff, many inexperienced in the field of social care, had commenced in the centre since that time, with recruitment ongoing to fulfil the required agreed staffing complement. Inspectors found that instability and limited experience was not congruent with the provision of the stated model of care and that this had impacted negatively on placement planning in the centre.

While there was evidence of young people being asked to participate in setting goals, further improvements were required to ensure the delivery of effective care and support. Placement plans were prepared for a three-month period and inspectors found that there was a lack of clarity as to how they were reviewed within that timeframe if new needs/goals were identified. The plans reviewed were comprehensive in respect of some of the young peoples identified needs, however these were usually in areas where they were doing well such as education for example. The approaches and interventions identified were not reflective of the young people's needs in other areas such as sex education and sexual health or work in respect of harmful cultural practices. Many of the domains in the outcome-based framework were not included.

Inspectors did not find that the key working role was fully understood, and records of key work sessions were limited or sometimes repetitive. The key working policy was basic but not implemented in practice as it stated that key working planning meetings took place monthly. There were no such measures in place at the time of inspection.

These issues in respect of planning for young people were discussed during inspection with the centre manager and regional manager who agreed that a priority focus on placement planning was required. They scheduled to meet following inspection to discuss training and upskilling key workers and the care team. There was agreement that improved systems were required to monitor placement plans and evidence how all areas of need were identified, and actions tracked and progressed in line with centre policy and the stated model of care and the revised purpose and function.

The inspectors found other planning documents to guide care staff in their work such as individual crisis support plans (ICSP), and individual absence management plans (IAMP). While the ICSPs were up to date, key information in respect of physical interventions was not included as required. It is important that up-to-date support strategies are clearly stated especially during times when relief staff, care staff from other centres and use of agency staff was relied upon.

Improvements were also required in respect of communication between the Child and Family Agency and the centre in relation to specialist supports required by young people. There were issues in respect of delays in payments by the Child and Family Agency for English classes and dental treatment that had the potential to limit access to these services by young people living in the centre. The centre manager had made attempts to resolve this issue in writing however there was no escalation process whereby senior managers followed up or used Tusla's policy for feedback or complaints (Tell Us) when no response was forthcoming. The inspector highlighted this issue to senior management within Tusla following inspection.

The social workers were satisfied that there was regular communication with the managers through phone calls and emails and that they received planning documents. The inspectors found evidence of regular updates and communications with social work staff in relation to key aspects of young people's care.

The inspectors were satisfied that care records were maintained by the centre in line with statutory regulations and national standards.

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 must ensure that placement planning for young people takes account of all their needs and that identified actions are tracked and progressed in line with centre policy and the stated model of care. The care team must be clear in relation to their responsibilities in respect of planning for young people and held to account for their work.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The inspectors found that all young people were safeguarded in the centre and that their care and welfare was protected and promoted. The organisation had a suite of policies that included a child protection and safeguarding policy which was in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. A child safeguarding statement (CSS) was on display in the centre which was dated November 2024. Inspectors noted that it was updated when new risks arose after that date. It also included a risk associated with not being able to provide the required young person to staff ratio of 2:1. Measures to mitigate this risk included a lone working policy and management assisting care staff if required. Staff interviewed demonstrated an awareness of the risks that young people accessing the service could potentially be exposed to.

The inspectors were satisfied that there were systems in place to monitor and audit aspects of the centres' compliance with child safeguarding policies and practices. The centre opened in February 2025, and the regional manager conducted an audit of child protection in June 2025. This audit reviewed the CSS, knowledge of some of the care team about reporting procedures, whistleblowing and the designated liaison person, training needs, complaints, child protection and welfare referrals, any concerns about child sexual exploitation or bullying. Inspectors were satisfied that required actions from this audit were addressed in a timely manner.

Training records reviewed by inspectors showed that all staff had received child protection training provided by the organisation along with training in the Tusla e-Learning module: Introduction to Children First, the role of a mandated person and child sexual exploitation training. Despite this, contrary to the findings of the audit in June 2025, in interview with members of the care team, inspectors found that there were gaps in knowledge in respect to describing the policies and procedures in place to protect young people. Despite child protection being a standing agenda item for discussion at team meetings, a social care leader and social care worker who spoke to inspectors were unable to identify policies such as safeguarding, safe recruitment, complaints, lone working or whistleblowing. Instead, they spoke about environmental hazards and explained they protected young people through their relationships. Further work is required to ensure that all care staff can demonstrate an understanding of the centre policies and procedures appropriate to their role to safeguard young people. There was evidence of discussions about safeguarding and child protection at various senior management meetings.

There was a system in place whereby the regional manager was the Designated Liaison Person (DLP) and the centre manager/person in charge was the deputy DLP. Staff interviewed stated they would not go to the DLP for advice if their social care manager was available. Management should review this system to ensure that this system is clear and effective and does not cause confusion.

The centre had an anti-bullying policy in place. Inspectors found that for a short time, when there was a negative dynamic between two young people, care staff and management were alert to this and implemented appropriate measures to ensure no harm came to either young person. There was a safety with social media and electronic communication policy to support care staff to educate young people and monitor their use of the internet if concerns arose.

Inspectors observed that all the young people had positive relationships with one another and that they shared meals and activities together. Five young people who spoke with inspectors were able to describe the positive atmosphere in the house where they respected each other and the care team. It was evident there was trust between the adults and young people.

Measures in place to keep young people safe were evident through a review of centre risk assessments and if required, areas of vulnerability were identified, and appropriate safeguards were implemented. As mentioned above, these were not always included in the placement plans so that targeted education and individual work could be scheduled and followed up. Some improvements were required in respect of the implementation of the organisations risk management policy, and this is further discussed under standard 5.2.

The care team who provided feedback to inspectors all reported that they were confident that young people would speak up if they felt unsafe. Young people also confirmed that they had people they trusted and could speak to. Notwithstanding this, inspectors found that some complaints made by young people were recorded as being resolved when that was not an accurate representation of the outcome and there was no evidence of appeal or escalation if a young person was unhappy with the outcome or the issue was protracted. Inspectors recommend a review of all complaint records to assess if the management of complaints was aligned to the centres own policy.

The centre maintained a register of child protection concerns and care team members were registered individually on the Tusla portal to facilitate them to report child protection or welfare concerns. Inspectors were satisfied from a review of records, that any issue relating to child protection was reported and managed in accordance with Children First and the organisations' own policy.

There was evidence on care records that the team worked in partnership with the social work department to promote the safety and well-being of all young people. Social workers interviewed by inspectors confirmed they were satisfied that the young people were safe, well cared for and that they had no safeguarding concerns.

The centre had an honesty and whistleblowing policy. Staff members in interview however did not connect this policy to child protection for example, to challenge or report poor practice of a colleague. Neither was it included as a mitigating measure in respect of risk to young people from staff members on the child safeguarding

statement. This must be reviewed and revisited with the team to ensure knowledge of all policies intended to safeguard and protect young people.

Compliance with Regulation	
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that all care staff can demonstrate an understanding of the centre policies and procedures appropriate to their role to safeguard young people.

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 inspectors found there were clearly defined governance arrangements and clear reporting structures within the organisation to ensure accountability and the provision of child centred safe and effective care. There were three centres in this organisation providing services to separated children seeking international protection and they were all assigned to one regional manager who took up post in December 2024. There were arrangements in place to oversee the management of the centres care practices and the operational policies and procedures.

Inspectors found that the regional manager was generally in the centre twice per month and had met with young people, management and individual care staff. When in the centre they checked centre registers, reviewed aspects of young people's care records and each month completed an audit based on one of the themes of the National Standards for Children's Residential Centres 2018, HIQA. Complaints, child protection and health and safety were subject to quarterly audit processes and review of these evidenced areas of good practice and areas identified for improvements.

Supervision and staff retention was also subject to oversight to identify any areas requiring a quality improvement focus. There was evidence of regular team meetings, management meetings, and monthly service governance reports completed by the centre manager or deputy manager. Areas identified for improvement through auditing included placement planning and key working, recording of complaints and some issues relating to fire safety.

Newly established monthly meetings took place between the regional manager and centre manager where issues such as placement planning, risk management and staff training were explored and discussed. Additionally, quality, safety and practice meetings took place to review staffing, risk, restrictive practices and audit and inspection findings.

The CEO of the company along with the head of residential care was responsible for policy and procedure monitoring and review. Inspectors were informed that the company recently employed a person with responsibility for quality assurance and risk and as part of their overall role they were to be involved in policy development. The suite of policies was most recently updated in October 2024 with a review date of 2026 unless individual policies required updating. Care staff in interview confirmed that they received correspondence if policies were updated and they were then reviewed at team and handover meetings. Notwithstanding this, some gaps in knowledge regarding policies and procedures were evident during inspection interviews as discussed previously and inspectors recommend this is reviewed again during individual supervision and at team level.

While acknowledging that high staff turnover has negatively impacted consistency of care practice and the experience of the team as a whole, inspectors found that some care staff were not clear on aspects of their roles and responsibilities in the centre such as implementing placement plans and responsibilities in relation to individual work and key working with young people. Some deficits in respect of this were highlighted in a regional manager audit in September 2025 and, as discussed previously placement planning was under review. While all care staff were provided

with a contract and job description, inspectors found that roles and responsibilities were not outlined in the induction programme or specifically discussed in professional supervision. The regional manager and centre manager committed to reviewing roles and responsibilities as part of planned training programmes for managers and social care leaders, and a revised training and development planning process for all care staff.

Some staff were assigned additional responsibilities in the centre, and these duties were set out on the centres task delegation list. There was a system in place to record the delegation of management duties to the deputy manager if the person in charge was to be absent from the centre. Care staff interviewed confirmed that they were made aware of alternative management arrangements if the centre manager was absent.

The registered provider confirmed that service-level agreements and contracts were in place for the provision of the service to Tusla, the Child and Family Agency.

The inspectors found the manager and deputy manager were experienced, confident and competent with the required skills and ability to undertake the role. As referenced previously, the high staff turnover in the early days of registration impacted negatively on consistency and stability and a focus on initial skills development for new care staff was required. Team members interviewed indicated that both managers were supportive and accessible to them. Inspectors were made aware that there was to be an imminent change in deputy manager following inspection but that this role would be filled as a matter of priority with interviews already scheduled.

There was a risk management framework in place that distinguished between corporate, centre and individual risk categories. Inspectors were informed that care staff completed risk assessments in line with policy and that the manager reviewed and commented if feedback or adjustments were required. Inspectors found however that practice was not aligned to policy or the risk management framework in place. The scoring system was not utilised, and it was not possible to determine how the level of risk had been reached for individual risk assessments. Many risks were scored as low, medium or high but there was no evidence that the matrix was used to assess likelihood or probability. Care staff did not demonstrate that they were familiar with the policy or risk framework and how it worked in practice. The centre manager could not express confidence that all staff understood the framework. This is a finding that

reflects similar findings by inspectors nationally during other recent inspections of this organisation.

Inspectors found also that mitigating measures included as protective factors on collective risk assessments were not accurate in that they stated three staff members were on shift, even though staffing difficulties meant this could not be implemented in practice. Mitigation measures identified through risk management planning must be factual and accurate and fully implemented or removed and the risk reassessed.

The regional manager acknowledged findings from inspection processes and informed inspectors that the recently appointed manager of quality and risk was tasked to review the risk management system and make required improvements.

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 take immediate corrective and preventative action to ensure that the systems in place to identify and respond to risk are clearly and consistently implemented in line with the corresponding framework.

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 must ensure that placement planning for young people takes account of all their needs and that identified actions are tracked and progressed in line with centre policy and the stated model of care. The care team must be clear in relation to their responsibilities in respect of planning for young people and held to account for their work.</p>	<p>Regional manager completed placement plan training with management on the 12.11.2025.</p> <p>Regional manager completed placement plan audit on the 11.11.2025 with clear actions outlined on this.</p> <p>Regional manager will review placement plan audit on the 11.12.2025 to ensure all actions from placement plan/keyworking audit are completed and future planning is in place.</p> <p>During the team meeting on the 03.12.25 regional manager will complete placement plan training and unit manager will focus on placement plans and current plans for the young people.</p> <p>Keyworking policy is currently under</p>	<p>The quality auditor will have oversight of placement plans during their internal service audits providing feedback and actions where required.</p> <p>Regional manager will attend ad hoc team meetings to review the knowledge and quality of planning for the young people.</p> <p>Unit manager and deputy manager will support and mentor the keyworkers in writing placement plans following monthly keyworking planning meetings.</p>

		review to ensure keyworking is completed in line with policy. Once policy is reviewed this will be presented to the team in the team meeting on the 07.01.2026.	
3	The centre manager must ensure that all care staff can demonstrate an understanding of the centre policies and procedures appropriate to their role to safeguard young people.	<p>The organisation policies are being supplemented with additional detailed priority information documents to support staff members with having the key knowledge of these policies.</p> <p>These documents will be regularly featured as part of team meetings and will be accessible to staff members.</p>	<p>Unit manager to continue to complete policy reviews in monthly team meetings, with the addition of Q and A sessions.</p> <p>Regional manager to complete interviews with staff members relating to safeguarding while completing the quarterly child protection audits.</p>
5	The registered proprietor must take immediate corrective and preventative action to ensure that the systems in place to identify and respond to risk are clearly and consistently implemented in line with the corresponding framework.	<p>During the quality risk meeting on the 19.11.25 it was agreed a new risk assessment form will be implemented. The new form will clearly reflect the likelihood and impact in determining risk rating. This form will be in place for January 2026, and all risk assessments will be transferred to the new form.</p> <p>Risk management training will be</p>	Management to review risk assessments on a monthly basis or before if required to ensure mitigation factors are accurate.

		reviewed to include detailed steps in the risk rating process, and this training will be completed with all staff members. All staff members will be scheduled for risk management training within quarter 1 of 2026.	
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