



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 296

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Anns Children's Care
Registered Capacity:	Five Young People
Type of Inspection:	Announced Inspection
Date of inspection:	10th, 11th and 12th November
Registration Status:	Registered from the 17th of April 2025 to the 17th of April 2028
Inspection Team:	Lorna Wogan Cora Kelly
Date Report Issued:	22nd of January 2026

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 17th of April 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 without attached conditions from the 17th of April 2025 to the 17th of April 2028.

The centre was registered to provide multiple occupancy care, for up to five young people who required medium to long term placements and who ranged in age from thirteen to seventeen years on admission. The centre aimed to create a therapeutic living environment for young people. The centre's model of care was a recognised trauma informed and attachment-based approach for young people who have experienced trauma. The model focused on improving outcomes through a strengths-based, holistic approach that prioritizes the individual's wellbeing and helps them develop life skills. The model was outcome-focused aiming to achieve national wellbeing outcomes in areas like being 'healthy and active,' 'achieving full potential,' and 'safe and protected from harm'. The model provided the team with a consistent language and framework to evaluate progress and guide interventions. There were three children living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

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

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. The inspectors spoke with all the children both formally and informally and with three parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 10th of December 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 of January 2026. 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: 296 without attached conditions from the 17th of April 2025 to the 17th of April 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

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

This was the first inspection of this centre since commencement of operations in April 2025. During this inspection the inspectors found evidence of improvements and learning consequent to the findings of previous inspections undertaken by ACIMS of other centres run by the organisation and following a risk response inspection undertaken several months prior to this inspection. Deficits identified during these inspections were addressed and there was evidence of shared learning across the service. There were notable improvements in the implementation of their model of care, recording practices, risk management, placement planning and staff development and support. The social workers who spoke with the inspectors indicated they would like more opportunities for collective discussions when they received the collective risk assessment prior to an admission. They also expressed concerns about the pace of admissions where the centre moved very quickly to accommodating four young people who all had complex needs.

The centre had its own systems in place to undertake a strengths and difficulties profile questionnaire to support preplacement matching and the young person's behaviour and presentation. The inspectors were satisfied there was evidence of good placement planning systems to guide interventions and support the young people. There was a structured model of care in place that guided the placement planning process. The placement plan considered all aspects of the young person's life, including their emotional, social and physical needs, to promote overall wellbeing. Each young person had an individual placement plan that supported their interests, education, health and future. The placement plan was reviewed and updated every three months, and a key working calendar was developed to guide the work. Key work was tracked and discussed at handover meetings to ensure it was completed and planned for in the daily schedules. The implementation of this placement planning model and care programme was in the early stages of development with the staff team. The staff team received initial induction training and were subsequently

provided with several consultations with the consultant who developed the model. This model also involves the young people to identify their own wellbeing and development goals. The inspectors found that its implementation was subject to oversight and review by the centre managers in conjunction with external managers. The directors had requested additional training and guidance from the consultant who developed the model to further support its implementation.

Each of the young people were appointed key workers. The staff members interviewed by the inspectors displayed a good working knowledge of the placement plan goals for each young person and how they were to be met. They displayed a positive regard for the young people and relayed to the inspectors how they worked towards meeting their needs daily. There was evidence that the goals of the care plans were reflected in the young people's placement plans. The inspectors found that the voice of the young people was reflected across the centre records, and the quality of the individual work was found to be of a good standard and reflected the goals of the placement plan and current issues for the young people. The social workers confirmed they received a copy of the placement plan and that centre reports forwarded to them were comprehensive and detailed.

Each child had a care plan developed by the relevant social work department and was based on the young person's needs, goals and identified supports to enhance their personal development. The inspectors reviewed the care plans on file. They found the young people's best interests were a primary consideration in all decisions taken at the statutory child in care reviews. These reviews were undertaken in line with the timeframes set out in the statutory regulations. The social workers were satisfied that the centre staff were implementing the goals of the individual care plans. Parents were invited to attend and participate in the statutory review meetings. The young people to date were invited to their review meetings but to date had declined to attend. Parents who were actively involved in their child's life were consulted and facilitated to be involved in their child's life for example attending scheduled appointments.

The inspectors found that each child was supported and facilitated to access, and attend identified external supports and specialist services in line with their care plan. The inspectors found that staff advocated for the young people for additional specialist supports as required in planning meetings. All communications with and about external supports were maintained on the individual care records.

The inspectors interviewed three parents who were satisfied with the standard of care provided to their child within the centre. They were satisfied they were made aware of significant events in their child's life by the social worker or by the centre managers or key workers where this was agreed within the care plan. Two parents stated they would like more frequent and direct contact with the managers and care staff and would like to visit their child in the centre. Visits from parents was also something raised by the young people who spoke with the inspectors, and this should be considered by all relevant professionals within care planning forums.

The social workers were satisfied that communication with the centre managers and key staff was effective. Communication with social workers and other professionals was maintained on the individual care records along with the outcome of the communications. There was open communication with each of the placing social workers in relation to a complex group dynamic within the centre. Regular strategy meetings were undertaken and were continuing with all relevant parties including the service director, centre managers, Guardian ad Litem, the social work teams and representatives of Tusla's national placement team to support, plan and monitor the levels of risk and the potential impact and outcomes for each of the young people.

Two of the young people spoke with the inspectors and one young person engaged with the inspector on a more casual basis over the two days. All young people completed an inspection questionnaire about their care. Overall, the young people reported they were generally happy with the care they received, and they each identified several staff members they would talk to if unhappy and with whom they had a positive relationship. Issues highlighted by the young people related to being a distance from family and friends, not having visits from family and friends, not having a mobile phone and wanting free time in the community. The inspectors were satisfied that social workers and the staff team were aware of the young people's issues and were addressing them incrementally through the care and placement planning processes.

The inspectors found the care records were maintained to a good standard and information required was accessible and easily tracked across the young people's care records.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
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 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The centre had a range of policies in place to guide staff. The policies included the management of challenging behaviour, supporting behaviour change, implementing consequences, guidance on clinical and therapeutic interventions and a policy on their recognised behaviour management model. The presenting behaviour of the four young people who were admitted to the centre to date had resulted in significant challenges for the team. There were several factors for this as cited within the inspectors' interviews with a range of people including the social workers, the managers and staff members, parents and the young people themselves. Some of the key factors identified were unknown behavioural presentations and some known presentations that were not considered to the extent they could have been. For one young people it was their first experience of residential care, and they had struggled significantly with this. Other factors such as a staff team inexperienced in residential care work with young people, staff turnover, periods of sick leave, and most significantly the admission of young people in quick succession without them having time to settle and establish trusting relationships with staff before others were admitted. The centre staff and the young people had experienced many incidents and

significant events that caused a lot of distress and additional trauma for all involved during a period from June through to September this year. However, at the time of the inspection the inspectors found that the service directors had taken several remedial actions to address the levels of risk and the potential for serious harm. This involved the emergency discharge of one young person, robust safety planning meetings with all relevant social work departments, the presence of service managers, weekly input from the services specialist occupational therapist and the services compliance manager and other additional supports for the staff team to name a few. Significant event review group meetings were undertaken in August and September due to the pattern of serious incidents. These meetings were attended by the service director, centre managers, the occupational therapist and the behaviour management trainer. Feedback from these meetings was discussed in team meetings, handover meetings and in individual supervision.

Despite the challenges faced by the managers and staff team over the past number of months interviews with them, alongside observations of staff and meeting staff in general across the two-day inspection evidenced that staff morale was positive. The inspectors found that the staff members displayed a positive approach to supporting and managing the young people and were familiar with the identified support interventions and potential triggers for the young people. This view was reiterated by the social workers based on their experience visiting the centre. The social workers stated that the centre managers and staff team had identified many useful strategies and interventions to support the group dynamic and increase safety when the young people presented with behaviours that challenged. Individual work was completed with the young people to help them to understand their feelings and emotions and to reflect on behaviour that was respectful of the rights of others. Incentive programmes to help the young people reach their identified goals alongside clearly defined boundaries and consequences and a more consistent team approach all contributed to a more effective and positive approach to managing behaviours that challenge. Consequences were documented on the care records and discussed at team meetings. Learning outcomes following significant events were identified and further informed the behaviour support plans and individual risk assessments. There was evidence on the centre records of a decrease in the frequency and intensity of serious incidents over the two months preceding the inspection.

To guide both positive behaviour and behaviours that challenged the centre developed positive behaviour support plans (PBSP's) and individual risk management plans (IRMP's). The inspectors noted that the behaviour support plans incorporated aspects of the behaviour management framework which was contained

in the young person's individual crisis management plan (ICSP). Some of the information was repetitive across both documents and the inspectors recommend that each support plan is clear in terms of its purpose. Each young person also had an absence management plan (AMP). These plans were reviewed and updated as required monthly. The PBSP outlined the young person's strengths and interest and the known behaviours of concern. Behavioural support interventions were identified and evidenced the use of the principles of their model of care, de-escalation techniques based on their behaviour management model and the guidance from external specialists.

All staff were trained in a recognised behaviour management model and refresher training was completed as required. Staff training was monitored and tracked on a staff training database. A sample of personnel files evidenced valid training certification. Physical restraint interventions were outlined as not permitted on one of the young people's ICSP. However, it was not clear on two of the young people's plan if physical restraint interventions were agreed and what restraints may be employed. Where physical restraints may be employed the specific types of physical interventions agreed must be identified on the plan.

There were several incidents where An Garda Síochana were called to the centre where incidents had escalated to unsafe and unmanageable levels for the staff on duty. There were clear policy guidelines in place for staff to seek advice from the on-call manager prior to calling the Gardaí for assistance which were adhered to. There was evidence of managers oversight on all significant events including where Gardaí were contacted. The centre managers must ensure they continue to monitor, track and review incidents where Gardaí are called to assure themselves that such interventions are always used judiciously and appropriately. Additionally, if the use of Gardaí is an agreed intervention this should be incorporated into the ICSPs. Complaints and child protection concerns that arose following incidents in the centre were found to be appropriately reported and managed in line with centre policy and Children First.

There were incidents of serious and oftentimes persistent bullying behaviour in the centre. A range of additional supports and strategies were input to support the team to manage such incidents. Additional training in relation to bullying was provided to the team in September 2025 and the centre's bullying policy was reviewed and updated to reflect new learning and new procedures. The centre manager maintained a log to track all incidents of bullying behaviours to ensure that patterns and trends could be identified and monitored. The handover records recorded discussions around behaviour management including discussions around incidents of bullying.

There was evidence of ongoing conversations with each of the young people about bullying and its impact on others. Additional training in autism and ADHD was also provided to the team to further help them to support young people who may have additional needs.

Monthly evaluation reports were completed for each young person by the managers and were forwarded to the social workers. This report provided a detailed overview of all key activities as they related to the young people's behaviour such as incidents of absences from the centre, significant events, complaints, consequences and individual key working sessions across the month.

The inspectors observed structured daily routines. In instances where young people did not engage in their respective planned routines the agreed alternative plan was followed and adhered to. One young person who spoke with the inspectors was aware of the restrictions when agreed plans were not followed. There were clear and structured plans in place for all young people with separate daily routines combined with increased staff ratios and high levels of supervision to safeguard all young people and ensure staff safety. Despite all these high support interventions the inspectors found these measures were implemented in a very natural manner across the daily routines. The house was spacious, therefore the young people had separate recreational spaces which reduced the potential for negative group dynamics. These safety measures were in place on an interim basis to assess if they supported an improved group dynamic and to ensure the safety of one young person. The inspectors noted this is not sustainable as a long-term measure as it is important the young people's living environment is a safe place for all to ensure each young person can maximise their wellbeing and personal development. This remains a struggle and a challenge for some of the young people in their placement in this centre.

An external compliance manager had commenced audits in recent months and in the month preceding this inspection had undertaken an audit examining aspects of behaviour management such as positive behaviour support, staff training and practice, child involvement and support and monitoring and governance of behaviour management. This was a clear, concise audit report which set out the actions required and the timeframes for completion. In addition to the above report the compliance manager also completed an audit of incident reports where bullying behaviour was reported between July and October 2025. The audit reviewed and assessed several systems to address bullying behaviours such as safety plans, individual risk management plans, individual work with young people, strategy meeting records, group impact risk assessments, significant event review group meetings and the

young people’s access to an independent advocacy service. The audits identified some gaps and deficits in practice, and a meeting was scheduled with the team for the auditor to provide feedback.

The centre maintained a record of all restrictive practices implemented and restrictive practice assessments forms were held on the young people’s care records. They were evidenced as reviewed regularly with the aim to reduce and use them for the shortest duration. Staff were able to identify the restrictive practices in place in the centre. The social workers were aware of the restrictive practices in place. Following a review of the young people’s IRMPs and interviews with the staff members, the managers and the young people there was lack of clarity in relation to whether the kitchen door was currently being locked nightly. The centre manager was clear this restrictive practice was no longer in use. The inspectors recommend that the centre manager ensure all staff and young people are aware that this restrictive practice is no longer being implemented.

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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure the ICSP’s clearly state of physical restraint interventions are permitted or not and if permitted they must name the approved physical restraint interventions.

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 was governed by a board of directors with two operational directors managing the service. This service was contracted by the Tusla national placement team and the service directors met with them every six months to review the contact. There was evidence that the leadership, governance and management structure was being expanded and developed as the service grew. The director outlined to the inspectors the strategic plan in this regard which had commenced with the development of two regional managers post and a third regional managers post to be secured when additional centres commenced operations and the commencement of a compliance officer. In October 2025 the regional manager stepped in as the acting centre manager as the appointed centre manager was on extended leave. A deputy manager was appointed in July 2025 and there were two social care leaders appointed within the staff team.

The inspectors found that since the appointment of the acting centre manager there was robust oversight of centre's practices and recording systems. The acting centre manager was suitably qualified and experienced in residential care to undertake this role. They were found to be competent, knowledgeable, supportive and accessible to staff. They displayed good knowledge about the team and the young people in their care and were knowledgeable about the model of care and best practice requirements. The social workers interviewed reiterated this view. There was evidence that the deputy manager and the staff team received clear guidance and direction in their work and there was accountability for work at all levels within the centre leadership and management structure. The staff interviewed reported there was a cohesive management team in place alongside additional supports for the team which helped provide guidance, learning and team cohesiveness. The compliance manager and the specialist occupational therapist visited the centre weekly to support, guide and have oversight of the practice.

The centre maintained a governance file which evidenced the governance systems in place and the management of the service. This file was well structured and was up to date. The file contained the regional managers monthly reports, the centre managers weekly operational reports, managers meetings, the centre risk registers, delegation log and monthly staff supervision rota. The inspectors noted the voice of the young people was reflected in several of the monthly regional managers reports and the managers operational reports. There was evidence that staff received regular scheduled supervision.

The inspectors reviewed a range of audits undertaken by the regional manager prior to them covering the centre managers role. There were audits completed on the supervision records, staff induction, on reported child protection concerns and complaints, on the young peoples care files, preadmission files and staff training. The compliance officer commenced their auditing system in October 2025 and had completed two audits as previously referred to in the report. The deputy manager had undertaken an audit on Theme 1 of the National Standards for Children’s Residential Centres (HIQA) 2018. There appeared to be several formats and systems for carrying out compliance audits both internally and externally. The inspectors recommend that compliance audits against the national standards should be sufficiently independent of the internal management of the centre and not be undertaken by the internal centre managers. In addition, the external auditing systems could be further developed to examine the quality of the practice as well as auditing the operational systems. The acting centre manager informed the inspectors that a new audit schedule was in place where themed audits will be shared between the regional managers and the compliance manager.

Team meeting records and interviews with staff members evidenced a team-based approach to providing care and support to each young person. There was evidence that the team were developing a more cohesive and consistent approach in their practices over the past number of months. There was a recognition of individual skills within the team, and this was being built on over time.

Following recent inspections across the wider service recommendations were made to improve the quality of the policy and procedure documents and staffs’ awareness and understanding of the polices. The service director outlined the current plan of action in response to these findings. One of the regional managers was assigned to review the service polices and this process had commenced. It was also agreed that two policies were to be discussed with staff by managers at team meetings and this process had also commenced.

There was a risk management framework in place and staff interviewed were familiar with the framework and how risks were identified, measured and how risks were mitigated. The individual risk management plans for each of the young people were completed in line with the framework and the risks appropriately identified and assessed for each young person. The centre manager also maintained a house risk register. The identified risks were measured with controls in place to mitigate the level of risk and the register was reviewed up to date.

The centre manager maintained a delegation log in place that evidenced management tasks assigned to the deputy manager. In circumstances where the centre manager was absent from the centre the deputy manager undertook this role. The deputy manager was also based at the centre Monday to Friday; the acting centre manager was based at the centre at a minimum three days a week.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.2
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 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.

As previously outlined, there were pressure points with staffing over a number months due to sick leave, staff resignations, staff transfers. Of the original list of staff

members presented at the point of registration two staff members had resigned from their posts, three staff members transferred to another centre within the service and two staff transferred to the relief staff panel. The centre manager and deputy manager had covered shifts on occasions over this period which took them away from their management roles and responsibilities. Depleted staffing resources had impacted on staff morale and levels of tiredness within the team. There were occasions staff had to work additional shifts and occasionally a back-to-back shift however the centre manager stated this was avoided if possible. Agency staff were not recruited to work in the centre during this time and there was minimal use of staff from other centres to cover the rota.

The service directors met with the team in September 2025 to acknowledge the challenges they had faced in their work over several months and to hear their needs and concerns. Staff told the inspectors that they had felt heard in this process and they felt supported. The service directors who spoke with the inspectors were attuned to the immense pressures staff were under due to staffing shortfalls, the absence of their centre manager and the level of risk they were managing in the context of their work. This was acknowledged with the team and supports were identified and implemented. Staff were also afforded the opportunity to provide feedback to the directors through a staff survey. Exit interviews were undertaken with staff who left the service, and this helped to inform ongoing developments within the centre.

At the time of the inspection the centre had sufficient staff numbers to provide the required 1:1 staff/child ratio. Three additional staff members were recruited in recent months to enable the centre to provide one to one staffing levels as part of the safety planning strategies. There were three staff on duty during the day and two staff in the centre overnight. There were only two social care team leaders on the team therefore it was not feasible to have a team leader on every shift. The inspectors recommend that given the relatively limited experience within the team working with young people in residential care a third team leader post would provide additional support for the team across more of the shifts to support their ongoing learning and development. There was evidence the centre now had ample relief staff who were familiar with the young people. The centre manager stated that they planned the roster in so far as possible to ensure there was a mix of staff on each shift with a range of experience and skills mix and a balance of experienced and inexperienced staff.

The managers weekly operations report identified deficits in staffing resources. Weekly workforce planning meetings were undertaken between the centre manager and the human resource personnel within the service.

There were several initiatives in place to help retain staff such as pay scales, employee of the month awards, team building budget, team lunch and staff access to an employee assistance programme.

The manager and deputy manager provided on-call support. There were formalised procedures in place for on-call arrangements at evenings and weekends and staff interviewed confirmed it was reliable, and managers provided the advice and support.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.1
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

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	<p>The centre manager must ensure the ICSP's clearly state of physical restraint interventions are permitted or not and if permitted they must name the approved physical restraint interventions.</p>	<p>A review and update of all ICSP's will be completed a minimum monthly and reviewed by home manager.</p> <p>These are then sent to all professionals to be agreed and reviewed for signature and placed in the live folder of the home for review and signatures by staff team.</p> <p>Behaviour support documentations and ICSP's including, restraint and level two interventions will be discussed and reviewed at team meetings, handover and supervisions to ensure team members are clear on all agreed strategies for young people.</p>	<p>The home management team will review ICSPs on a monthly basis to ensure that if a restraint has been approved, that this is clearly highlighted with the type of restraint to be used and where it has not been approved, that this has also been highlighted to inform staff of what responses are required to support young people in times of crisis.</p> <p>Regional managers will also complete monthly audits in the homes which will review ICSPs and ensure that the use / no use of restraints is clearly documented.</p> <p>In-house training will ensure a focus with team members on identifying the difference between level two interventions and restraint. This will be discussed at managers meetings and fed down into</p>

			team meetings for all homes.
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