



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 307

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Kare Plus Wexford
Registered Capacity:	Three young people
Type of Inspection:	Announced Inspection
Date of inspection:	6th, 7th, and 8th October 2025
Registration Status:	Registered from the 13th June 2025 to the 13th June 2028
Inspection Team:	Anne McEvoy Linda McGuinness
Date Report Issued:	22nd December 2025

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1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 13th of June 2025. At the time of this inspection the centre was in its first registration and was in year one of the cycle.

The centre was registered as a multi-occupancy service. It aimed to provide a person-centred approach in a home like environment supporting the health, educational and emotional development of each young person. The centre was registered to provide care for three young people between the ages of ten and seventeen years on admission. There were two 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 looked closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers, and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

An immediate action notice was issued to the registered providers on the 10th October 2025 identifying eight actions requiring immediate attention. Inspectors received communication advising that these actions were remedied.

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 17th November 2025. On the same day, inspectors were provided with additional information that resulted in an unannounced visit to the centre on the 18th November 2025. This required a second immediate action notice being issued on the 20th November 2025 and a subsequent regulatory compliance meeting was held on the 21st November 2025. The inspectorate received assurances and communication that deficits and immediate actions were addressed.

The registered provider was then 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 10th December 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: 307 without attached conditions from the 13th of June 2025 to the 13th of June 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.

Inspectors met with both young people individually over the course of the inspection and they stated that they were very happy there. They stated that staff members and the centre manager were available to them if they wished to discuss any issues or had any concerns. Inspectors observed interactions between care staff and the young people and found this to be warm and considerate of each young person. One young person received examination results on the day of the inspection and inspectors observed balloons, flowers, and sweet treats in the centre to celebrate the occasion.

In reviewing care records, inspectors identified that the registered providers were not maintaining young people's care files in a manner that ensured safe and secure storage of documents. Post inspection, inspectors issued correspondence requiring the registered providers to implement a storage system to protect young people's care records. Prior to this report being finalised, inspectors received evidence that such a system was in operation within the centre.

Inspectors reviewed the care records for the young people and found that there was an up-to-date care plan for one young person. The child in care review for this young person was held in the month prior to inspection and there was a scheduled date for the next review to take place. The other young person was admitted to the centre four weeks prior to the inspection and a child in care review was yet to be convened for them. Inspectors spoke with the allocated social work team for this young person, and they advised that a statutory review meeting was scheduled in the two weeks post inspection.

Inspectors reviewed the placement planning policy in operation and found that it was a generic document, unfinished, with spaces left for the name of the organisation to be inputted. This policy was not aligned to the National Standards for Children's Residential Centres (2018) HIQA and referenced legislation and standards not relevant to the purpose and function of this residential centre. The policy was not

sufficiently detailed to guide practice in the centre. This issue regarding policies and procedures will be further addressed later in the report.

There was a placement plan prepared for one young person, however inspectors found that this was a retrospective document outlining significant events, professional appointments, and general progress for the month previous. It was not a proactive document outlining the young person's needs and supports required to ensure the best outcomes for them. It was not aligned, as required, with the care plan devised by the social work department. The second young person did not have a placement plan devised at the time of inspection. This was in contradiction to the centre's policy on placement planning where it was noted that a placement plan was to be drawn up upon admission.

The centre had recently appointed two key workers for each young person, and the centre manager was completing work with these care staff inducting them into the role and responsibilities of a key worker. Due to the key workers being newly appointed, there was limited key work for inspectors to review. Despite the lack of placement plan and associated key work, the allocated social workers for each young person stated that the centre manager was efficient in addressing and progressing specific issues that they identified in correspondence for each young person. To ensure continuity and consistency moving forward, the centre manager must ensure that a placement plan, aligned to the young person's care plan, is devised for each child.

Inspectors found that one young person was linked in with relevant external support services offering mental health and therapeutic supports with additional assessments being progressed by the social work department. The second young person was still settling into the centre and identified assessments were being followed up by their allocated social work team with the intention to source specialist supports in line with recommendations made.

In interview with the allocated social work team for each young person, the appointed social workers stated that they received regular telephone and email communication from the centre manager. Inspectors could not verify the extent of this communication as records were not routinely kept of contact between the centre and appointed professionals. Inspectors recommend that the centre manager ensure that all communication is recorded and stored on each young person's care record.

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

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

Actions required

- The centre manager must ensure that a placement plan is devised for each young person by the appointed key worker with input from the residential centre staff team and in keeping with the timeframes as outlined in the centres policy on placement planning

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.

One young person told inspectors that staff members took time to talk to them and support them in understanding how to manage their emotions and reflect on their behaviour.

There was a behaviour management policy devised for the centre, however inspectors found that this policy was not implemented and in interview staff were not familiar with the content of this policy or its implications for practice. The centre manager confirmed that training in the centres own policies and procedures, including the behaviour management policy were identified as future training for staff, with no identified timeframe for this to be completed. The policy stated that all staff were to receive trauma informed training and engage in reflective supervision regularly. Inspectors found that there was no evidence that this was occurring. Staff were yet to receive any training in trauma informed practice and inspectors were advised that

there was no proposed date for such training to be made available. Staff members stated that supervision was occurring, and this was helpful to them, however, there were no records kept of these meetings to facilitate analysis, accountability or follow up.

The centre's statement of purpose and function stated that all staff were to be trained in a specific model of care and a specific behaviour management framework. Staff were not trained in the behaviour management framework identified in the statement of purpose and function. Most care staff were trained in one behaviour management framework and newer members of staff were trained in a different framework. Inspectors found that none of the staff team were trained in the model of care and at the time of inspection there were no planned dates for this training to begin. The registered providers must ensure that a training programme is devised incorporating the model of care, trauma informed practice and that all staff are trained in the same behaviour management framework to ensure consistency of approach moving forward.

All staff had completed Tusla's e-learning module "Introduction to Children First, 2017" and the module Child Sexual Exploitation (CSE) Procedure (including CSE as it pertains to child trafficking). No staff members had completed mandated persons training and in interview one staff member who was a mandated person, was not familiar with their role to submit a child protection and welfare report form when required. Inspectors recommend that the centre manager review staff knowledge on child protection and safeguarding and ensure that all staff receive mandated persons training as required.

At the time of inspection, the centre manager was the designated liaison person, however the centre did not have a deputy designated liaison person (DDLDP) should the centre manager be on leave. It is considered good practice for a DDLP to be appointed and inspectors recommend that the registered providers consider this.

Each young person had an individual absence management plan (IAMP). These plans contained relevant information and were purposeful in identifying risks and how to manage those risks in the event of an absence. However, they were not updated monthly in line with the "Children Missing from Care- Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services 2012" with a planned review date of six months for one young person. The centre manager must ensure that IAMP's are reviewed and updated monthly as required for children and young people in residential care.

The behaviour management policy stated that each young person was to have a behaviour management plan however none were devised for either of the young people at the time of the inspection. Inspectors reviewed all team meeting records since the centre was registered and found that there was limited discussion at these meetings regarding the behaviours of young people, placement planning, significant events or proposed changes to practice as a result of young peoples' needs or other factors that may influence their behaviour. Additionally, the behaviour management policy stated that physical intervention could be used as a last resort, but no staff member was trained in physical restraint intervention and in the absence of a behaviour support plan, there was no clarity available to staff on interventions that were and were not permitted. Inspectors acknowledged that no physical interventions had occurred since the centre opened. Inspectors found limited records to evidence that staff were given relevant information required to support the young people. The manager must ensure that the centre adheres to its own behaviour management policy and devise a behaviour management plan to provide staff with all relevant information required to support each young person.

In interview, the centre manager acknowledged that there were no auditing or oversight arrangements in place to review significant events or the centres approach to managing dysregulated behaviours. In interview, one registered provider informed inspectors that a proposal to develop a system for the provision of professional supervision to the centre manager and external oversight was currently being considered. The registered providers must ensure the provision of positive behavioural support by regularly auditing and monitoring the centres approach to managing behaviour and ensuring that audits are undertaken by personnel external to the centre.

The centre maintained a log of restrictive practices for each young person. Inspectors reviewed this log and found that several of the restrictive practices were not restrictive by definition and were in use to protect the young people from health and safety risks and hazards. Inspectors recommend that the centre manager update the restrictive practice log to record only practices that are restrictive. In reviewing centre and young people's records, inspectors became aware of a practice where hourly visual checks were undertaken at nighttime. This was not recorded on the restrictive practice log and was not communicated to the social work department for one young person. There were no risk assessments in place for this practice and the centre manager confirmed that this practice was not reviewed regularly to ensure its continued need. Similarly with other restrictive practices on the register, there was no evidence to indicate that these practices were reviewed and determined to still be a

requirement. This was confirmed in interview with the manager. The centre manager must ensure that all restrictive practices are implemented in consultation with the allocated social work team, are recorded, risk assessed and reviewed regularly to determine their ongoing requirement.

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

Actions required

- The registered providers must ensure that a training programme is devised incorporating the model of care, trauma informed practice and that all staff are trained in the same behaviour management framework.
- The centre manager must ensure that IAMP's are reviewed and updated monthly as required for children and young people in residential care.
- The centre manager must ensure that the centre adheres to its own behaviour management policy and devise a behaviour management plan to provide staff with all relevant information required to support each young person.
- The registered providers must ensure the provision of positive behavioural support by regularly auditing and monitoring the centres approach to managing behaviour and ensuring that audits are undertaken by personnel external to the centre.
- The centre manager must ensure that all restrictive practices are implemented in consultation with all allocated social work teams, are recorded, risk assessed and reviewed regularly to determine their ongoing requirement.

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.

Both young people stated to inspectors that they met with the centre manager regularly and this was evidenced by young people meeting records. They were aware of the centre manager's role and stated they felt safe there.

The centre manager was the appointed person in charge with overall executive accountability and responsibility for the service. They were aware of their responsibilities under this title. They held the only management position in the centre and inspectors were told that there was no internal management structure in place to support the centre manager. The alternative management arrangements for when the person in charge was absent were not robust. In interview staff members were not clear on the leadership structure when the person in charge was absent. The centre manager confirmed in interview that at the time of the inspection, none of their duties were delegated to other staff members, even when they were not present in the centre or were on leave. In interview, the operations manager stated that when the centre manager was on leave, they assumed the person in charge responsibilities but the social care workers on shift managed the centre. Prior to the inspection taking place, there was no clear delegation of roles or responsibilities and no method to assess accountability or determine decision-making ability.

In interview, staff members and senior management were confident of the leadership skills of the centre manager. However, post inspection, inspectors were informed that the manager was required to undertake shift work in the centre to fill staffing deficits and was not available to attend to their managerial responsibilities as required. The centre manager informed inspectors that the operations manager was to assume the person in charge duties while they worked shifts. Inspectors requested that a delegation log be devised transferring management responsibilities to the operations manager. Evidence of same was provided to inspectors. However, the operations manager confirmed that they were not present in the centre during these times to offer guidance and support to the staff team. This arrangement was under weekly

review by the centre manager, operations manager and registered providers. Post inspection, inspectors were in contact by telephone with a staff member who despite the delegation of these management responsibilities, was not clear who was responsible for the service during these times. Given the limited experience of the centre team, the registered providers and operations manager must ensure that the person assuming temporary person in charge duties is present in the centre to offer guidance and support to staff.

On-call arrangements for out of hours and weekends were significantly deficient, with the centre manager being the appointed on-call manager for two weeks in every month and two social care workers being on-call for the other two weeks. Given the limited managerial experience of the social care workers, they had recourse to the centre manager for the time that they were on-call, effectively resulting in the centre manager always being on call. Inspectors found that the governance and management arrangements within the centre were inadequate to ensure safe and effective care and support. The registered providers must ensure that an internal management structure appropriate to the size and purpose and function of the residential centre is established to facilitate alternative management arrangements when the person in charge is absent and to support the person in charge to execute their responsibilities in a child centred, safe and effective manner.

Inspectors were provided with job descriptions for each role within the centre, however, throughout staff interviews and the review of personnel records inspectors found that staff members were not issued with copies of their job description upon entering the position. Where staff were promoted from their original role, they were not provided with an updated job description of their new role. The job descriptions provided to inspectors did not clearly evidence the responsibilities of mandated persons where relevant. Additionally, the job description outlining the role of support worker, was not adhered to. Staff members falling into this category were requested to fulfil duties that were outside of their role and responsibilities and not in line with the “Staffing levels and qualifications for registration of Children’s Residential Centres (Part VIII, Child Care Act 1991) Guidance” (August 2025) issued by the Alternative Care Inspection and Monitoring Service (ACIMS) to all registered providers. The registered providers must ensure that job descriptions stipulating individual accountability and specifying roles and responsibilities are disseminated to all staff in accordance with their job title and that these roles and responsibilities are adhered to.

There was an arrangement in place governing the provision of services between the centre and the funding body. At the time of this inspection, the registered providers did not have an appropriate external governance system in place to oversee and monitor the provision of services or to conduct audits to evidence compliance with relevant legislation or national standards. The registered providers must ensure that auditing and monitoring systems are implemented to enable the centre provide evidence of compliance with legislation and standards.

Inspectors were provided with a suite of policies and procedures established to guide and govern practice. A sample of policies were reviewed. As noted earlier in the report inspectors found that these policies were not aligned to the National Standards for Children’s Residential Centres (2018) HIQA and referenced legislation not relevant to children’s residential care. Additionally, there was no process for the centre manager and registered providers to assure themselves that staff were familiar with the centre policies or implementing them in practice. The registered providers must ensure that all operational policies and procedures are reviewed and updated taking account of national standards and guidelines and that staff are fully informed of said new policies on completion.

There was a risk management framework in place for the identification, assessment, management and review of risk. Centre staff were effective in drawing up risk assessments for the management of risk, however there was no risk matrix in use to support staff in recording the severity or otherwise of identified risks. Inspectors recommend that the centre manager consider the introduction of a risk matrix to further support the staff in managing all risks within the centre.

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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 5.2

Actions required

- The registered providers and operations manager must ensure that the person assuming temporary person in charge duties is present in the centre to offer guidance and support to staff.
- The registered providers must ensure that an internal management structure appropriate to the size and purpose and function of the residential centre is established to facilitate alternative management arrangements when the person in charge is absent and to support the person in charge to execute their responsibilities in a child centred, safe and effective manner.
- The registered providers must ensure that job descriptions stipulating individual accountability and specifying roles and responsibilities are disseminated to all staff in accordance with their job title and that these roles and responsibilities are adhered to.
- The registered providers must ensure that auditing and monitoring systems are implemented to enable the centre provide evidence of compliance with legislation and national standards.
- The registered providers must ensure that all operational policies and procedures are reviewed and updated taking account of relevant national standards and guidelines and that staff are fully informed of said new policies on completion.

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.

At the time of this inspection, the centre had eight social care workers (two of whom were working half time and one working at 0.75 of a post making up 6.75 whole-time equivalent posts), one support worker and one centre manager. Post inspection, inspectors were informed of a further reduction in staff numbers and an increase in risk due to decreased supervision levels of young people. The centre did not have access to a relief panel of staff to take account of annual leave, study leave, sick leave, or contingency cover for emergencies. As noted earlier in the report, post inspection there was a staffing deficit which resulted in the centre manager being required to undertake shifts to ensure sufficient staffing to safeguard and promote the wellbeing

of both young people. The registered providers stated that the centre was not open to receiving a third young person until such time as staffing levels increased.

Inspectors reviewed the minutes for all senior management meetings undertaken since the centre was registered and found that there was limited evidence of workforce planning. In interview, the centre manager and the registered provider both stated that workforce planning was an item for discussion however the meeting minutes did not reflect this. In interview, the registered provider stated that a new recruitment initiative was just beginning with the introduction to the organisation of a recruitment company to support ongoing recruitment. Post inspection, inspectors were advised that there were two new social care workers due to begin employment when recruitment procedures were completed. Once onboarding is completed for these new care staff, the registered providers must forward a new staffing form to ACIMS to evidence the recruitment of new staff to take account of leave and other emergencies.

As stated earlier, post inspection ACIMS was informed that the support worker was no longer employed in the centre, however they were re-employed in the weeks following inspection due to a reduction in staffing numbers. The centre manager and registered providers must take account of the role support workers undertake. Inspectors found that the support worker, was undertaking responsibilities such as shift team lead, which were not appropriate to their qualification and not aligned to the “Staffing levels and qualifications for registration of Children’s Residential Centres (Part VIII, Child Care Act 1991) Guidance” (August 2025) issued by ACIMS to all registered providers. This role is supernumerary to the core staff team.

In the promotion of staff retention, the team had access to a health benefit scheme, and the organisation operated a pay scale for care staff. However, access to required training, a core element in the promotion of staff retention, were not readily available to staff. Additionally, inspectors found that the registered providers did not properly consider the retention of the post of centre manager as there were limited supports available to this post to enable them carry out their duties and provide care in a safe and effective way. The registered providers and centre manager must ensure that all staff have access to training and recorded supervision as outlined in the centre’s own policies and procedures to promote retention of staff and continuity of care to the young people.

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 providers must forward a new staffing form to ACIMS to evidence the recruitment of new staff to take account of leave and other emergencies, once recruitment and onboarding of new staff is completed.
- The registered providers and centre manager must ensure that staff have access to training and recorded supervision as outlined in the centre's own policies and procedures.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	The centre manager must ensure that a placement plan is devised for each young person by the appointed key worker with input from the residential centre staff team and in keeping with the timeframes as outlined in the centres policy on placement planning.	The policy is currently being reviewed and updated, with completion scheduled for early December. To support consistent implementation, staff will receive updated training on placement planning and their responsibilities under the revised policy. In addition, new placement plan templates and an improved structural format were developed and will be implemented from December to ensure greater clarity, coherence, and alignment with policy requirements. Placement plans will also be reviewed at each team meeting, with updates and actions recorded in the minutes to facilitate ongoing monitoring and to ensure that each plan remains accurate, purposeful, and responsive to the young person's current needs.	Staff briefings will be provided monthly at team meetings to ensure all team members are fully aware of the placement planning policy and their responsibilities as key workers. The centre manager will actively monitor the timely assignment of key workers, and the completion of placement plans to ensure compliance with policy expectations. Additionally, placement plan reviews will be included as a standing agenda item at each team meeting to maintain accountability, strengthen oversight, and ensure consistent and effective implementation. Placement planning policy has been updated. All policies will be reviewed annually by centre management.
3	The registered providers must ensure	At a senior management meeting on	To prevent this issue from arising again,

	<p>that a training programme is devised incorporating the model of care, trauma informed practice and that all staff are trained in the same behaviour management framework.</p> <p>The centre manager must ensure that IAMP's are reviewed and updated monthly as required for children and young people in residential care.</p>	<p>Monday 24/11/2025 Kare plus Wexford have agreed the centre's behaviour management framework, and all staff will receive training on 19/12/2025 to ensure a consistent and informed approach across the team. Trauma-informed practice training has been scheduled for the full staff team on the 8th of December, further strengthening staff knowledge and alignment with the model of care. In addition, the statement of purpose and function has been reviewed and updated to clearly reflect the designated behaviour management framework. These measures ensure that the centre's training programme incorporates the model of care, trauma-informed practice, and a unified behaviour management approach, as required.</p> <p>The centre manager confirms that the outstanding IAMPs have now been fully reviewed and updated in line with the required standards for children and young people in residential care. All current</p>	<p>the centre has agreed to implement a recognised behaviour management framework. The centre will implement a structured annual training schedule that includes the recognised behaviour management framework and trauma-informed practice training for all new staff as part of their induction, with refresher training integrated into the annual training plan. The centre manager will oversee training compliance through regular audits, and behaviour management practices will be reviewed routinely at team meetings to ensure continued adherence to the framework and early identification of any gaps. These preventative measures will support sustained compliance and consistent practice across the staff team.</p> <p>To prevent this issue from recurring, the centre manager will implement a fixed monthly schedule for the review and updating of IAMPs, with progress recorded and monitored as a standing agenda item</p>
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	<p>The centre manager must ensure that the centre adheres to its own behaviour management policy and devise a behaviour management plan to provide staff with all relevant information required to support each young person.</p>	<p>IAMPs are now up to date and reflect the most recent information relevant to each young person.</p> <p>The behaviour management policy was recently updated to reflect required changes and to ensure clarity in relation to staff responsibilities, the structure and purpose of behaviour management plans, and the expectations for implementation and monitoring. Where applicable, behaviour management plans will be completed for each young person and communicated through team meetings, handovers and supervision to the full staff team to ensure a unified approach to supporting behaviours.</p>	<p>at team meetings. Feedback from staff will be fed back to the social work department and make any necessary changes collectively. The centre manager will also conduct regular audits to ensure compliance with review timeframes and to identify any gaps promptly.</p> <p>Preventative measures introduced to ensure this issue does not arise again include incorporating quarterly staff briefings and training on the revised policy, ensuring ongoing oversight by the centre manager to confirm that behaviour management plans are completed and implemented in a timely manner, and adding behaviour management review as a standing item at team meetings to maintain accountability and consistency across the staff team. These actions will support sustained compliance and strengthen the centre's overall approach to behaviour management.</p>
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	<p>The registered providers must ensure the provision of positive behavioural support by regularly auditing and monitoring the centres approach to managing behaviour and ensuring that audits are undertaken by personnel external to the centre.</p>	<p>An oversight and governance plan has been established by Kare Plus clinical governance board. An external auditor has been appointed to perform the auditing function, ensuring that behaviour management practices are reviewed objectively, accurately, and in line with organisational policy and national standards. The external auditor will complete quarterly audits to evaluate the effectiveness of behaviour support strategies, identify trends, and ensure that practice remains focused on promoting positive outcomes for young people.</p>	<p>To prevent any recurrence of gaps in oversight, the governance plan will include a fixed schedule (quarterly) for internal and external audits, with findings discussed at management meetings and action plans developed where required. The centre manager will maintain ongoing oversight of behaviour management practices, and staff will receive regular briefings on audit outcomes to reinforce good practice and address identified improvements.</p>
	<p>The centre manager must ensure that all restrictive practices are implemented in consultation with all allocated social work teams, are recorded, risk assessed and reviewed regularly to determine</p>	<p>The restrictive practice register is being updated by the centre manager and will be concluded by the 10th December 2025 to accurately reflect all current restrictive practices. Restrictive practices will be</p>	<p>To prevent this issue from arising again, the centre manager will implement a structured monthly review schedule for all restrictive practices, ensure staff receive guidance on the restrictive practice policy,</p>

	their ongoing requirement.	reviewed monthly by the centre manager, and discussed with the social work team and decisions formally recorded at team meetings to ensure consistent oversight and accountability.	as well as identifying and recording restrictive practices accurately.
5	<p>The registered providers and operations manager must ensure that the person assuming temporary person in charge duties is present in the centre to offer guidance and support to staff.</p> <p>The registered providers must ensure that an internal management structure appropriate to the size and purpose and function of the residential centre is established to facilitate alternative management arrangements when the person in charge is absent and to support the person in charge to execute their responsibilities in a child centred, safe and effective manner.</p>	<p>The acting person in charge is now based in the centre (As of Monday 24/11/2025) during their period of temporary responsibility to ensure that staff receive consistent guidance, leadership, and support until the permanent person in charge returns to their position.</p> <p>Kareplus Wexford is working to implement the following structure within the residential centre</p> <p>Manager Deputy Manager Team Lead x 2 Social Care Workers</p> <p>Kareplus Wexford is confident that the above structure will be implemented during the month of December.</p>	<p>Should this situation occur again, the registered provider will ensure that the person assuming temporary person in charge duties is present in the centre.</p> <p>The statement of purpose and function will be amended to reflect the new staffing structure. This will be approved by the registered providers in January 2026.</p>

	<p>The registered providers must ensure that job descriptions stipulating individual accountability and specifying roles and responsibilities are disseminated to all staff in accordance with their job title and that these roles and responsibilities are adhered to.</p>	<p>Clear roles and responsibilities for the above positions have been agreed and will be provided to the successful candidates on appointment. All current staff have been issued new contracts as of 03/11/2025. All current staff members have been provided and have signed job descriptions specific to each of their roles.</p>	<p>To ensure sustained compliance, the registered providers have implemented clear and role-specific job descriptions that outline individual accountability and defined responsibilities for each position. These documents have been disseminated to all current staff, who were issued updated contracts on 03/11/2025 and have signed to confirm receipt and understanding of their role expectations. Going forward, all successful candidates will be provided with their job descriptions on appointment. These measures ensure that staff are fully informed of their duties and support consistent adherence to regulatory and organisational standards.</p>
	<p>The registered providers must ensure that auditing and monitoring systems are implemented to enable the centre provide evidence of compliance with legislation and national standards.</p>	<p>The centre manager will complete monthly audits and reviews on all paperwork relating to the day-to-day operations of the centre for all young people and staff to ensure compliance with the national</p>	<p>The updated policies reflect the auditing schedule and the newly introduced role and responsibilities of the external auditor.</p>

	<p>The registered providers must ensure that all operational policies and procedures are reviewed and updated taking account of relevant national standards and guidelines and that staff are fully informed of said new policies on completion.</p>	<p>standards. The centre manager audits will be reviewed quarterly by the external auditor from the clinical governance board to ensure compliance with national standards and with centre policies.</p> <p>Kareplus Wexford are currently undergoing a review of the suite of policies currently in place for our residential centre. The policies will be aligned to the service provided. This will be completed by the end of December and staff will be fully informed and trained the policies in January.</p>	<p>The policies and procedures will be reviewed on a biannual basis (every two years) with a plan to review earlier should a need arise or there is change in legislation. All new staff will be introduced to the policies and procedures at induction. A learning management system will be introduced in quarter 1 2026 to support staff with ongoing training and refreshers in policies and procedures. The centre manager will maintain ongoing discussion at monthly team meetings and in supervision around familiarisation of centre policies.</p>
6	<p>The registered providers must forward a new staffing form to ACIMS to evidence the recruitment of new staff to take account of leave and other</p>	<p>When staff are onboarded, a revised staffing information form will be sent to ACIMS.</p>	<p>Discussions on staff retention and recruitment will be a standalone agenda at senior management meetings. Staff retention policy will be completed by mid-</p>

	<p>emergencies, once recruitment and onboarding of new staff is completed.</p> <p>The registered providers and centre manager must ensure that staff have access to training and recorded supervision as outlined in the centre's own policies and procedures.</p>	<p>An Annual training schedule will be implemented with mandatory training and additional training identified by the staff team to support them in their role. Staff training will be discussed at team meetings and management meetings. Structured supervision will occur as per policy and adherence to this will be monitored by management to ensure full compliance.</p>	<p>December, and feedback from staff at team meetings will be brought to senior management meetings by the centre manager.</p> <p>The centre manager will discuss training as a standing agenda item at monthly team meetings and in supervision. External auditor will review training on an annual basis to ensure it is being kept up to date.</p>
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