Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South West
Type of inspection:	Unannounced
Date of inspection:	10 – 11 June 2026
Centre ID:	OSV-0009006
Fieldwork ID	MON-0050215

About the centre

The following information has been submitted by the centre and describes the service they provide.

The centre provides medium or long-term residential care to young people in a multi occupancy setting who require therapeutic interventions to address vulnerabilities and behaviours of concern. The centre works in conjunction with other professionals and has access to a psychologist.

The staff team encourage positive attachments and build relationships to provide a therapeutic environment for young people in order that they can learn new skills to live successfully in the community.

A safety planning and risk management model is an integral element of the programme.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	2

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- Speak with children and the people who visit them to find out their experience of the service
- Talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- Observe practice and daily life to see if it reflects what people tell us.
- Review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

1. **Capacity and capability of the service**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service**

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:			
Date	**Times of inspection**	**Inspector**	**Role**
10 June 2026	09:00 hrs to 17:30 hrs	Lorraine O Reilly	Lead inspector
10 June 2026	09:00 hrs to 17:30 hrs	Mary Wallace	Regional manager
11 June 2026	09:00 hrs to 13:00hrs	Lorraine O'Reilly	Lead inspector (remote)

What children told us and what inspectors observed

This was an unannounced follow-up inspection of a children's residential centre carried out to assess the centre's progress in meeting the requirements of a compliance plan. The compliance plan was submitted by the centre following the risk-based inspection of the centre in February 2026.

During the previous inspection, there were immediate risks to the safety, health and welfare of the three children living in the centre at that time. Following the inspection, the senior management team provided updates with regard to the significant amount of work required within the centre. This inspection found that while the centre had made some improvements to ensure the safety of the residents, further work was required to ensure compliance with the National Standards for Children's Residential Centres, 2018.

Children were not in the centre when inspectors were there. Children had pre-arranged plans for the day and evening. While inspectors could not provide children with the opportunity to meet during the day, staff assured inspectors that they would offer the children the opportunity to speak with inspectors when they returned. Inspectors told staff that this could be facilitated remotely through phone calls or video calls with children over the days following the inspection. While this did not occur, inspectors did have the opportunity to speak with staff, review children's records and assess how their voices were heard and their needs were being met within the centre.

Hearing children's voices is an important part of the inspection of residential centres. As children were not available to meet with inspectors, a sample of complaints made by children were reviewed. From these, it was clear that children's views were heard, respected and were taken into consideration by the team. Complaints were managed well and the child's voice was placed at the centre of these. The staff also actively encouraged children to express their views at any time and as well at this, they actively sought out the support of an external advocacy service for children.

Upon arrival at the centre, the centre manager and staff greeted the inspectors who were shown to a dedicated office room for the inspection. When inspectors walked around the centre with the manager and staff, the use of illicit substances was not easily identifiable through smell or cigarette ends, which were evident during the previous inspection.

There had been changes in staffing since the last inspection. These changes included a deputy social care manager as well as social care staff who had recently joined the centre's team. These new members to the team were in the centre on the day of the inspection as well as other social care staff and the centre manager.

From what the inspector observed in the centre, through interactions with staff and a review of records, it was clear that the house continued to be well-maintained, and the significant risks which had been previously identified during the last inspection were being more appropriately managed four months later.

Staff and centre management acknowledged the significant concern of illicit substance use found during the previous inspection which had remained unaddressed and was managed ineffectively for a prolonged period of time. While previously staff were committed to wanting to address this risk of illicit substance use by children within the centre, there appeared to be clearer direction, support and oversight of this risk at the time of this inspection. This meant that staff were clearer in terms of what was expected from them and more unified in their approach to provide consistent care for children residing there.

Capacity and capability

This was a follow-up inspection of this residential centre which opened in February 2025. During an inspection in February 2026, significant concerns arose and this inspection was carried out to ensure the required improvements had been made to demonstrate compliance with the National Standards for Children's Residential Centres, 2018. During the previous inspection, all of the five national standards assessed were judged as not compliant.

Due to the commitment of management and staff to address deficits and areas of concern, this inspection found that of the same five standards assessed:

- one was compliant
- four were substantially compliant.

Governance and oversight by the regional management team was significant since the last inspection and this led to all aspects of the service being assessed, reviewed and monitored thoroughly. Necessary and immediate actions had been taken to strengthen centre management arrangements. For example, newer and more robust oversight systems had been implemented, and a greater

understanding of risk management and assessment had been embedded. The timing and quality of the reporting of incidents had greatly improved.

Management had taken action to ensure that a safer living environment was provided for children. There was increased management oversight, lines of accountability were more defined and issues which required attention were more promptly addressed with outcomes monitored. This had a positive impact on the safety, health and welfare of children within in the centre.

Other areas of capacity and capability required further strengthening to ensure children resided in a centre which safeguarded children from harm and prioritised their safety. These areas included establishing supervision practices for all staff, ensuring regular management meetings such as social care leader meetings occur as planned, and ensuring all staff were supported in managing risk within the centre, implementing the same approach to provide children with consistency, predictability and stability in their care.

While the immediate response to the previous inspection led to improvement, in addition to the commitment to complete the remaining required actions of the compliance plan for the centre, the long-term impact of these improvements had yet to be seen.

Standard 3.3
Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

At the time of the last inspection there were ineffective safety measures to manage and address the risk of children engaging in illicit substance use within the centre. Despite an approach of zero tolerance to illicit substance use being discussed and recorded on documents, it had continued over a period of months.

Several actions had been taken since the time of the last inspection to ensure that all incidents were identified, managed and reviewed in line with policy. There was significant improvement in terms of staff's management of risk which was more clearly supported by the management team. There was improvement in the centre management's oversight of records and of meetings in the centre. Management reviewed children's records such as daily logs and attended staff handover meetings to assist and support staff in identifying incidents as well as discussing any concerns documented about the previous days and nights. This oversight by management complemented staff's commitment and dedication to the care they

provided to children in the centre and demonstrated the importance of good recording on children's records.

Since the last inspection, there was increased management oversight to ensure that when incidents were identified, they were reported as required. This was overseen by the deputy regional manager to ensure that good practice was in place. This was a strong focus requiring development since the last inspection and it was evident there was a greater awareness and shared understanding of risk to children. Inspectors saw this through senior management supervision records, governance meetings and team meeting minutes. Team meeting discussions included child protection concerns and significant events. This led to the wider team being aware of these issues which required a consistent approach from all staff and management. Records of these meetings had been reviewed by management, as outlined in their compliance plan from the previous inspection.

The shared responsibility and understanding in risk management was further supported through the significant event notification review group (SENRG) meetings. Social care leaders had started attending these and minutes of these meetings were distributed to staff for learning from incidents. A further development within the centre was that social care leaders were assisting managers in the oversight of the significant event notifications (SEN's) prior to them being submitted for discussion at regional level.

Meetings with relevant professionals had occurred since the last inspection to ensure children's individualised plans were meeting their needs. Arrangements were reviewed in consultation with social work departments to ensure they remained adequate and appropriate for each child. These were reviewed when required and inspectors saw these on children's records.

Since the last inspection, all risk assessments and placement support plans regarding substance misuse had been reviewed. These continued to be discussed at team meetings and they were reflected in the meeting minutes reviewed by inspectors. This meant that the sharing of information had improved which led to a greater understanding of expectations, in addition to increased oversight by the management team. A review of these meeting minutes had been factored into routine governance by the deputy regional manager with centre management.

All staff were required to be familiar with Tusla's policies and guidance. Despite efforts made by management to ensure that this occurred following the inspection, further gaps were identified by managers and actions were taken to address these. For example, not all staff had reviewed and signed that they understood

their role and responsibilities in line with national policies, procedures and guidance. This led to the development of more detailed records being put in place for greater oversight to ensure this requirement was met.

Developing staff's understanding of risk assessment had been a priority for the management team over the months prior to this inspection. This was a focus in terms of how to manage risk and this was supported by regional Tusla management. As well as presenting information to staff as a team, they were also provided with additional information relevant to the centre which had been discussed at the significant event notification review group (SENRG) meetings. Furthermore, it was planned that learnings would be discussed at team meetings and that social care leaders would attend the SENRG meetings when possible. By attending these meetings, the aim was to improve their confidence and competence in completing significant event notifications (SEN's). It was planned that the regional office would commence issuing further collated information to the centre to assist with identifying, reviewing and learning from trend analysis.

Centre management had completed a review of children's records since their admission. Any identified deficits in safeguarding or underreporting of incidents pertaining to substance misuse had been retrospectively submitted since the last inspection. Management discussed their findings with staff at team meetings with a commitment to improving practice. The plan was that these would then feature in the monthly social care leader meetings.

Social care leader meetings had yet to be established as a routine practice in the centre. One meeting had occurred in the four months prior to this inspection. Although planned to occur each month, there were various reasons as to why they did not occur. Centre management told inspectors that these monthly meetings were a priority going forward and that future meetings had been scheduled to meet with the four social care leaders together.

The centre had completed additional audits in areas such as supervision, medication and the premises. These highlighted areas which required attention by centre management and are discussed throughout this report. While it was positive these were undertaken, what had yet to be seen was the required actions from audits being completed and influencing the cultural work practices within the centre. For example, supervision was not yet occurring in line with Tusla's national policy.

The service introduced two new registers earlier this year to assist management in collating information, identifying trends and improving practice to ensure compliance with national standards. Each area of the children's individual registers required management oversight to improve governance of key areas for each resident. This will continue to be reviewed by the regional management team to assure the work undertaken is in line with safe practice and national standards.

Incidents which impacted children's safety were effectively identified, reported, recorded and managed. Incidents were notified to the child's social worker and other relevant parties as required. While there were appropriate policies, procedures and practices in place, there were some gaps in meetings and in the recording of information which did not result in safeguarding risks to children using the service.

Judgment: Substantially compliant

Standard 5.1
The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

Regulation 5:
Care practices and operational policies

At the time of the last inspection, the monitoring and oversight of the centre's management systems and processes required development to ensure accountability in providing a child-centred, safe and effective service. Improvements had been made to work towards compliance with this standard.

The monitoring of the centre's management systems and processes had strengthened which led to greater oversight of the centre's performance. With this increased oversight, deficits had also been identified, and the management team were continuing to address these at the time of the inspection.

Safeguarding risks and the management of these was communicated between staff through daily planning, review and discussion at various times of the day. This happened when staff were changing shifts to ensure staffing coming into work in the centre were aware of all the required information. Members of the centre management team also attended these meetings. Staff and managers told inspectors that there was a new approach to this sharing of information, and it was more individualised for each of the children rather than general information

about the day and what needed to happen. This was an improvement both in oversight and quality since the last inspection.

Another example of increased oversight and discussion about the management of risk and safeguarding responsibilities was through a review of team meeting records. Child protection, safeguarding and children's placement support plans were reviewed at these meetings and updated as required. An area for improvement was ensuring the correct dates were on documents as inspectors found several errors throughout various documents, including placement support plans. This was discussed with regional management who had become aware of the issue and advised it was an area of ongoing monitoring to ensure that accurate records were maintained regarding children residing in the centre.

As part of their compliance plan from the last inspection, centre management had indicated that supervision would provide a forum to discuss any queries or concerns they may have regarding safeguarding concerns and the operational policies and procedures in the centre.

Staff were still not receiving supervision in line with policy at the time of this inspection which occurred four months after management became aware of these issues. Following the previous inspection, a supervision audit had identified several areas of deficit. Supervision continued to lack quality, was inconsistent and was not in line with national policy. There were newly established systems for filing and storing supervision records. However, the quality of supervision was difficult to determine as the recording of information was minimal and only present in a small number of supervision folders.

There were clear measures in place to provide a stronger approach to manage the risk of substance misuse in the centre. Restrictive practices were recorded in a register. Restrictive measures while they should be short and only used when required, they are a safeguarding measure. These were put in place to support children and the number of incidents of illicit drug use in the centre had reduced. Restrictive practices were reviewed by management on a weekly basis and were also discussed in staff meetings. It was noted in meeting minutes that there was discussion about restrictive practices and consequences. During the inspection, discussions between inspectors and management occurred with centre management to ensure that the use of restrictive practices were in line with the requirements of Tusla's national policies.

There were individual risk assessments in place for children regarding substance misuse in the centre. The implementation of these risk assessments required ongoing work to ensure there was consistency with all aspects of the required documented actions. One of the mitigations in place to manage this risk was the monitoring and inspection of fire alarms. Inspectors found that checks had not been occurring as prescribed in the risk assessments for children. Health and safety risks relating to fire drills had been completed. Inspectors sampled a number of fire register records and found that fire drills had occurred as required. The non-engagement of children with fire drills was recorded and efforts remained ongoing to engage them in fire safety precautions.

From learnings from previous admissions, centre and regional management agreed that due consideration and appropriate mitigations were not fully explored as part of the admission processes to the centre. Management committed to ensuring that there would be a thorough consideration of risks when new admissions were being considered and these will take account of the impact on other children in the centre and what supports would be required to ensure safe and quality care.

This inspection found that significant event notifications (SEN's) involving substance misuse were reviewed by the centre management. Concerns for children's safety and well-being were also reported to the relevant social work departments. The compliance plan action of the manager review and response to the documents being recorded was lacking in the majority of the sample reviewed by inspectors. This was brought to the attention of the management team during the inspection. Inspectors were told that while these had been reviewed by management, the documentation which had been put in place to support this did not reflect this oversight. This was an area for improvement as although the new system had been established, it was still ineffective in capturing the required information by the time of this inspection.

Personal Emergency Evacuation Plans (PEEP's) for children had been updated to reflect presenting risks for each child. These were updated as required and were held on children's files. Inspectors reviewed these and found that satisfactory action had been taken to meet the requirements of the compliance plan.

Following the last inspection, there was commitment by the regional team to have regular governance meetings with the centre management team. These had been established and remained in place at the time of this inspection. Inspectors reviewed some of these meetings and found that discussions occurred about understanding and managing risk, review of information and reporting areas of

concern. These areas featured in the improvements within the centre evident during this inspection. This demonstrated with increased oversight, support and regional management input, a safer service was being provided to children. The deputy regional manager acknowledged that there was a significant amount of work required, some of which had been completed, to ensure full compliance with the standards.

Therapeutic supports for young people and additional training for staff both remained a priority for management. The management team and staff acknowledged that children required specialised therapeutic supports and staff required support to meet the needs of children and in particular in managing incidents within the centre. Meeting with external professionals and supporting staff in meeting the needs of children were ongoing aspects of the delivery of care to children living in the centre.

While safeguarding policies and procedures are adopted and implemented, there were some gaps in the maintenance of the documentation. Safeguarding policies and procedures had been implemented in practice, but management oversight was absent from newly-established systems designed for safeguarding. Regional oversight had ensured safe practice and had taken steps to address deficits. These were continuing to be addressed at the time of this inspection.

Judgment: Substantially compliant

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.

At the time of the last inspection, significant improvements were required to ensure that all national policies and guidance were fully implemented within the centre. Governance and management oversight required improvement such as establishing effective oversight of good quality supervision in practice and of risk management systems which were responsive to the needs of children in the centre. Governance records, supervision and other areas for improvement required timely actions with effective oversight to ensure all of the required aspects were tracked to completion.

The compliance plan actions had commenced and were still being implemented at the time of this inspection. At the time of the inspection, some actions were overdue and this was acknowledged by the management team. Outstanding work remained in areas such as supervision and ensuring new systems were effective in providing oversight and governance of the centre.

Supervision remained an oversight mechanism which required significant improvement to be effective in managing risk while also supporting staff. The compliance plan actions for supervision arrangements were due for completion by the end of June 2026. At the time of this inspection, progress showing impact had yet to be made. Supervision was not routinely occurring for all staff at the time of the inspection. This meant that staff were lacking this form of support as well as a lack of oversight into social care practice with children residing in the centre. There was a commitment made by the deputy regional manager to track the progress of embedding the frequency, good quality and recording of supervision. At the time of this inspection, the regular occurrence of good quality supervision was absent from the records which were made available to inspectors.

The annual review of the service for 2025 was submitted by the centre manager following the last inspection. Inspectors were told that this had been submitted to the regional management team when finalised in February 2026. This was reviewed by inspectors, and several mistakes were noted in the content. Children's personal information was included in the review as well as information describing actions relating to children who were not residing in this centre. This was brought to the attention of the centre management team and deputy regional manager following the inspection for further review.

Senior management continued to work with centre management around all identified areas of service improvement. A service improvement plan was in place for 2026 and this was overseen by senior management. Given the significant amount of work arising from the previous inspection, which required several immediate actions, some of the plan had been delayed. This will be tracked by the regional management team to completion throughout 2026 to ensure the centre is providing a safe and quality service for children residing there.

There had been a review of the quality and safety of the care provided in the centre following the last inspection. While this assisted in identifying areas of good practice and those which required actions to ensure a safe service, some learnings and recommendations were not effectively implemented in a timely way to inform

improvements in practice by the time of this inspection in line with the centre's compliance plan.

Judgment: Substantially compliant

Standard 5.3
The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

At the time of the last inspection, the statement of purpose had been developed prior to the admission of more than one child. The residential centre was not operating in line with its own statement of purpose and function about admissions to the centre.

The statement of purpose for the centre had been reviewed and updated since the last inspection. At the time of this inspection, it appropriately reflected the service provided to children availing of the service.

The statement of purpose and function had clear aims and objectives identified. While management stated that the presenting profile of some children may place them outside the scope of the service, such as engaging in behaviours including substance misuse, this should be robustly planned for in advance of any future admission.

Centre management committed to ensuring that all prospective residents would have a more thorough collective risk assessment prior to admission to ensure the service can meet the safeguarding and care needs of all residents while staying within the parameters of the statement of purpose and function.

Judgment: Compliant

Quality and safety

Overall, children were safeguarded from abuse and neglect. While some improvement was required in recording and identifying risk in general, the areas of concern as identified in the previous inspection had been adequately addressed. This was achieved through oversight by the regional management team. Staff ensured that children's immediate safety needs were met.

To achieve compliance with the standard assessed under this dimension, there needs to be clear links with progressing compliance with the standards under the capacity and capability dimension. Good governance leads to good practice and a shared understanding of risk, responsibilities and how to safeguard children are the common features throughout the standards judged in this inspection.

Standard 3.1

Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

At the time of the last inspection, not all children were safeguarded when in the residential centre and their care was welfare was not always protected and promoted. Some but not all child protection and welfare concerns were reported in line with the requirements of Children First: National Guidance for the Protection and Welfare of Children (2017). Management systems and oversight required significant improvement to ensure children were safeguarded from abuse and neglect such as the reporting and recording of incidents and the storage of information.

Since the last inspection, a review of children's records had been completed and required actions were taken to undertaken to address the shortcomings of the last inspection. This led to child protection and welfare reports being made to the relevant social work department. This action arising from the review also considered those which had not been made at the time of the last inspection.

At the time of this inspection, concerns for children were reported in line with the requirements of Children First (2017). For example, children's exposure to illicit substance misuse had not previously been identified as a concern which warranted reporting to Tusla's child protection and welfare service. There was a significant change in the approach of the centre in terms of viewing children's exposure to harm and the potential impact this may have on children's well-being. This meant

that children's voices were heard and that staff were putting their safeguarding training into practice when assessing, protecting and promoting children's care and welfare.

Some concerns remained about the quality and effectiveness of the assessment of risk and safeguarding for children. For example, while there were safety measures to mitigate against some risks such as staff increasing their supervision of children when they were together, these safety measures were not fully effective. While they protected against the exposure to illicit substance misuse, other risks such as the exposure to inappropriate conversations due to different ages and stages of development of the children residing there remained a risk. Such exposure led to an escalation in behaviours, and safeguarding measures at certain times of the day required strengthening. Although specific times of the day were identified in children's placement support plans for which they required additional support, this was not always happening in the centre.

In such instances, it was not clear if risks were either not seen or had not been adequately recorded or reviewed by management. Poor recording was evident in other managerial oversight of documents, but the required actions needed to ensure safety had been undertaken. This was an area for improvement to ensure consistency in safeguarding children from harm and promoting their welfare in the centre.

There was a child protection and welfare register held in the centre. Although the maintenance of records and reporting systems in place had improved at the time of the inspection, they required further strengthening. For example, the recording of managerial oversight of the management of child protection and welfare concerns in line with requirements was absent from some records. While in some instances the actions may have been completed, the systems in place to demonstrate oversight were lacking and unreliable. This was accepted by the management team as an area which required further improvement.

Overall, actions had been taken to improve the safeguarding of children in the centre. While the identified risks from the last inspection were managed through the systems which had been put in place collectively by the team and management, these systems needed to be adapted to manage other risks identified in the centre at a particular time. In some instances it was not clear if other risks were either not seen or had not been adequately recorded by management. Poor recording was evident in other managerial oversight of documents, but with the required actions needed to ensure safety having been undertaken.

While concerns were reported as required and there was no significant risk to children identified, the management of risk in general for all children needed further improvement.
Judgment: Substantially compliant

Appendix 1 - Full list of standards considered under each dimension	
Standard Title	**Judgment**
Capacity and capability	
Standard 3.3: Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially compliant
Standard 5.1: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Substantially compliant
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.	Substantially compliant
Standard 5.3: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
Quality and safety	
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially compliant

Compliance Plan

This Compliance Plan has been completed by the Provider and the Authority has not made any amendments to the returned Compliance Plan.

Compliance Plan ID:	MON-0050215
Provider's response to Inspection Report No:	MON-0050215
Centre Type:	Children's Residential Centre
Service Area:	South West
Date of inspection:	10 – 11 June 2026
Date of response:	16th July 2026

Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Capacity and Capability: Leadership, Governance and Management	
Standard : 3.3	**Judgment: Substantially compliant**
Outline how you are going to come into compliance with Standard 3.3: Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice**.** A schedule has been put in place for social care leader meetings to take place up to the end of the calendar year, dates have been issued to social care leaders in the service for forward planning and to assist with maximising attendance. Clear meeting agenda and minutes will be recorded to assist with documenting discussion and evidence progress on relevant matters. Centre management and assigned deputy regional manager will review progress and compliance as part of October governance meeting. Action Due 17th July 2026 Staff supervision has been identified as key area for improvement in the centres service improvement plan. Although work has commenced in improving standards in this area, full compliance with supervision policy will take time for substantive improvement to be evidenced. Supervision training will be facilitated for social care leaders who have not completed this to date when dates are identified. A supervision resource pack will be issued to all staff in the centre, containing information and guidance on supervision. Centre management will conduct bi-monthly supervision audits of supervision files to track compliance. The next supervision audit is due on 31 August 2026. Supervision will be a standing item on social care leader meeting agendas and also standing item on governance meeting with the assigned deputy regional manager. Action Due 31st August 2026 Centre management and the assigned deputy regional manager will undertake a review of each young persons register to ensure the information is accurate and fully signed off. A more robust oversight system has been introduced in the centre for the young person's registers to include, inclusion in daily shift planning and clearer communication between case managers and centre management on areas	

that require review or oversight. In addition, the registers will be regularly reviewed by the deputy regional manager for ongoing compliance, any identified regarding lapses in management oversight and sign off, these will be addressed through supervision and governance meetings with management. Action due: 31st July 2026	
Proposed timescale: **31st August 2026**	**Person responsible:** **Social Care Manager** **Deputy Social Care Manager** **Deputy Regional Manager**

Capacity and Capability: Leadership, Governance and Management	
Standard : 5.1	**Judgment: Substantially compliant**

Outline how you are going to come into compliance with Standard 5.1:
The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

Additional input will be carried out with management and staff in the centre by the assigned deputy regional manager to improve accurate recording of information. Regular oversight of documents including placement support plans and meeting minutes will be carried out by the deputy regional manager to ensure that the information contained is accurate. The quality of these documents will feature in Governance meetings with centre management.
Action Due 31st August 2026

In addition to the supervision audits completed by the centre manager, the assigned deputy regional manager undertook a review of supervision with supervisors. The findings of this review will steer a change in supervision structure in the centre to ensure that all staff receive supervision in line with policy. Supervision training will be facilitated for social care leaders who have not completed this to date when dates are identified. A supervision resource pack will be issued to all staff in the centre, containing information and guidance on supervision to assist with recording of supervision meetings. Centre management will continue to conduct bi-monthly supervision audits of supervision files to track compliance. The next supervision audit is due on 31 August 2026. Supervision will be a standing item on social care leader meeting agendas and also standing item on governance meeting with the assigned deputy regional manager.
Action Due: 31st August 2026

Compliance with risk assessment guidance was discussed at team meeting dated 22nd April and 06th May 2026, the importance of undertaking actions in line with risk management was highlighted to staff during those meetings. To improve governance of these actions, a specific log has been introduced to the centre for daily completion on the monitoring and inspection of fire alarms, this log is

reviewed weekly by centre management and deficits in compliance to be discussed with relevant staff. The log will be intermittently reviewed by deputy regional manager when onsite and a full review with centre management will be conducted as part of August governance meeting.
Action Due 20th August 2026

A risk assessment has been completed to assist in determining the appropriate occupancy level in the centre considering various factors including safeguarding and regulatory impact, this will be reviewed regularly with centre management and regional management. In addition a resident scaling and profile information has been sent to the national placement team by centre management to assist with identifying suitable young people for admission to the service when it is assessed the centre is ready for admissions. For future admissions the centre management will ensure that they will more robustly consider the milieu of risks, current residents and mitigations that can support placements and this will be supported as required by the regional office.

Safeguarding will continue to feature at management governance meetings with the assigned deputy regional manager. The resident's child protection files have been reviewed by the deputy regional manager and steps taken to ensure all relevant information is contained in them along with centre management sign off on each file. All risk assessments pertaining to child safeguarding are documented accurately, this will continue to be reviewed monthly by centre management and the deputy regional manager. A quarterly review/audit of the child protection registers will take place by deputy regional manager as part of regional significant event notification review group oversight on child protection.
Action due 31st July 2026

Child Protection and Welfare Reports (CPWRF) will continue to be completed in the centre when a safeguarding concern arises. Centre Management ensure that when a CPWRF is submitted and an appropriate response is received in a timely manner. The escalation process will be launched should a response not be received within the appropriate timeframe. Centre Management have daily oversight of the daily journals and Significant Event Notifications for the centre and ensure that any child protection concerns are reported in line with Children's First legislation. The centre has a child protection register which details any child protection concerns that have been submitted for the centre. The centre manager has oversight of this register which is also intermittently reviewed by the Deputy Regional Manager assigned to the centre.

Proposed timescale:	**Person responsible:**
31st August 2026	**Social Care Manager** **Deputy Social Care Manager** **Deputy Regional Manager**

Standard : 5.2	**Judgment: Substantially compliant**
Outline how you are going to come into compliance with 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. As noted above, Supervision has been identified as a key area of improvement in the service and is identified in the centre service improvement plan for 2026. The assigned deputy regional manager undertook a review of supervision with supervisors. The findings of this review will steer a change in supervision structure in the centre to ensure that all staff receive supervision in line with policy. Supervision records are now stored in an accessible area; they will continue to be audited on a quarterly basis with the next audit due on 30th September 2026. A supervision resource pack will be issued to all staff in the centre, containing information and guidance on supervision. Supervision will be a standing item on social care leader meeting agendas and also standing item on governance meeting with the assigned deputy regional manager. The deputy social care manager will feedback to each meeting progress or areas of improvement with regard to supervision auditing and schedule tracking. Action due 30th September 2026 The centres deputy social care manager will examine the centres annual review for 2025, all errors and will be amended and accurate information contained in the document. This will be overseen by the assigned deputy regional manager to ensure information is accurate and consistent with corroborating data for the centre. Action due: 14th August 2026	
Proposed timescale: **30th September 2026**	**Person responsible:** **Deputy Social Care Manager** **Deputy Regional Manager**

Quality and Safety: Safe Care and Support	
Standard : 3.1	**Judgment: Substantially compliant**
Outline how you are going to come into compliance with Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted. Work is ongoing with centre staff and management around adhering to risk management procedures, including the need for conscious supervision of residents to provide safeguarding measures given the differences in age, interests and behavioural presentations in the centre. This will be an ongoing area of monitoring by centre management and will feature at both team and planned social care leader meetings for discussion or risk assessing where needed. the deputy regional manager will also review supervision of residents when on site and in governance meetings with centre management. Improvements in the quality of documents including placement support plans is an area of improvement being targeted during quarter 2 and quarter 3 of 2026, this will be a multi-faceted approach, involving team training by the model of care consultant scheduled for 15th July 2026 and a review of quality of documents with case managers by the deputy regional manager on 30th July 2026. Action due: 30th July 2026 The assigned deputy regional manager for the service will support centre management in ensuring appropriate levels of managerial oversight is maintained. This will be carried out through regular reviewing of documentation and systems in place in the centre. The deputy regional manager will also attend team and social care leader meetings on a bi-monthly basis. Where deficits are identified, they will be addressed with centre management through supervision and governance meetings or escalated as required.	
Proposed timescale: **30th July 2026**	**Person responsible:** **Social Care Manager** **Deputy Social Care Manager** **Deputy Regional Manager**

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
3.3	The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.	**Substantially compliant**	Yellow	**31st August 2026**
5.1	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.	**Substantially compliant**	Yellow	**31st August 2026**

5.2	The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	**Substantially compliant**	Yellow	30th September 2026
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	**Substantially compliant**	Yellow	30th July 2026

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