



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 301

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Rainbow Community Services
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	18th, 19th, 20th August 2025
Registration Status:	Registered from 7th May 2025 to the 7th May 2028
Inspection Team:	Cora Kelly Catherine Hanly
Date Report Issued:	10th 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 7th May 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 short term (48 hrs - nine months) and medium-term care and accommodation for up to three children aged between twelve and seventeen years of age. The centre aimed to support children with varying degrees of emotional and behavioural difficulties and utilised a relational model of care based on the principles of Daily Life Events (DLE). 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 a referral for one child aged 12 years and under. There were three children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

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

Inspectors look closely at the experiences and progress of children. They considered the quality of work, and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff and three allocated social workers and a guardian ad item. Inspectors had the opportunity to speak with one of the children living 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 departments on the 5th of September 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 19th of September. On their review of the CAPA provided the inspectors requested a further review be undertaken. An updated CAPA was provided on 30th of 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: 301 without attached conditions from the 7th of May 2025 to the 7th of May 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 personal development.

The youngest child who had been living in the centre two months at the time of the inspection had their initial statutory child in care review (CICR) one month after their admission which was in line with statutory timeframes. An appropriate date had been scheduled for their second review meeting. A detailed account of the child's identified needs and actions for implementation and follow up by the centre and the allocated social worker was recorded in the care plan that was held on their care record. It corresponded with the centres detailed recording of the review meeting. The child's views of their placement was recorded in the social work review form completed ahead of their CICR, and they also attended their review meeting with the support of their key worker. The allocated social worker spoke positively of the support provided by the key worker.

A CICR meeting had occurred within the required timeframe for the oldest child who had been residing in the centre for two and a half months. There was a delay in the care plan being provided to them by the allocated social worker as they were waiting for it to be signed by the social work team leader. There was evidence of the centre seeking the care plan from the allocated social worker. A detailed account of the centres record of the meeting was held on the child's care record. There was evidence of the child having their views heard at their CICR and of them being provided with feedback on these by the social work team leader.

The initial CICR meeting for the third child was scheduled to take place at the end of August, three weeks outside of the required time frame. The inspectors did not have an opportunity to speak with the allocated social worker for this child to ascertain why there was a delay in their review meeting being held.

The inspectors found from their review of the centre's 'policy on care planning and placement planning' that it lacked procedures in how the policy was to be

implemented. Over the course of the inspection, they found that aspects of placement planning practices were not policy led with inconsistencies in practices evident too. The inspectors sampled placement plans that had been developed for the three children over the course of their placements to date. The placement plans were discussed at the weekly held team meetings and reviewed on a fortnightly basis. The inspectors found that the plans accounted for the day to day needs of the children and lacked planning for the children's overall needs on a short, medium and long term basis. The supports and resources required to meet the children's needs were also not named. As mentioned, placement planning procedures were not detailed in the care planning and placement planning policy with staff practices inconsistent too for example one monthly progress report was completed for one child only and a centre specific 'needs assessment' was completed for one child only. In interview staff were not aware of the purpose of the needs assessment and what it connected to. The inspectors found that placement plans were not always connected to the children's care plans and that greater oversight was required by centre management to ensure actions named in care plans are included in the children's placement plans. For example, there was a lack of planning and follow up of specific presenting health issues for two children that led the inspectors to directing centre management to follow up specific pieces during the inspection process. Centre management provided updates to the inspectors in response to this direction.

Through key working there was some evidence of the children being involved in preparing their placement plan. Key working was found to have been largely opportunity led and was not linked specifically to the children's placement plans. A centre specific 'key working and focused intervention record' was developed by the director of services for the three children. In interview staff could not demonstrate the purpose of the record and how it was to be implemented.

One child was being supported to access an external specialist support service with the support of staff. For this child, the staff team were provided with bespoke workshops by a therapy team to help staff communicate effectively with the child in line with their presenting needs. At the request of another service the provision of support to another child was on hold until an educational placement was secured for them. This was ongoing at the time of the inspection.

Centre management had established positive communication links with the three allocated social workers with records of this communication viewed by the inspectors. Two of the allocated social workers who spoke with the inspectors were satisfied with the level of contact between them and the centre. They felt that staff building

relationships with the children and that centre management consulted with them on issues that arose for the children.

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 registered provider must ensure that a robust care planning and placement planning policy is in place that includes clear procedures for the implementation of the policy, that staff are aware of the updated policy and procedures and that this is reflected in their practice.
- The registered provider must ensure that placement plans are informed by statutory care plans and children’s individual needs, supports and resources are clearly identified, planned and tracked.

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 centres behaviour management policies included behaviour and safety management, sanctions, restrictive procedures and a policy that related to the recognised behaviour management programme utilised by the centre. Staff were provided with training on this programme in addition to training on the model of care that focused on the importance of utilising relationship based care as a means to engage effectively with children. Those interviewed during the inspection struggled to name how the model was implemented in practice. The inspectors did not see

evidence of its implementation during their review of centre records and the children's care records. The inspectors recommend that this is reviewed in line with the development of placement planning processes.

Staff in interview identified the individual support plans in place for each child aimed at promoting consistency and supporting behaviour that challenged. These included behaviour support plans (BSP's), individual crisis support plans (ICSP's), risk assessments, and individual absent management plan's (IAMP's). The inspectors found from their review of the current BSP's that the some of the behaviours of concern outlined in the documents were not actual behaviour related, for example they related to a child's diagnosis or presentation. For another child staff were directed to refer to another supporting document in place for the behaviour of concern named in their BSP. The inspectors recommend that the registered provider reviews the purpose of BSP's to ensure they facilitate staff in providing consistent practices in supporting positive behaviour and routines for the children in line with their presenting needs, behaviours and learning styles.

The procedures relating to ICSP's were included in the behaviour and safety management policy and the policy on the centres behaviour management programme. On their review of these the inspectors found that the ICSP's in place for each child were not being implemented in line with guiding policy. The safety concerns and warning section of the ICSP did not correlate with the children's presentations and known information about them. There was no reference to physical intervention within the documents, and staff were not aware if these were permitted or not. The inspectors directed centre management to review and submit updated ICSP's to ACIMS during the inspection process. On the inspectors review of the updated ICSP documents further work was outstanding. One of the signed consent forms approving physical intervention as a last resort that accompanied an ICSP was found to have referenced two of the children on the form. Physical intervention was not sanctioned for one of these children, as stated on their ICSP.

The inspectors found that two different risk assessment formats were being utilised alongside safety plans being implemented where they were deemed necessary. The actual risks on some assessments reviewed by the inspectors was not stated. There was reference to curfew times across the three current IAMP's reviewed.

The centre utilised weekly team meetings and daily handover meeting to discuss the children's behaviour that challenged. To promote positive behaviour a reward system was in place for one child. The inspectors found that notifications of significant

events were submitted to the relevant professionals appropriately and there was evidence of follow up work that focused on helping the children to understand their behaviour and the impact of same on other children living in the centre. The inspectors recommend that greater focus is required in helping the children understand behaviour that is respectful of the rights of others.

The director of services (DOS) had conducted an audit of theme three of the National Standards, 2018. It was recorded in this audit that the individual support plans, as detailed above, were reviewed against policy guidelines with no gaps or areas of improvement identified. The deficits described in this section of the report were not identified during that auditing process.

The inspectors found that procedures contained within the restrictive practices policy were not being adhered to. There was no restrictive practices register/ log in place, nor was it stated in policy as a requirement. Restrictive practice assessment reports forms were maintained on the children's care records and there was evidence of them being reviewed. A restrictive practice in place for all children, that commenced upon their admission to the centre, related to the use of bedroom alarms at night time. However, it was not stated on the restrictive practice assessment report forms of bedroom alarms being activated when the children enter their bedrooms during the day. This information was recorded on a team meeting record. This was followed up with the centre manager and DOS who stated the measure was in place for safety and supervision reasons and not due to safeguarding concerns. The lack of a third staff member being consistently assigned daily to the staff roster may have be a contributing factor for the measure being implemented. It was recorded in the restrictive practice policy that:

“Room alarms may be used more frequently by staff where a child has a tendency of absconding from the centre, in order to monitor them more efficiently, or where one or more residents are trying, without staff knowledge, to enter one another's bedrooms or invite other young people or unauthorised persons into their rooms”.

Centre management confirmed with the inspectors that the children had not presented with any of these behaviours since their admission nor was it included in their preadmission records. During the inspection the inspectors directed centre management to review the restrictive practices relating to the issue in consultation with the allocated social workers. In follow up with two allocated social workers one was aware of the restrictive practice occurring during the day and had accepted the measure. The second social worker was following up with the centre manager about

their disapproval of the measure. They were informed it would be reviewed in October. A guardian ad litem appointed to one child was not aware of the procedure being in place. They planned to speak with the child about it on their next visit scheduled to take place two weeks post the inspection. At the time of writing this report the centre was continuing to alarm the children’s bedroom during day hours which was not creating a homely, and natural environment, and was infringing on their rights. A review of the restrictive practice by centre management led to it being removed during the inspection process.

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 registered provider must ensure that ensure all sections of ICSP’s are fully considered and recorded in line with each child’s individual needs and behaviours of concern.
- The registered provider must ensure that an effective auditing system is in place that seeks to improve the quality and safety of practices in the centre.
- The director of services must ensure that a restrictive practices register is maintained to log restrictive practices undertaken and that restrictive practices are clearly recorded in children’s care records.
- The director of services must ensure that restrictive practices are not used to replace the provision of staff cover or supervision and unless there is a serious risk to the safety and welfare of children.

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 that since the centre opened, three months prior to this inspection, systems were in place that supported the operational running of the centre and assured the provision of care and support to the children. These included management and governance arrangements, operational policies and procedures and a newly established staff team. The appropriately qualified and experienced centre manager, appointed as the person in charge, had previously worked as a deputy manager within the agency. The internal management structure was appropriate to the size and function with the centre manager supported by a deputy manager, and two social care leaders. The deputy manager was the named person to act up in the centre managers absence. The centre manager maintained a written record of roles and responsibilities delegated to staff. These included for example a fire officer, health and safety officer, key working duties and medication officer. One young person in interview with the inspectors was clear of the role of the centre manager and the key worker appointed to them.

The centre manager was present in the centre Monday to Friday working normal hours. They reported to the DOS as their line manager who provided them with supervision and visited the centre regularly to review records, oversee care practices and meet with the children. The centre manager was tasked with providing the DOS with twice weekly updates on the children using specific handover records. The inspectors found from their review of these records that the DOS provided feedback and regularly gave specific direction for follow up by the centre manager.

In interview the centre manager stated they demonstrated leadership and management at weekly team meetings, staff supervision, daily handover meetings, and regular role-modelling due to them managing a newly established team with little social care experience. The inspectors reviewed a sample of team meeting records and found that they were occurring weekly, agenda led and there was good attendance overall. There was evidence of policy discussions however some

information recorded on this was repetitive across the records. As part of their induction to the centre it was recorded that staff must have read and signed all policies and procedures within their first week of working in the centre. During interviews with the inspectors' staff were not familiar with aspects of policies and procedures. The inspectors recommend that the DOS considers a more effective way of implementing the centres operating policies and procedures. Overall, the children's day to day needs, as per their placement plans, were discussed at team meetings and plans were made in line with their general needs.

The DOS held responsibility for ensuring that the centres operational policies and procedures were reviewed and updated. The policies on fire safety and report writing and record keeping had been updated since the centre opened in May 2025. Deficits in policies and procedures identified during this inspection and as detailed in this report must be reviewed and updated accordingly.

The centres risk management policy contained information on the risk management process, the risk matrix utilised, and the types of risk assessments conducted. An organisational risk register was in place along with a centre risk register and a young person risk register. The inspectors found that improvement was required on how risks are identified, assessed and managed. On review of individual risk assessments, there was inconsistency in how risk assessments were completed for example risks were not clearly identified and ratings were not applied pre and post the addition of control measures to mitigate the level of risk. A control measure for one identified risk included day shifts being added to the staff roster if possible. In line with the centres service level agreement with Tusla, the centre was required to have a minimum of three staff on shift daily. This should not be included as a mitigating action to the identified risk rather staff supervision at all times is a mitigating action which was appropriately detailed. As mentioned in this report different risk assessment formats were utilised. The risk matrix outlined in the centre risk register differed to that named in the organisation risk register. The young person risk register did not contain information on all risk assessments completed.

There was an up to date service level agreement in place with Tusla, Child and Family Agency.

It was evident to the inspectors that effective leadership was required across all management levels to ensure that a child centred, safe and effective service was provided and that a greater focus is placed on creating a culture of learning, quality and safety. The inspectors found that whilst the centre manager was settling into

their role, they required support and supervision to oversee their management of care practices.

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 effective leadership is provided across all management levels so that child centred, safe and effective care and support is delivered and to include the development of a culture of learning.
- The director of services must update the necessary policies and procedures as named in this report and ensure that staff have a good knowledge of operational policies and procedures.
- The registered provider must review its current risk management processes to ensure that a robust system is in place.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The centre was found to have managed its workforce through a staff rota system, ongoing mandatory and additional training and supervision. The staff team comprised of a centre manager, deputy manager, two social care leaders and five social care workers all of whom were employed on a full-time basis. Two relief staff were available to support the staff team at times of various leave. The DOS advised a

further social care worker was recently recruited and they were scheduled to commence their induction process the week of the inspection.

The planned daily staff ratio was set to include two staff completing sleepover shifts with the support of a day shift. On review of the staff rota's since the centre opened day shifts were not filled consistently, they were in place three or four days weekly. This was not consistent with information stated on an impact risk assessment record submitted to Tusla as part of the derogation arrangement where it was stated that three staff would be on shift daily. The centre manager provided the inspectors with a rota for the month of September. With the addition of the new social care worker day shifts were planned for each day over the month with staff members working a sleepover shift into a day shift once weekly, a total of 33 hours. It was also stated in centre policy that it aimed to have a social care leader on daily. However, this was not occurring with just two social care leaders part of the team.

A social care leader requirement, as outlined in policy included, they must have two years' experience of working at a social care grade with children and/or young people. On review of their personnel file, the inspectors found they did not have the required experience for the post. The inspectors found that collectively the newly established team had limited experience of working with children and required support to meet the needs of the children. The newest recruit had no experience of working with children or young people. The team required effective leadership and management support to build and develop their skills and competencies to provide safe and effective care and support to the children in line with their individual needs.

In interview staff named some incentives available to them as listed in policy for example bonus pay/gift cards for full occupancy, training and supervision. They were not aware of the employment assistance programme available to them. An on call policy and rota was in place, there was no concerns about the procedures named to the inspectors.

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 review recruitment and workforce planning practices to ensure that there is a sufficient number of staff with the necessary experience, skills and competencies to meet the children's needs at all times.
- The registered provider must ensure that the staff team is provided with effective leadership and support to build and develop their skills and competencies to provide safe and effective care and support to the children.

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 robust care planning and placement planning policy is in place that includes clear procedures for the implementation of the policy, that staff are aware of the updated policy and procedures and that this is reflected in their practice.	Staff training delivered on placement planning & key-working (16 Sept 2025) – covering SMART goals, linking statutory care plan goals, and cyclical planning. New Placement Planning Audit Tool to be implemented from 16 Oct 2025. SCM to ensure care plans are provided in line with admission policy; placement plan review schedule developed. Updated and approved policy and procedure was circulated to all staff and ACIMS on 30/09/2025.	Bi-annual refresher training and induction training for all new staff. Monthly audits by centre manager, with quarterly oversight by the Director of Services (DOS).
	The registered provider must ensure that placement plans are informed by statutory care plans and children’s individual needs, supports and resources are clearly identified, planned and tracked.	All staff will continue to receive education and support with regard to the updated <i>Planning for a Young Person Policy</i> . Evidence of staff review, and formal staff acknowledged to be maintained within all staff personnel files.	The DOS to review quarterly samples across all centres to ensure consistency and provide feedback.
3	The registered provider must ensure that ensure all sections of ICSP’s are	All ICSPs were updated (Sept 2025) with full sections completed, signed by social	Monthly ICSP audits by centre manager; quarterly quality audits by DOS/QA

	<p>fully considered and recorded in line with each child's individual needs and behaviours of concern.</p> <p>The registered provider must ensure that an effective auditing system is in place that seeks to improve the quality and safety of practices in the centre.</p> <p>The director of services must ensure that a restrictive practices register is maintained to log restrictive practices undertaken and that restrictive practices are clearly recorded in children's care files.</p> <p>The director of services must ensure that restrictive practices are not used to replace the provision of staff cover or supervision and unless there is a serious risk to the safety and welfare of children.</p>	<p>workers, and including child's voice. Refresher session on ICSP implementation delivered at staff team meeting.</p> <p>An external auditor has been engaged with to develop an Auditing Quality & Safety Management System, commencing Oct 2025. QA Manager role created to strengthen oversight, by 31 Oct 2025.</p> <p>Restrictive practices register implemented capturing restraint type, rationale, staff, child response, and oversight.</p> <p>Bedroom alarms reviewed (9 Sept 2025) – no longer used during daytime unless risk-assessed and approved. Three-staff rota confirmed as standard.</p>	<p>Manager. (see provided ICSP audit tool)</p> <p>Audit findings discussed in supervision, governance meetings, and fed into training.</p> <p>Restrictive practices register will be reviewed weekly by the centre manager and monthly by the DOS/QA Manager.</p> <p>Adequate staffing list is currently on files, In the event of an emergency and a third staff member is unavailable, SCM will use agency cover to ensure ratios are maintained. Oversight confirmed through rota monitoring by CM and monthly review at governance meetings.</p>
5	The registered provider must ensure	Leadership & Quality Improvement Action	Monthly governance meetings chaired by

	<p>that effective leadership is provided across all management levels so that child centred, safe and effective care and support is delivered and to include the development of a culture of learning.</p> <p>Centre management must ensure that staff have a good knowledge of operational policies and procedures.</p> <p>The registered provider must review its current risk management processes to ensure that a robust system is in place.</p>	<p>Plan live since 1 Sept 2025.</p> <p>Additional management roles appointed (Workforce Planning & Development Manager – Sept 2025).</p> <p>Staff training on leadership, safeguarding, reflective practice, and organisational culture scheduled for completion 31/10/2025.</p> <p>External service commissioned for a 3-year governance and risk management programme (commencing 15 Oct 2025).</p> <p>-CRM digital care management system signed and rolling out from Oct 2025.</p> <p>-AI Knowledge Library commissioned for policy/procedure access. For completion by 31/10/2025.</p>	<p>DOS.</p> <p>QA Manager to conduct quarterly audits on policy knowledge and application.</p> <p>SMT quarterly risk reviews.</p> <p>Monitoring of AI Library and CRM usage, with compliance reviewed monthly by DOS.</p>
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<p>6</p>	<p>The registered provider must review recruitment and workforce planning practices to ensure that there is a sufficient number of staff with the necessary experience, skills and competencies to meet the children’s needs at all times.</p> <p>The registered provider must ensure that the staff team is provided with effective leadership and support to build and develop their skills and competencies to provide safe and effective care and support to the children</p>	<p>A recruitment, workforce and organisational development manager was appointed in Sept 2025. There is ongoing recruitment for experienced staff to improve skill mix. A structured career progression pathways has been introduced. Partnerships established with colleges/training providers to build a talent pipeline.</p> <p>Revised rota planning system ensuring three staff per shift implemented. Workforce actions included in live QIP. Completion by 31/10/2025.</p>	<p>Quarterly workforce reviews led by Workforce Manager focusing on recruitment, retention, skill mix.</p> <p>Centralised monitoring of training compliance.</p> <p>Retention tracked through surveys, exit interviews, and reflective sessions.</p> <p>Findings fed into continuous improvement and governance meetings. Two new leadership roles have been added to the RCS governance to ensure a robust leadership support for staff teams. Completion by 31/10/2025</p>
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