



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 284

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Ann's Children's Care Ireland
Registered Capacity:	Five young people
Type of Inspection:	Announced
Date of inspection:	28th, 29th and 30th July 2025
Registration Status:	Registered from 21st February 2025 to 21st February 2028
Inspection Team:	Cora Kelly Catherine Hanly
Date Report Issued:	2nd October 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 21st 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 to provide care and accommodation for five young people aged between thirteen and seventeen years. The centre aimed to support young people who had experienced trauma and adverse childhood experiences and was currently undertaking training and implementing a recognised model of care. With the approval of Alternative Care Inspection and Monitoring Service (ACIMS) the centre was operating outside of its statement of purpose. Under a derogation process the centre had accepted referrals for children aged 12 years and under. As part of this process a sibling group of four children were 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. Inspectors spoke with and observed the children interacting with staff whilst in the centre. 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 department on the 22nd August 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 5th September 2025. On their review of the CAPA provided the inspectors requested a further review be undertaken. An updated CAPA was provided on 11th September 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: 284 without attached conditions from the 21st of February 2025 to the 21st February 2028 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.

As required for children aged twelve years and under the inspectors found that statutory monthly child in care reviews (CICR's) were appropriately taking place for three of the children since their admission to the centre. Care planning had yet to be convened for the fourth child who moved to the centre in the weeks prior to the inspection. There was no evidence of statutory minutes of the reviews being held across the children's care records. In follow up with the two allocated social workers they advised that while it was standard practice for minutes of the reviews to be sent to the centre, they were not in the children's care files. The inspectors recommend that the centre manager follows this up with the allocated social workers.

The inspectors found that up-to-date statutory care plans were held on three of the children's care files and there was evidence of the centre seeking them when they were experiencing delays in them being provided by the allocated social workers. The actions detailed across the three care plans reviewed by the inspectors were heavily focused on follow up/ implementation by the allocated social workers with very few specific to the centre. The centre demonstrated good practice in their recording of the review meetings and had a more detailed account of actions for them to respond to. The inspectors recommend that the centre manager requests the allocated social workers to approve the centre records in the absence of statutory meeting minutes being provided. A child centred approach was taken by the centre in capturing the children's views of their placement ahead of the CICRs' with social work review forms completed by the children with the support of staff too. There was evidence of the older children having opportunities to attend the review meetings and having their view heard with the support of staff.

Three of the children had placement plans the format of which were aligned to the centres model of care. Goals within the placement plans were loosely linked to care plans with others identified on an ongoing individual needs led basis. Key working and individual work completed with the children was mostly opportunity led with good and informed pieces of work being undertaken. On review of a sample of these

records it was evident that the children were building relationships with staff. On review of the children’s placement plans the inspectors identified areas of improvement to ensure that they are fit for purpose given the young age range of the children. Additionally, staff demonstrated in interview a limited understanding of the centres model of care and how they implemented it in their everyday work. The inspectors found from their review of centre records that staff were also experiencing difficulties in interpreting the model of care. In interview with the director of quality and compliance they informed the inspectors of their engagement with the relevant model of care professional on these specific areas. This must be addressed within a reasonable timeframe so that a fit for purpose child friendly placement planning system is in place that assures children’s needs are appropriately identified, tracked and the necessary supports and resources are secured to ensure the best outcomes for the children.

In line with their care plans it was evident that specific external supports identified for the children were discussed and tracked at the monthly CICR’s with the centre having an active part in this where required. There was good communication between the centre and the allocated social workers with the social workers informing the inspectors in interview of their satisfaction with the collaborative engagement in recent weeks. The allocated social workers had recently requested to be provided with weekly updates on the children which the centre had commenced. As part of their role, the allocated social workers were visiting the children on a monthly basis and held responsibility for maintaining contact between and children and their family.

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

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

Actions required

- The registered provider must ensure that a fit for purpose child friendly placement planning system is in place that assures children’s needs are appropriately identified and tracked ensure the best outcomes for the children.

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 systems in place to guide staff in providing consistency, positive reinforcement and structure to the children. This included policies and procedures to guide staff practice and each staff member being provided with relevant training. Policies to support the work of the staff included the management of challenging behaviour, restrictive practices, a recognised behaviour management programme and supporting behaviour change. Staff were provided with training in a model of behaviour management, trauma awareness and a recognised model of care the latter which was provided on a monthly consultation basis. In interview staff demonstrated a limited understanding of the policies guiding their practice and of the model of care. The inspectors queried with the director of quality and compliance in interview if the model of care training was sufficient given the current difficulties being experienced with the model. They agreed that more consultation and review of the model was required if they are to continue to utilise the model.

To guide both positive behaviour and behaviour that challenged the centre utilised positive behaviour support plans (PBSP's) and individual risk management plans (IRMP's). Where required individual crisis support plans (ICSP's) were in place. On their review of the documents the inspectors found that each document required review as sections within the plans were often generic for the four children, they did not adequately detail behaviours of concern identified by staff and how they were to be addressed. The review mechanism of the various plans were outstanding too. To assure consistency in staff practice the inspectors recommended that the children's morning, afternoon and night time routines are included in their PBSP's.

The inspectors found that the management of IRMP's required improvement as risks to/ by the children were not being adequately identified, assessed and managed. Staff in interview did not demonstrate a good knowledge of the centre's approach to risk management, including guiding policy and the risk rating system contained within. This finding tallied overall with the centre's overall approach to risk management. At the time of drafting this report the inspectors were continuing to engage with centre

management regarding some identified risks to ensure they are being satisfactorily managed.

The inspectors found from their review of a sample of team meeting minutes that there was limited detail recorded about the individual plans in place for the children. Direction was noted for implementation by key workers, however from a learning perspective discussions or reviews of the plans were not evident as having occurred. There was currently no audit completed around the centre’s approach to managing behaviors that challenged. Similar findings were found by the ACIMS inspectors on their first inspections of three of the agencies other centre’s. A compliance manager who was appointed in April 2025 had not yet commenced their role due to changes within the agency since they were appointed.

The centre had a restrictive practices register with restrictive practice assessments forms held on the children’s care records. There was some discussion of these at team meetings. It was evident that each assessment form was not consistently reviewed. However, the inspectors recommend that the centre manager examines each scheduled review date to ensure they are appropriate for example weekly reviews of window restrictors are not required for the safety of the children, longer review periods would be more appropriate.

There was evidence of notifications of significant events being submitted to the relevant professionals with the allocated social workers confirming this.

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 ensure all staff have a good working knowledge of the centre model of care and behaviour management policies.

- The centre manager must ensure that staff are familiar with and understand the risk management framework.
- The centre manager must review all individual plans in place for the children to ensure they are effective in their implementation.
- The registered provider must ensure that a system for auditing and monitoring the centres approach to behaviour management is developed.

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.

Since the centre opened in February 2025 there had been three changes in the named centre manager which is a significant amount of change in a short period of time. The current centre manager who was appointed in May 2025 commenced working in the centre in mid-July. In the absence of a named centre manager and deputy manager the agency's compliance manager was supporting staff in the centre along with the support of a manager from another centre within the agency. The lack of consistent and stable centre management arrangements had impacted on service delivery for example and as previously mentioned in this report staff demonstrating poor knowledge and understanding of the centres model of care, behaviours management policies and the risk management framework in interview. Similar findings were also found by the inspectors during the review of centre records and the children's care records.

Externally, there had been no consistent regional manager in post due to the appointed regional manager being on a period of leave since the centre opened. The agency's director of quality and compliance who took on the role initially in an acting capacity named to the inspectors that they did not possess the experience required of the role. The compliance manager was the named acting regional manager at the time of the inspection. They were also supporting the centre manager as they settled into their role and until the newly appointed deputy manager was in situ. The role of compliance manager was yet to materialise. Overall, stable governance arrangements

and structures were not in place to oversee the management of the centres care practices and operational care practices.

There was a service level agreement in place with Tusla, and six-monthly reports were required to show the centre was in compliance with the agreement, with legislation and the National Standards.

The appropriately qualified centre manager demonstrated a good knowledge of and experience of working in children residential centres. They had attained a good grasp of the operational needs of the centre and the needs of the children over the two week period since they joined the centre. They were scheduled to be present in the centre Monday to Friday working normal office hours. A social care leader had successfully secured the deputy manager post and was due to commence the role in the weeks following the inspection. The centre manager informed the inspectors that the deputy manager will hold responsibility for stepping up when they are absent from the centre. To maintain three social care leader roles in the centre a plan was in place for their position to be filled by a social care leader within the agency. With this the internal management structure was appropriate to the size and purpose and function of the centre. A total of six social care workers made up the staff team with little or no residential care experience held amongst them. The weekly delegation of tasks record accounted for tasks for completion by centre management. It did not account for roles or duties delegated by the centre manager for example fire officer, medication officer or key worker. The centre manager informed the inspectors that they will raise this with senior management.

The director of quality and compliance advised the inspectors that they and the regional manager held responsibility for reviewing and developing the centres policies and procedures. They advised also of their plan to establish a policy review group. On their review of the overall approach to the policies and procedures document the inspectors found they lacked structure and suggested a review be undertaken to align the policies with the themes within National Standards to be more user friendly and more helpful for staff to understand and implement. The director of quality and compliance informed of some policies having recently been updated and stated they would submit same to the inspectors following their interview with the inspectors. These were not provided to the inspectors at the time of writing this report. The inspectors identified that the intimate care policy required review to include all aspects of how intimate care is provided to the children. On review of a sample of team meeting records the inspectors identified that better discussions of policies and procedures is required due to the overall inexperience of

the staff team and the lack of policy knowledge demonstrated in interview with the inspectors.

The centres risk assessment and risk management policy included information on the purpose, scope, responsibilities and principles of risk management along with detailed information on the risk management cycle. There was no reference to risk registers, centre or organisational, in the policy with the latter not in place as informed by the director of quality and compliance in interview with the inspectors. Overall, those interviewed during the inspection did not have a robust knowledge of the risk management system. The inspectors found three different types of risk assessment records were in place, children's risks were not being robustly assessed or mitigated against, the centre risk register did not correlate with the IRMP's, and risk ratings varied across records with no change to ratings when control measures were identified to reduce the level of risk. Also, there was evidence of additional control measures not being implemented. The director named that work in risk management was outstanding and spoke of a risk management group being established. Actions relating to risk management had been consistently identified by ACIMS inspectors since the agency commenced operating children's residential centres in 2024.

As part of the ACIMS registration process a pre inspection visit occurs prior to a new centre opening with a report form completed by an inspection manager following the visit. For this centre the inspector manager had identified to the registered provider that the staff team would require support and supervision in line with policy to assist them in their roles due to their lack of relevant experience. It was evident to the inspectors that this was not provided due to centre and senior management instability. There was an overall lack of leadership, management and governance arrangements. There was a lack of oversight of centre records, the children's care records, deficits in report writing, lack of signatures across various records along with a lack of review of individual plans in place for the children and overall risk management.

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 provider must ensure that there is effective leadership, governance and management arrangements in place with clear lines of accountability for the delivery of care and support to the children living in the centre.
- The registered provider must undertake a review of its current risk management system and ensure there is a robust risk management framework in place to ensure that risks are identified, assessed and managed appropriately.
- The registered provider must ensure that the staff team have a good knowledge and understanding of the policies and procedures guiding their work.

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.

There was evidence of staffing and general HR issues being discussed at the monthly held managers meetings. The inspectors had requested a sample of weekly HR operation reports to be submitted to them. To date, they have not been provided by centre management. In interview the director of quality and compliance spoke of the need for realigning roles, assigning responsibilities and ongoing recruitment at senior management level.

To meet the needs of the four children the centre had the appropriate number of staff in place. The staff complement for the centre included a centre manager, a deputy manager, three social care leaders and six social care workers. As mentioned earlier in this report the newly appointed deputy manager was to take up their role in the weeks following the inspection. There had been no deputy manager since March 2025. The daily staff rota comprised of two staff completing 26 hour shifts with a support staff completing 12 hour shifts. Staff in interview did not raise any concerns regarding the numbers of staff on shift daily and felt they could meet the needs of the children. A panel of qualified staff were available to support the staff team.

It was the inspectors findings that there was a lack of experience and competencies amongst the staff team who were responsible for providing safe and effective care and support to each of the four young children living in the centre. The centre manager was aware that the upskilling of the staff team was a priority need with the role of supervision crucial to this development piece. In interview staff were not aware of the policy and guidelines for on call or of any incentives available to them.

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 provider must ensure that staff in the centre have the necessary experience and competencies to meet the needs of the children living in the centre at all times.
- The centre manager must ensure that staff are familiar with the on call policy and arrangements for the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that a fit for purpose child friendly placement planning system is in place that assures children's needs are appropriately identified and tracked ensure the best outcomes for the children.	Home management will have completed a review of all placement plans by 26.09.2025. This will ensure that placement plans are reflective of the current needs of the children, and that any actions / goals arising from the placement plan, form part of a key working calendar to ensure that keyworkers are actively working towards achieving these actions / goals to promote best outcomes for the children.	Quarterly audits will be completed by home managers to review placement plans to ensure they remain appropriate and that any actions / goals identified continue to be worked towards by the staff team. Regional management will oversee placement plans as part of their monthly monitoring visits. The compliance officer will complete audits that will include the review of placement plans.
3	The centre manager must ensure all staff have a good working knowledge of the centres model of care and behaviour management policies.	The home management team is currently reviewing the model of care and behaviour management policies with staff through handover, supervision, scheduled upcoming team meetings and consultations with the model of care trainer. This will enable home management to determine staffs understanding of both and their ability to apply this knowledge to practice.	The service has appointed a champion in the model of care who has been supporting the home manager in the delivery and implementation of the model of care with the staff team. New recruits receive a more comprehensive induction to the model of care together with a copy of the handbook. Staff will also receive induction packs with information and guidance on behaviour management policies to promote

	<p>The centre manager must ensure that staff are familiar with and understand the risk management framework that they are obligated to adhere to in their everyday practices.</p>	<p>A review has been undertaken of the risk management policy by senior management. This will be shared with home management who in turn, will review the policy with the staff team during team meetings and handovers. Staff have also been provided with induction packs which include information and guidance on risk management.</p>	<p>continued professional development. Bimonthly senior forums are being introduced from September 2025 which will be facilitated by our compliance manager. The model of care will be a standing agenda item at each of these forums for the foreseeable future to promote further learning and professional development.</p> <p>Through inductions, team meetings, supervisions and handovers home management will review risk management to ensure that staff are correctly following processes detailed within. They will ensure that regular reviews are taking place with staff to determine whether staff are aware of and understand the risk management framework is in place and to identify any deficits so that additional supports can be put in place to support staff. Regional managers, as part of their monthly monitoring visits will have an oversight role too.</p>
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	<p>The centre manager must review all individual plans in place for the children to ensure they are effective in their implementation.</p> <p>The registered provider must ensure that a system for auditing and monitoring the centres approach to behaviour management is developed without delay.</p>	<p>The home management team is currently reviewing all individual plans with the support from a recently appointed compliance officer, to ensure that the plans are all accurate and reflective of the young people to ensure safe and effective care. Monthly reviews of all individual plans will occur by home management.</p> <p>The senior management team is currently working on a risk management audit for each home. This will be signed off by 15/09/2025. This audit tool will be used to monitor the homes approach to behaviour management.</p>	<p>Regional managers will complete monthly monitoring visits to the home where individual plans for the children will be reviewed. This will provide an additional layer of support and governance to home management and staff teams and to ensure that the individual plans are promoting the best possible outcomes for the children.</p> <p>The risk management audit will be completed by the regional manager on a quarterly basis. The audit will then be shared with senior management and feedback will be given to home management and the staff team to enhance future learning and development. A six monthly audit schedule is in place which will involve the home managers and the regional managers assessing the homes compliance against the National Standards. An audit specific to Theme 3 is currently being undertaken by the compliance officer to review all standards and the homes compliance in relation to same.</p>
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<p>5</p>	<p>The registered provider must ensure that there is effective leadership, governance and management arrangements in place with clear lines of accountability for the delivery of care and support to the children living in the centre.</p> <p>The registered provider must undertake a review of its current risk management system and ensure there is a robust risk management framework in place to ensure that risks are identified, assessed and managed appropriately.</p>	<p>The current regional manager who is on statutory leave is due to return on the 01.10.24. An additional regional manager commenced their new role on the 08.09.2025. The attached organisational flow chart details the areas of responsibility for these regional managers. A qualified and experienced home manager and deputy manager are now in place in the home. The company's template for the delegation of roles has been updated and circulated to all managers for completion for 26/09/2025.</p> <p>A review had been undertaken of risk management within the company. Home management are currently in the process of reviewing all risk management frameworks within the home to ensure that any risks pertaining to young people have been identified and assessed</p>	<p>The company has developed a comprehensive 'leadership development programme' which focuses on equipping social care leaders, deputy managers and managers with key leadership competencies that are essential in supporting both children and fellow staff members in a therapeutic environment. In doing this we hope to create strong management teams with clear lines of accountability for the delivery of care and support to the children living in the centre.</p> <p>As part of the compliance officers role, they will focus on service delivery to ensure that there is effective leadership and governance within the homes.</p> <p>The regional manager will review the homes risk management systems on a monthly basis to ensure that they are identified correctly and being implemented and managed appropriately. All home managers will send risk registers to senior management on a monthly basis so that</p>
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	<p>The registered provider must ensure that the staff team have a good knowledge and understanding of the policies and procedures guiding their work.</p>	<p>accordingly, and that they include appropriate management strategies to support staff to mitigate the risks and that staff are fully aware of these strategies in their day to day practice. An organisational risk register has been implemented.</p> <p>There is currently a review being undertaken by the policy review group of all company policy and procedures. It is expected that this review will be completed by October 2025 and in turn, will be shared with staff. A policy schedule will also be implemented for the year for managers to cover these policies with teams to assess staffs' knowledge and understanding.</p>	<p>the organisational risk register is also updated and recorded accurately to reflect any ongoing risks that have been identified and to implement management strategies to mitigate against same.</p> <p>A review of policies will be undertaken by home management as part of staff induction, supervision, probation, handovers and team meetings to promote a culture of learning and professional development. Regional managers will review documentation such as handover books, supervision minutes and team meeting records to ensure that policies and procedures are being appropriately reviewed with staff that identifies strengths and any deficits in knowledge and understanding, in order to implement any supports that may be required.</p>
6	<p>The registered provider must ensure that staff in the centre have the necessary experience and competencies</p>	<p>In addition to early years training provided to staff on the 16/07/2025 we are actively engaging with several early years</p>	<p>The company commits to sourcing ongoing training to meet the individual needs of children in all our homes prior to</p>

	<p>to meet the needs of the children living in the centre at all times.</p> <p>The centre manager must ensure that staff are familiar with the on call policy and arrangements for the centre.</p>	<p>organisations at present to acquire further training in early years care and support and we are hopeful that we will have more, early years training for staff to attend in October. The company's clinical OT is delivering PACE training to the team on 10/09/2025 and is providing additional consultations and age appropriate training in order to develop the team's professional knowledge and understanding to support the needs of the young people living in the home.</p> <p>The on call policy has been revisited with the team during a team meeting on 27/09/2025 and will continue to be reviewed along with all relevant policies. The appointed on call manager will be named in the handover book so all staff are fully aware of who is on call each evening and on weekends / bank holidays. An on call handover document is also being given to staff on a weekly basis.</p>	<p>admission and during their residency to meet any emerging or developing needs.</p> <p>Home management will ensure that they are reviewing policies including the policy around on call with staff through handovers, supervisions and team meetings to ensure that staff are fully confident in their knowledge and understanding around same.</p>
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