Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Longfield House
Name of provider:	Zamab Care LTD
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	21 April 2026
Centre ID:	OSV-0009104
Fieldwork ID:	MON-0050184

About the designated centre

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

Zamab Care Limited, provides respite and short term emergency care to children and young adults between the ages of 4 and 18 years of age. The house is a detached two storey property located in a rural setting in County Monaghan. It is surrounded by a large garden, driveways and outbuildings (currently not in use). There are four bedrooms one of which is located downstairs and three are upstairs. Downstairs there is also a playroom/relaxation room, a bathroom, kitchen and living room. Upstairs there are three bedrooms, two bathrooms and an office. To the side of the property there is a shed which stores laundry facilities. The back garden is spacious and has a trampoline, seating area and other outdoor equipment that children and young adults may enjoy. There are two vehicles provided in the centre to allow for access to varied activities in the community. The staff team comprises of social care workers, some of whom are team leaders, support staff and a full time person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people 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 summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

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 people 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 regulations 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
Tuesday 21 April 2026	07:20hrs to 17:30hrs	Raymond Lynch	Lead
Tuesday 21 April 2026	07:20hrs to 17:30hrs	Sarah Mockler	Support

What residents told us and what inspectors observed

Overall this inspection found that the provider had repeatedly failed to put systems in place so as to ensure the service provided was safe and meeting the specific assessed needs of the young people living in this service. There was inadequate governance, management and monitoring of the service across all areas of care and support which was having a direct impact of the young people's lived experience in the centre.

This designated centre was first registered in November 2025. In February, the Chief Inspector of Social Services received unsolicited information pertaining to concerns around the care and support of the residents. These concerns related to adherence to medicine management practices, governance and management arrangements in the centre and an incident of concern that had allegedly occurred in the centre. A further two safeguarding incidents of concern had also occurred in this centre. In response to the information submitted an inspection was completed on the 23 February 2026. This inspection found significant levels of non compliance with the Regulations and, on 18 March 2026, a Cautionary Meeting was held with the registered provider due the levels of concern in this centre.

The purpose of the current inspection was to follow up on all actions and assess whether this centre was being operated safely and delivering quality care to the young people living in the centre. The findings of the inspection indicated that there continued to be significant levels on non-compliance in essential areas of care and support and that the safety of the young people was at risk. For example, there were concerns in relation to fire safety, risk management, safeguarding, premises conditions, and an overall absence in effective governance and management of the service. Immediate actions were issued in relation to Regulation 28:Fire Precautions and Regulation 26: Risk Management, due to the level of concerns found on inspection.

The centre is currently registered to provide care and support to four children/young people on a long term-respite basis or short term respite basis. There were two young people living in the centre on a long-term respite basis and had been living in the centre for the last few months. The centre had also recently provided short-term respite care to two other children/young people.

On arrival to the house at 07.20am the inspectors noted the front gate to house was open and the inspectors went immediately to the front door. A staff member opened the door and let the inspectors into the home. In the hall the inspectors noted it was in a very poor state of repair with significantly marked, dirt and damaged surfaces, chipped paint, a loose wooden panel hanging from a wall and dirt and debris and dirty tiles around the door. The fire alarm had two orange lights and a message on display to state that it was decommissioned. This essentially meant that the fire alarm was not operational. In addition, there was a black plastic bag covering the

smoke detector in this area which highlighted no fire safety/alarm system was in place.

Both inspectors met and spent some time with one of the young people who was up stairs in their room. The young person appeared in good form and was smiling. They primarily used non-speaking methods to communicate and would pull staff or the inspectors by the hand to indicate what they wanted. They spent the majority of the time upstairs in the morning. They briefly went outside for a short period of time.

The young person's room was observed to be large however, it was sparsely decorated, there were no blinds on their windows and little storage space available for their personal belongings. The door handle on the door was broken and there was no handle present on one of the windows. When asked why there were no blinds on the bedroom windows a staff member said that the young person had taken them down. At the time of this inspection, no alternative option had been explored with the young person so as to ensure that they were afforded maximum privacy while in their bedroom. Some dirty laundry was on the floor. The young person liked to draw and it was observed that they had a number of crayons and colouring materials on their floor. However, there was no table or desk and chair available to them to provide a stable, comfortable, and dedicated workspace when they were engaged in this hobby.

A serious safeguarding concern had occurred between the two young people in this centre and because of the ongoing risks associated with the older young person that lived in the centre both young people were kept apart at all times.

On the morning of this inspection, the young person first met with by the inspectors, spent most of their morning upstairs with staff. They took the both inspectors by the hand from time to time to their television to watch one of their favourite cartoons. They were seen to move upstairs between the hall and their bedroom for the majority of the time. Sometimes they got back into bed for a short period of time.

One inspector met with the other young person downstairs. They appeared in good form, smiled and gave the inspector a high five. They spoke about things they liked to do such as shopping and playing board games. They invited the inspector to play a game of draughts with them however, staff later explained that this might not be a good idea as the young person could get upset if they felt the game wasn't going their way. Staff also explained that this young person did not want the inspectors in their living space on the morning of this inspection. However, the young person was agreeable to the inspectors seeing their apartment area when they had left the centre to go out for the day.

Later in the morning, both young people left the house to go out for the day. Both had their own mode of transport and designated staff. After they left, they inspectors took the opportunity to view the young person's living space downstairs. This young person kept their belongings in boxes and did not avail of the chest of drawers or wardrobe that was available to them, in their bedroom. One inspector looked in the young person’s fridge and noted that there was mouldy and out of

date food stored in it. There was a strong pungent smell coming from the fridge when it was opened and, this posed a danger to the resident as their was a known risk that they could consume out of date food. Due to this, the inspector issued an immediate action to the management team in order to have this issue addressed with immediate effect.

The inspectors reviewed all parts of the premises as part of the inspection process. Overall, the condition of the centre was poor and the environment was not clean, decorated in a suitable manner and generally was in a very poor state of repair.

Each of the young people had their own bedroom but there was limited storage, limited décor, broken doors and windows, paint work was significantly marked or damaged. There were two bathrooms upstairs, both showers in these were out of order or damaged. Downstairs there was another bathroom, although in a better state of repair there was no storage for the young person's personal items. Upstairs there was two vacant bedrooms, staff indicated that one of these rooms was used as a staff sleep over room and the second as a sensory room. The sensory room had a bed, a chest of drawers on one projector light present. There was no other sensory equipment in place. The kitchen was not clean with damp patches on walls with significant peeling and marked paint work. The small living area off this had a broken table, pictures taken off the wall, the television had been removed from the wall and again limited décor was present. It presented as a bleak environment.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements affected the quality of care and support being provided to young people living in this centre.

Capacity and capability

The governance and management arrangements in place were not effective in ensuring the service was safe, appropriate or effectively monitored. There had been repeated failings by the provider to come into compliance with Regulations since the centre became operational in November 2025.

The systems in place to ensure that the young people's safety was paramount were not comprehensive nor implemented to any effective degree. The inspectors found that there was a complete lack of safety measures in relation to fire safety and practices in relation implementing suitable control measures around consumption of safe food had not been adhered to in any effective manner.

Due to the concerns found on inspection the inspectors issued three separate immediate actions to ensure the young people were kept safe in the centre. This meant the provider had to take immediate actions in relation to fire safety and risk management prior to the inspectors leaving the centre. These were repeated

governance failings of a registered provider that had already been cautioned by the Chief Inspector of Social Services.

Regulation 16: Training and staff development

On review of the training files for all staff, it was found that five staff did not have a specific type of training in the management of behaviours of concern.

Taking into account the assessed needs and presentation of some of the young people accessing this service, training in this area was vital for all staff to have. For example, one young person had assaulted their peer, assaulted staff and could be regularly threatening to staff. Because of these issues, both residents had to be kept separated in the designated centre. However training and staff development had not been completed.

Additionally, from reviewing the minutes of the operations management meeting from April 10, 2026, the inspectors observed that some staff expressed they were fearful of working with one young person. It was also reported that staff were declining and or actively avoiding work tasks due to this. In turn, this specific training in the management of behaviour and ongoing support and supervision was vital for all staff to have in order to ensure they felt confident and safe working with the young people in this centre and to ensure they had the skills and knowledge to safely intervene and de-escalate, behaviours of concern. This was not occurring.

Judgment: Not compliant

Regulation 23: Governance and management

Taking into account the cumulative findings of this inspection, the governance and management arrangements were not effective in ensuring the service provided to the young people living in this centre were safe, appropriate to their assessed needs or effectively monitored.

For example:

- On the day of the inspection three immediate actions had to be issued regarding Regulation 28: Fire safety precautions and Regulation 17: Premises and both were both were assessed as not-compliant. Additionally, issues of non-compliance was also found with Regulation 5: Individual personal plans, Regulation 8: Protection and Regulation 26: Risk management procedures and Regulation 16: Staff training and development. This was of concern to the inspectors as this level of non-compliance with the regulations, posed a significant danger and risk to the quality of care, health and safety of the young people living in this service. Additionally these were repeated failings.

- The providers auditing systems failed to pick up on a number of the issues as found on this inspection and quality improvements had not been implemented. Furthermore the actions as identified on the previous inspection of this service had not been addressed.
- The provider also failed to take timely, adequate and appropriate measures to support the safe and organised transition of one young person from this designated centre, to a a registered designated centres for adults with disabilities. On the day of this inspection April 21, 2026, there was no transition plan in place for this young person yet, they were due for discharge from the on May 19, 2026. This was of concern to the inspectors as these plans were crucial for ensuring a structured and safe transition for the young person from their current placement, to their new home. The management team informed the inspectors that a house had been identified for this young person however, this facility was not a registered designated centre. This was also of concern to the inspectors because if this young person were to transition to their new placement on May 19, 2026, they would be living in an unregistered designated centre. The provider had not considered that this could pose severe risks to this vulnerable young person as such a facility would be operating unlawfully outside of the legally required registration, inspection, regulations, and quality standards, for which all designated centres are required to operate within. This raised concerns as to the fitness of this registered provider.

Judgment: Not compliant

Quality and safety

The quality and safety of care did not meet the requirements of the Regulations and was not effective in ensuring that the young people living in this service were in receipt of a safe service.

The premises were very poorly maintained, not clean and some parts were in a state of disrepair. The systems in place to manage and mitigate risk and safety required review and, fire fighting/safety systems were found to be inadequate for the detecting and containment of fire.

The young persons quality of care provision and individual personal plans also required review and, the registered provider had failed to ensure that the young people were adequately safeguarded and/or protected from abuse.

Regulation 17: Premises

The registered provider failed to ensure the premises were appropriately maintained to an appropriate or acceptable standard.

For example:

- the premises were not clean
- presses containing food items in the kitchen were not clean
- kitchen chairs were damaged/stained
- the kitchen sink and floor tiles were damaged
- two showers were not operational as they had been damaged
- the coffee table in the sitting room was broken
- some carpets needed cleaning
- a bedroom door/handle was broken
- the premises needed painting/cleaning throughout.

Judgment: Not compliant

Regulation 26: Risk management procedures

Overall, the inspectors were not assured that adequate risk management systems were in place in the centre or that the young people were kept safe at all times. Cumulatively the findings under Regulation 17: Premises and Regulation 28: Fire Precautions were posing a significant risk to the young people in the home. In addition, other significant risks were identified on the day of inspection that the provider had failed to mitigate.

At the time of inspection the inspectors were told and reviewed documentation indicating that legal proceedings were ongoing for one young person. The staff team told the inspectors that the young person was in court the previous day in relation to an alleged incident of property destruction. In addition, there was documentation in place indicating that specific conditions of bail where in place for a differing issue. When the inspectors asked the provider to provide context and information in relation to the risk associated with the legal proceedings the provider had very limited knowledge. There was little or no information available around some of the alleged incidents. There were no risk assessments, control measures or any other relevant factors to mitigate the risks. This was a significant deficit in care and support both for the young person that was subject to the legal proceedings and for the very young children that were also in the centre at the same time.

As previously described in one fridge the inspectors found mouldy, pungent smelling food. This included a tray of cooked rice with a date indicating it had been cooked on 18 March 2026, four weeks prior to the inspection, a bag of significant mouldy cooked food, cooked meat in open packing with no date when cooked or when to be consumed by. The fridge was visibly very dirty. Due to the concerns in relation to

the condition of the food present an immediate action was given to the provider to discard all food present in the fridge and clean it to a suitable standard.

The fridge and food was used soley by one young person in the centre. On review of this young persons risk assessments there was an assessment in place to indicate that they were at risk at eating unpalatable food. In February 2026 there was in incident described whereby the young person ate food that looked 'gluey' and 'gave an unpleasant smell'. Following this incident they were monitored for symptoms of food poisoning. The young person had a risk assessment in place in relation to this risk and the control measure in place was that food present in the centre had to be checked on a daily basis. The condition of the food in the fridge on the day of inspection indicated that this control measure had completely failed to be adhered too in any effective form. The young person was at significant risk due to the lack of care and support in this area.

The inspectors reviewed the risk assessments in place for two young people that lived in the service. It was found that all risk assessments were due to be reviewed on the 01 March 2025 and this had not occurred.

On review of one young person's risk assessment it was found that there was an absence of risk assessments in place. For example, there had been incidents whereby the young person had engaged in property destruction on five separate occasions since February and there was a complete absence of any risk assessments in place around this risk.

The inspectors reviewed the compatibility risk assessments that were completed prior to children/young people being admitted on a short term respite basis with the two young people on a long term respite. It was found that these documents were generic, not individualised to specific needs/risks and had the same control measures in place. Considering there were significant concerns with compatibility with the young people on long term respite, these risk assessments were not sufficient in addressing the relevant risks.

Judgment: Not compliant

Regulation 28: Fire precautions

On the day of this inspection the fire safety and monitoring systems were inadequate and this posed a serious risk to the young people living in the designated centre. For example:

- on arrival to the centre the inspectors observed that the fire alarm system had been decommissioned and was not operational. The alarm had been decommissioned for a 24 hour period due to a leak in an upstairs bathroom.
- a smoke detector in the hallway was covered in heavy duty plastic

- a handle on one fire door was broken and, coins had been wedged into the locking mechanisms of four other fire doors. That meant that these fire doors were compromised and may not protect the young people in the event of a fire breaking out in the centre as they did not close fully when released.
- the intumescent strips on one fire doors upstairs had also been removed
- in order to access the sitting room, the young people had to go through the kitchen. However the door leading from the sitting room to the garden area was locked and could not be opened. This meant that in the event of a fire in the kitchen, there was no escape route available to the young people from the sitting room.

These issues posed a serious risk to the young people as poorly maintained fire fighting systems could create serious hazards such as the rapid fire spread, severe injury, or loss of life.

Because of these serious risks the inspectors had no alternative but to issue two immediate actions requesting that, the fire alarm system be repaired and operational prior to the end of the inspection.

The inspectors also had to request that the issues with the coins wedged into the locks on four fire doors and the issue with the sitting room door not opening, be addressed prior to the end of the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed the assessment of needs for four children/young people in the centre. It was found that three different assessment template forms were in place and there was not a consistent approach to assessing the children/young people's needs. For example, a recent child had completed a short term respite stay in the centre, although an assessment of need had been completed and it was identified that the bedroom chosen for the child was not suitable, the respite placement went ahead. The stay had not been successful with prolonged incidents documented for the child during their stay indicating their levels of distress. In response to this,the provider choose to discharge the young person from the service and re-complete the assessment of need. This indicated that the assessment of need process in place was not fit for purpose and poorly governed.

On review of the three assessments of needs and subsequent care plans there was limited guidance for staff. The care plans had limited information on how to support communication needs, behaviour support needs, supports needed if hospital admission was required, and educational needs. For example, for one young person there was no assessment in place around their educational needs. The young person was out of school since November 2025 and the provider was aware that they could not maintain their placement due to the distance of the school from the designated

centre. There had been a complete absence of planning on how their educational needs could be met while they were living in the centre. Although in recent days their individual education plan had been received from the school, a care plan was not in place on how this would be delivered in the centre.

In addition, there was very limited information in relation to child in care status' within the centre. The provider was unsure if statutory care orders were in place for the children on long term respite placements and there was limited documentation in relation to this need. The provider was not aware if child in care reviews had taken place, there were no meeting minutes in relation to child in care reviews and limited information available. The provider had failed to assess the children's needs in this area and ensure sufficient documentation and multidisciplinary guidance was in place to support the young person.

Judgment: Not compliant

Regulation 8: Protection

Overall, the inspectors were not assured that the young people in the centre were safe at all times.

The inspectors were told and observed that the two young people in the centre were kept separate at all times. This meant that one young person remained upstairs for the majority of time they were at the centre. The inspectors were told that the young people had staggered meal times and that the two young people were not to spend time in communal areas together. The two young people were not compatible to live together and there had been a serious incident between the two young people in recent months.

The inspectors asked to review the Child Welfare and Protection notification in relation to the incident between the two young people. There was no evidence that this had been submitted. There was no written safeguarding plan in place and very limited guidance for staff. There was an email from a Social Worker to indicate the Garda Siochána had been notified of the incident but there was no other information to indicate that it had been reported in line with Children's First.

Inspectors notified both the HSE & Tusla - Child & Family Agency of concerns pertaining to this centre, following this inspection.

Despite the significant issues with compatibility in the centre, the provider continued to admit young children into the centre on a short term respite basis. They were subject to the same routines in terms of having staggered meal times and could not spend time in communal areas if one young person was present. This indicated that the provider was failing to ensure that the young people were compatible to spend time together and the risks of peer to peer negative interactions remained high.

Not all children in the centre had intimate and personal care plans in place to guide staff practice and ensure that care was provided in a safe and dignified manner. The inspectors reviewed the child safeguarding statement that was in place. The date on the statement indicated it was due for review on the 23 July 2025 and this had not occurred. Overall, the practices around child protection was poor and was posing a risk to the young people within the centre.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Longfield House OSV-0009104

Inspection ID: MON-0050184

Date of inspection: 21/04/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation 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 or person in charge has not complied with a regulation 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 residents 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 residents 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 and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Regulation 16: Training and Staff Development Following the inspection, Zamab Care undertook a comprehensive review of its workforce development arrangements to ensure staff possess the knowledge, skills and competencies required to safely meet the assessed needs of children and young people accessing the service. As part of the organisational review, Zamab Care has strengthened its Human Resources function through the appointment of a dedicated HR Manager. The HR Manager is responsible for supporting workforce planning, recruitment, retention, induction, staff development, supervision oversight and ensuring that organisational systems are standardised and implemented consistently across all services. This appointment strengthens governance arrangements and provides additional oversight of workforce compliance and continuous professional development. Zamab Care has developed and implemented a comprehensive Workforce Development Plan which sets out the organisation's strategic approach to recruitment, retention, succession planning, competency development and continuous professional learning. The workforce strategy is designed to ensure the organisation maintains a skilled, competent and sustainable workforce capable of meeting the changing needs of the children and young people using the service. A comprehensive Mandatory Training Matrix has been developed and implemented identifying all statutory, mandatory, role-specific and service-specific training requirements. This matrix enables Zamab Care to monitor compliance, identify upcoming refresher training requirements and ensure that all staff remain competent in their respective roles. In addition, a Skills and Competency Matrix has been introduced to identify the experience, qualifications and specialist skills available across the workforce. This allows the organisation to ensure appropriate staff are allocated to individual placements based on the assessed needs of the young people, whilst also identifying future learning and development requirements across the organisation. Zamab Care has also implemented sustainable workforce planning strategies to support long-term service delivery. These include structured recruitment planning, succession planning for key

leadership roles, competency-based induction, career development opportunities, staff wellbeing initiatives, retention strategies and ongoing professional development. Workforce planning is reviewed regularly to ensure staffing arrangements remain safe, effective and responsive to service demand. In response to the findings of the inspection, all staff have been scheduled to complete accredited training in the management of behaviours of concern. This training forms part of the mandatory training programme for all care staff working within Longfield House and is monitored through monthly governance meetings and the organisation's quality assurance systems. Staff are not permitted to work independently until mandatory training has been completed or suitable supervision arrangements have been implemented. Recognising the complexity of the young people's assessed needs, Zamab Care has expanded its training programme to include additional service-specific learning. This includes Positive Behaviour Support, safeguarding, trauma-informed practice, autism, epilepsy awareness, mental health awareness, risk assessment and management, children's rights, medication management, infection prevention and control, fire safety, manual handling, first aid, Children's First, professional boundaries, report writing, record keeping, person-centred practice and service-specific clinical training where identified through individual assessments of need. A competency-based induction programme has been implemented for all new employees. This includes corporate induction, service induction, policy familiarisation, shadow shifts, competency assessments, probationary reviews and supervised practice. Staff are required to demonstrate competence in both theoretical knowledge and practical application before working independently. Formal supervision arrangements have also been strengthened. Staff now receive regular supervision sessions which include review of professional practice, safeguarding, incidents, learning and development, performance, wellbeing and compliance with organisational policies and procedures. Individual Personal Development Plans are completed during supervision and inform each employee's ongoing learning program. Training compliance is reviewed monthly through Zamab Care's Governance Calendar and Quality Assurance Programme. Compliance reports are monitored by the HR Manager, Operations Manager and Person in Charge to ensure mandatory training, refresher training and competency assessments remain current. Any identified gaps are escalated immediately and staff are scheduled onto the next available training program. In addition to accredited external training, Zamab Care has introduced regular internal learning opportunities including reflective practice sessions, team meetings, governance briefings, policy workshops, lessons learned reviews, case discussions and competency observations. This ensures that learning is embedded into everyday practice and contributes to a culture of continuous improvement. Through the implementation of these measures, Zamab Care is satisfied that robust systems are now in place to ensure staff have access to appropriate training, continuous professional development, competency assessment and effective workforce planning, thereby supporting the delivery of safe, effective and person-centred services.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Following the inspection of 21 April 2026, Zamab Care undertook a comprehensive organisational review of the governance, management and oversight arrangements within Longfield House. We acknowledge the inspection findings and have implemented a

structured quality improvement programme to address the identified deficits and to ensure the service is safe, effectively governed and continuously monitored. We have strengthened governance arrangements through the introduction of a revised Governance Framework which clearly defines lines of accountability, reporting arrangements, management responsibilities and quality assurance systems. The Registered Provider, Person in Charge, Operations Manager and senior management team now have clearly defined governance responsibilities supported by scheduled oversight meetings and formal monitoring systems. A comprehensive Governance Calendar has been implemented to ensure all statutory, regulatory and organisational responsibilities are planned, monitored and reviewed throughout the year. This includes scheduled audits of care practices, safeguarding, restrictive practices, risk management, health and safety, fire safety, premises, medication management, incidents, complaints, staffing, supervision, training, environmental standards and quality assurance. Weekly operational meetings are now held between the Registered Provider, Operations Manager and Person in Charge to review incidents, safeguarding concerns, staffing levels, risks, admissions, compatibility, maintenance issues and actions arising from audits. Minutes are recorded, actions allocated to named individuals and reviewed at subsequent meetings until completed. Monthly governance meetings have also been implemented to review compliance with the Health Act 2007, associated Regulations and the National Standards. These meetings review audit outcomes, trends, incidents, complaints, safeguarding notifications, restrictive practices, staff training compliance, supervision, environmental audits and service improvements. Learning identified through audits and incidents is shared across the organisation to promote continuous quality improvement. Zamab Care has introduced a comprehensive audit programme incorporating monthly, quarterly and annual audits. Each audit includes an action plan identifying improvements required, the person responsible for implementation and completion dates. Audit findings are reviewed by senior management to ensure actions are completed and embedded into practice. Zamab Care has developed and implemented a suite of revised operational documentation to ensure consistency of practice across the service. This includes new Standard Operating Procedures, governance procedures, supported living documentation, assessment of need templates, support planning documentation, risk assessment templates, staff induction documentation, competency assessments and quality assurance tools. All documentation is subject to version control and may only be amended following approval by the Registered Provider and Managing Director. A document approval process has also been introduced to ensure that all new operational documentation complies with legislative requirements, organisational policy and best practice guidance before implementation. This provides assurance that documentation remains standardised across the organisation. Management supervision arrangements have been strengthened. Formal supervision now takes place in accordance with the provider's supervision policy and includes review of professional practice, safeguarding, incidents, performance, training requirements, reflective practice and compliance with organisational procedures. Records of supervision are maintained and monitored through the governance framework. Zamab Care has also implemented a Workforce Development Plan and mandatory training matrix to ensure staff possess the knowledge, skills and competencies necessary to meet the assessed needs of residents. Compliance with mandatory and service-specific training is monitored monthly through governance meetings and staff training records. Risk management arrangements have been significantly strengthened through the implementation of revised organisational risk assessment documentation, dynamic risk assessment processes, environmental risk

assessments and governance oversight of organisational and service risks. Risks are reviewed routinely and following incidents to ensure control measures remain appropriate and effective. Quality assurance systems have been enhanced through monthly environmental audits, health and safety audits, fire safety audits, safeguarding audits, care documentation audits, medication audits, financial audits and provider oversight visits. Findings are reviewed by senior management and incorporated into continuous service improvement plans. Zamab Care has also implemented annual service planning and provider review processes to evaluate the effectiveness of governance arrangements, quality of care, regulatory compliance and organisational performance. Learning identified through inspections, incidents, complaints, audits and stakeholder feedback informs ongoing service development. These governance arrangements are intended to ensure that the service is effectively managed, continuously monitored and capable of identifying and addressing areas requiring improvement at the earliest opportunity. Zamab Care is satisfied that the revised governance framework provides clear oversight, accountability and quality assurance mechanisms to support regulatory compliance and the delivery of safe, person-centred services.

Additional Governance Improvement As part of the organisation's wider governance review, Zamab Care has also strengthened its Executive Leadership Team through the implementation of a revised executive structure and split governance model. This has resulted in enhanced executive oversight across all areas of the organisation, with governance responsibilities now shared between the Managing Director and the newly established Chief Executive Officer/Director of Services (CEO/DoS) role. The purpose of this revised executive structure is to provide increased strategic leadership, independent executive challenge, improved decision-making and greater organisational oversight across critical operational and corporate functions. Responsibilities are now clearly defined across both executive roles, ensuring enhanced accountability, governance and organisational resilience. The Chief Executive Officer/Director of Services brings extensive senior leadership experience within regulated health and social care services, having previously held the position of Chief Executive Officer within the sector. In addition, the CEO/DoS holds an Executive MBA and CIPD level 9 and possesses significant expertise in organisational leadership, human resources, workforce planning, operational management, financial governance, strategic planning, partnership working, quality assurance, service development, regulatory compliance and organisational transformation. The introduction of this revised executive structure provides Zamab Care with additional capacity to strengthen governance oversight, quality assurance, workforce development, financial sustainability, regulatory compliance and continuous service improvement. This enhanced level of executive scrutiny supports the organisation in maintaining safe, effective and well-governed services while ensuring strategic oversight of quality, risk, safeguarding and operational performance across the organisation. This revised governance model complements the wider governance improvements implemented following the inspection, including the Governance Calendar, RACI Framework, Quality Assurance Program, Workforce Development Strategy, Audit Framework and strengthened management oversight arrangements, providing Zamab Care with a comprehensive governance system that supports continuous improvement and sustained regulatory compliance.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Following the inspection, Zamab Care undertook a comprehensive review of the physical environment within Longfield House to ensure the premises are maintained to a high standard and provide a safe, comfortable, welcoming and homely environment for children and young people. An extensive programme of repair, refurbishment and environmental improvement has been completed throughout the centre. This has included the replacement of damaged flooring, internal painting and redecoration of the premises, repairs to damaged walls and surfaces, replacement and repair of damaged fixtures and fittings, and improvements to the overall presentation of the home. The objective of these works has been to create an environment that is warm, welcoming, child-centred and reflective of a family home. The kitchen has undergone significant repairs, including replacement and repair of damaged units, flooring, work surfaces and fixtures where required. Damaged kitchen furniture has been replaced and the kitchen has been deep cleaned to ensure it remains safe, hygienic and suitable for everyday use. The utility room has also been repaired and reorganised to ensure it supports the effective operation of the service. All damaged bathroom facilities have been repaired, with shower units restored to full working order. Maintenance works have also been completed to bedroom doors, handles, windows and other fixtures identified during the inspection. Doors and windows throughout the property have been repaired where required, cleaned internally and externally, and are now subject to routine inspection as part of the provider's planned maintenance program. The internal environment has been enhanced through improved decoration, appropriate artwork, soft furnishings and age-appropriate decorative features to provide a more welcoming, therapeutic and homely living environment. Bedrooms and communal areas continue to be personalised, where appropriate, to reflect the individual preferences, interests and personalities of the children and young people using the service. External works have also been completed, including garden maintenance, landscaping, removal of debris, general tidying and ongoing upkeep of outdoor areas. The external environment is now maintained to ensure it remains safe, attractive and suitable for recreational activities. To ensure improvements are sustained, A planned preventative maintenance schedule has been implemented, ensuring routine inspections of the premises are completed, defects are identified promptly and repairs are undertaken without unnecessary delay. Maintenance requests are recorded, monitored and reviewed through the organisation's governance arrangements until completed. A comprehensive cleaning schedule has also been introduced across the service. Daily, weekly, monthly and deep-cleaning schedules are in place, with clearly allocated responsibilities for staff. Cleaning records are completed, monitored and audited regularly by the Person in Charge to ensure consistently high standards of cleanliness are maintained throughout the centre. Monthly environmental audits have been implemented to assess the condition, cleanliness, decoration, safety and overall presentation of the premises. Findings from these audits are reviewed through Zamab Care's Governance Framework, with any required actions allocated to named individuals and monitored to completion. The Operations Manager and Person in Charge complete regular walkaround inspections of the centre to identify any maintenance issues, environmental risks or areas requiring improvement. These inspections form part of the provider's quality assurance programme and support continuous monitoring of the premises. Through these measures, Zamab Care has strengthened its environmental governance arrangements and is satisfied that effective systems are now in place to ensure the premises are maintained in a good state of

repair, remain clean, appropriately decorated and continue to provide a safe, comfortable and homely environment for children and young people

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Following the inspection, Zamab Care undertook a comprehensive review of its organisational Risk Management Framework to ensure robust systems are in place for the identification, assessment, management, monitoring and review of risk across the service. As part of this review, Zamab Care has developed and implemented a revised organisational governance framework which clearly defines responsibilities, reporting arrangements, escalation pathways and management oversight for all aspects of risk management. A formal Governance Calendar has been introduced to ensure that all risk management activities, audits, reviews and compliance requirements are scheduled, monitored and completed throughout the year. To further strengthen accountability, Zamab Care has implemented a RACI (Responsible, Accountable, Consulted and Informed) Framework. This framework clearly identifies management responsibilities for risk identification, assessment, review, escalation and governance oversight, ensuring that accountability for risk management is clearly defined throughout the organisation. A revised Risk Management Policy and Standard Operating Procedure have been implemented to standardise risk management practices across all services. These documents provide clear guidance regarding the identification, assessment, recording, review and escalation of risk, together with management responsibilities and governance arrangements. Zamab Care has developed a comprehensive suite of new assessment frameworks to support consistent decision-making and effective risk management. These include revised Assessment of Need documentation, Support Planning Frameworks, Individual Risk Assessment Templates, Dynamic Risk Assessments, Environmental Risk Assessments, Compatibility Assessments, Community Risk Assessments, Positive Risk-Taking Assessments, Safeguarding Assessments and Placement Planning documentation. These frameworks have been standardised across the organisation to ensure consistency of practice and improve the quality of assessment and decision-making. A comprehensive Location Risk Assessment has also been completed for the service. This assessment considers environmental hazards, local community risks, emergency service access, neighbouring properties, transport links, safeguarding considerations and any risks associated with the geographical location of the centre. The assessment forms part of the provider's wider environmental governance arrangements and is reviewed annually, or sooner should circumstances change. All individual risk assessments have been reviewed and updated to ensure they accurately reflect each young person's current assessed needs, presentation, known risks and required control measures. Risk assessments now provide clear guidance for staff regarding preventative strategies, de-escalation techniques, safeguarding measures, escalation procedures and post-incident learning to promote consistency of care and support. Compatibility assessments have been redesigned to ensure they are completed prior to admission or respite placements and consider the needs, behaviours, vulnerabilities, compatibility and potential impact on all children and young people residing within the service. This provides greater assurance that placement decisions are evidence-based and informed by comprehensive assessment. Risk management is now a standing agenda item during weekly operational

meetings and monthly governance meetings. Incidents, safeguarding concerns, emerging risks, environmental issues, restrictive practices and organisational risks are reviewed by senior management, with actions allocated to named individuals and monitored until completion. An organisational Risk Register has been introduced to monitor service-level and organisational risks. Risks are graded according to likelihood and impact, assigned to responsible managers and reviewed regularly to ensure that control measures remain appropriate and effective. Escalation procedures have been strengthened to ensure significant risks are brought to the attention of senior management without delay. Incident management procedures have also been reviewed to ensure that all incidents are reported promptly, investigated where appropriate and analysed for trends and organisational learning. Outcomes from incident reviews are discussed during governance meetings and inform service improvements, staff learning and updates to risk assessments where required. Emergency planning arrangements have been strengthened through the review of emergency procedures, contingency planning and business continuity arrangements. Staff have clear guidance regarding their responsibilities during emergencies, and emergency planning is now routinely tested and reviewed through governance processes. Recognising the complexity of the young people's assessed needs, Zamab Care has strengthened multidisciplinary working to ensure risk assessments are informed by relevant healthcare professionals, psychology, social work, education and other external agencies where appropriate. Staff have received additional training in risk assessment, dynamic risk assessment, safeguarding, trauma-informed practice, positive behaviour support and incident management. Risk management principles are also incorporated into staff induction, competency assessments and supervision to ensure staff understand their responsibilities in identifying, managing and escalating risks appropriately. Monthly audits of risk assessments, incident records and organisational risk management systems have been introduced as part of Zamab Care's Quality Assurance Programme. Audit findings are reviewed through the Governance Calendar, with improvement actions monitored by senior management until completed. Through these measures, Zamab Care is satisfied that comprehensive governance systems, management frameworks and quality assurance processes are now in place to support effective risk management throughout the organisation. These arrangements provide clear accountability, proactive oversight and continuous monitoring, ensuring risks are managed effectively and that the safety, wellbeing and best interests of children and young people remain central to service delivery.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the inspection, Zamab Care undertook a comprehensive review of all fire safety arrangements to ensure robust systems are in place to protect the safety and welfare of children, young people, staff and visitors. A full review of the organisation's Fire Safety Management System has been completed, with fire safety now forming a key component of Zamab Care's Governance Framework and Annual Governance Calendar. Fire safety compliance is monitored through scheduled audits, management oversight and routine environmental inspections to ensure ongoing compliance with legislative requirements and best practice. The provider has completed a full assessment of the premises to ensure appropriate fire precautions are in place. Fire detection and alarm systems, emergency lighting, fire-fighting equipment and emergency escape routes have been

inspected and are now subject to planned servicing and maintenance in accordance with manufacturers' recommendations and statutory requirements. Certificates of inspection and servicing are retained within the centre and monitored by management. Fire risk assessments have been reviewed and updated to reflect the current layout of the premises, the assessed needs of the young people using the service and any environmental risks identified. Fire safety considerations are also incorporated into individual risk assessments and support plans where a young person's assessed needs require additional support during an emergency evacuation. Personal Emergency Evacuation Plans (PEEPs) have been reviewed and updated to ensure they accurately reflect the individual support requirements of each young person. Staff are familiar with these plans and understand their responsibilities during an emergency evacuation. Fire evacuation procedures have been reviewed and standardised across the service. Clear guidance is available throughout the centre outlining staff responsibilities, evacuation procedures, assembly points and emergency contact arrangements. Fire safety information has also been incorporated into staff induction to ensure all new employees are familiar with emergency procedures before working independently. Fire drills are now completed regularly at varying times, including during evenings and weekends where appropriate, to ensure all staff have practical experience of responding to an emergency. Each drill is formally documented, reviewed by management and used as a learning opportunity to identify any improvements required. Any actions arising from fire drills are incorporated into the service improvement plan and monitored until completed. All staff have either completed or been scheduled to complete accredited Fire Safety Training as part of Zamab Care's Mandatory Training Programme. Fire safety competencies are monitored through the Training Matrix, Workforce Development Plan and staff supervision process to ensure all staff maintain the knowledge and skills required to respond appropriately during an emergency.To strengthen governance arrangements, Zamab Care has introduced monthly Health and Safety Audits and Fire Safety Audits as part of its Quality Assurance Programme. These audits review fire doors, emergency escape routes, emergency lighting, fire extinguishers, fire signage, alarm testing records, housekeeping standards, storage arrangements and general fire safety compliance. Findings are reviewed through monthly governance meetings, with actions allocated to named individuals and monitored until completion. The organisation has also implemented a Planned Preventative Maintenance Programme to ensure all fire safety systems, emergency equipment and building infrastructure continue to be maintained to an appropriate standard. Good housekeeping arrangements have been strengthened through the implementation of structured daily, weekly and monthly cleaning schedules. Escape routes, fire exits, utility areas and storage rooms are routinely inspected to ensure they remain free from obstruction and do not present an increased fire risk.Fire safety is now a standing agenda item during governance meetings, ensuring that fire incidents, maintenance issues, servicing schedules, audit findings and learning from fire drills are reviewed regularly by senior management. This provides ongoing assurance that fire precautions remain effective and that any identified concerns are addressed promptly.Through the implementation of these measures, Zamab Care is satisfied that robust fire safety systems, governance arrangements and quality assurance processes are now in place to ensure the safety of all children, young people, staff and visitors and to promote continued compliance with Regulation 28..

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Following the inspection, Zamab Care undertook a comprehensive review of its assessment, care planning and documentation systems to ensure all children and young people receive individualised, person-centred support based on their assessed needs, wishes, preferences and outcomes. A new Assessment and Care Planning Framework has been developed and implemented across the organisation. This framework standardises the assessment process and ensures all documentation is completed consistently, is evidence-based and reflects current legislation, national standards and best practice. The revised framework has been designed to improve the quality, accessibility and usability of documentation for both staff and external professionals, whilst ensuring the child or young person remains at the centre of all planning. As part of this review, Zamab Care has introduced a comprehensive Assessment of Need Tool which provides a holistic assessment of each young person's physical, emotional, psychological, behavioural, social, educational, healthcare and developmental needs. The assessment also considers communication, safeguarding, compatibility, independence, family relationships, community participation, sensory needs, strengths, aspirations and future goals. The assessment framework has been specifically designed to ensure that all identified needs directly inform the individual's Care Plan, Placement Plan, Support Plan, Positive Behaviour Support Plan and associated risk assessments. This creates a clear link between assessed needs, identified outcomes, support interventions and the delivery of care. One of the significant improvements implemented following the inspection relates to the structure of care planning documentation. Zamab Care identified that the previous Everyday Living Plan had developed into a document exceeding 70 pages in length. Whilst comprehensive, the volume of information made it difficult for staff to quickly locate relevant information and increased the risk of important information being overlooked. To address this, the Everyday Living Plan has now been replaced with **four separate but interconnected documents**, each with a clearly defined purpose while working together as part of one integrated care planning framework. These documents comprise:* **Individual Care Plan** – outlining the child's assessed health, wellbeing, developmental and care needs.* **Placement Plan** – detailing the placement objectives, delegated responsibilities, statutory requirements, family contact arrangements and placement-specific information.* **Support Plan** – providing clear guidance to staff regarding day-to-day support, routines, independence, communication and achieving agreed outcomes.* **Positive Behaviour Support Plan** – outlining behavioural presentations, known triggers, preventative strategies, de-escalation techniques, proactive interventions and agreed responses to behaviours of concern. This revised documentation structure provides significantly greater clarity for staff, improves accessibility of information, reduces unnecessary duplication and ensures information is presented in a logical and user-friendly format. It also promotes greater understanding of each document's purpose while ensuring all documentation remains interconnected and consistent. The new framework also enables documentation to be updated independently as individual needs change, rather than requiring amendments throughout a single lengthy document. This supports improved version control, document governance and accuracy of information. Support Plans have been redesigned to provide staff with clear guidance regarding how individual outcomes will be achieved. Each Support Plan now clearly identifies:* The assessed need.* The desired outcome.* Agreed support strategies.* The responsibilities of staff.* Review arrangements.* Measures of success.	

Recognising the importance of participation, Zamab Care has strengthened arrangements to ensure children and young people are actively involved in the development and review of their Personal Plans. Their views, wishes, preferences, aspirations and goals are recorded throughout the assessment process and reflected within all care planning documentation. Families, social workers and relevant professionals are consulted where appropriate to ensure planning remains collaborative and holistic. A comprehensive **"About Me"** profile has also been introduced to ensure staff gain a meaningful understanding of each child's personality, interests, communication style, routines, strengths, preferences, dislikes, cultural identity and what is important to them. This supports relationship-based, trauma-informed and person-centred practice. In addition, Zamab Care has introduced **Hospital Passports** for each child and young person. These documents provide healthcare professionals with immediate access to essential information including communication needs, medical history, allergies, medications, health conditions, consent arrangements, emergency contacts, sensory needs and any reasonable adjustments required during hospital admissions or medical appointments. The introduction of Hospital Passports supports continuity of care, improves communication with healthcare services and enhances the safety and wellbeing of children requiring emergency or planned medical treatment. Assessment documentation has also been strengthened through the inclusion of enhanced sections relating to safeguarding, positive risk-taking, emotional wellbeing, communication, education, health needs, life skills, transition planning, independence, family relationships and community participation. This ensures planning is comprehensive and reflective of every aspect of the child's life. Compatibility assessments and placement planning documentation have also been redesigned to ensure placement decisions are informed by comprehensive assessments of both the individual and the needs of existing residents. This supports safer admissions, improved placement stability and better outcomes for all children and young people. To improve consistency of recording, Zamab Care has developed Standard Operating Procedures and comprehensive guidance documents outlining expectations for completing assessments, support plans and associated documentation. These documents promote professional recording, person-centred language, trauma-informed practice and evidence-based decision-making throughout the organisation. Monthly care planning audits have been introduced as part of Zamab Care's Quality Assurance Programme. These audits assess the quality, accuracy and completeness of assessments, Care Plans, Placement Plans, Support Plans, Positive Behaviour Support Plans and associated documentation. Audit findings are reviewed through the Governance Framework, with improvement actions allocated to responsible managers and monitored until completed. Personal Plans and all associated documentation are reviewed formally at scheduled intervals and immediately following any significant change in presentation, safeguarding concern, behavioural incident or change in assessed need. This ensures documentation remains current, accurate and responsive to the changing needs of each child or young person. Staff have received additional guidance and training in assessment, person-centred planning, trauma-informed practice, professional recording, report writing and documentation standards. These areas are reinforced through induction, supervision, competency assessments and reflective practice sessions to ensure consistent implementation throughout the service. Through the implementation of these measures, Zamab Care is satisfied that comprehensive assessment, care planning and documentation systems are now in place which are person-centred, outcome-focused, evidence-based and reflective of best practice. The revised framework significantly improves clarity, governance, accessibility of information and the quality of support

planning, ensuring that each child and young person receives safe, individualised and responsive care..

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Following the inspection, Zamab Care undertook a comprehensive review of its safeguarding arrangements to ensure that all children and young people are protected from abuse, neglect, harm and exploitation, and that safeguarding remains central to all aspects of service delivery. A revised Safeguarding Framework has been implemented across the organisation, providing clear governance arrangements, reporting structures, escalation pathways and management oversight. Safeguarding is now a standing agenda item at weekly operational meetings, monthly governance meetings and quality assurance reviews to ensure safeguarding concerns are identified, monitored and responded to promptly. Zamab Care has reviewed and strengthened its safeguarding policies, procedures and Standard Operating Procedures to ensure they reflect current legislation, national guidance and best practice. These documents clearly outline staff responsibilities in recognising, responding to, recording and reporting safeguarding concerns, together with the escalation process to senior management and external agencies where required. To strengthen organisational governance, a Safeguarding Audit Tool has been introduced and is completed monthly as part of the Quality Assurance Programme. The audit reviews safeguarding records, incident reports, children's files, risk assessments, complaints, restrictive practices, staff knowledge and compliance with safeguarding procedures. Findings are reviewed through the Governance Calendar, with improvement actions allocated to named managers and monitored until completed. A comprehensive safeguarding risk assessment framework has also been implemented. Individual safeguarding assessments now form part of each child's Assessment of Need and are reviewed regularly alongside care planning documentation. Safeguarding considerations are incorporated into Individual Care Plans, Placement Plans, Support Plans, Positive Behaviour Support Plans and individual Risk Assessments to ensure safeguarding measures are clearly identified and consistently implemented. Compatibility assessments have been strengthened to ensure that the compatibility of children and young people is fully assessed before admission or respite placements are agreed. These assessments consider behaviours, vulnerabilities, safeguarding risks, peer relationships, emotional wellbeing and the potential impact on other children residing within the service. This supports safer admissions and reduces the likelihood of safeguarding concerns arising from incompatible placements. Following the inspection, Zamab Care also reviewed all behaviour support documentation. New Positive Behaviour Support Plans have been introduced to ensure proactive, therapeutic and trauma-informed strategies are clearly documented. These plans identify known triggers, early warning signs, preventative strategies, preferred interventions, de-escalation techniques and post-incident learning. This provides staff with clear guidance and promotes consistent responses that minimise the risk of harm. Staff have received additional safeguarding guidance through team meetings, supervision sessions, governance meetings and policy briefings. Mandatory safeguarding training continues to form part of the organisation's Workforce Development Plan and Mandatory Training Matrix. Staff competency in safeguarding is assessed during induction, supervision and annual performance reviews to ensure knowledge is embedded into everyday practice. The organisation has strengthened recording and reporting processes through the introduction of revised

incident reporting documentation, safeguarding recording templates and governance oversight arrangements. All safeguarding concerns are reviewed by management, actions are clearly documented and learning is shared across the organisation where appropriate to promote continuous improvement. Recognising that safeguarding extends beyond protection from abuse, Zamab Care has adopted a wider safeguarding approach which includes promoting children's rights, participation, emotional wellbeing, dignity, privacy, positive relationships and safe community participation. Children and young people are encouraged to express their views, participate in decisions affecting their lives and raise any concerns through accessible complaints procedures and regular key working sessions. The provider has also strengthened multidisciplinary working to ensure safeguarding concerns are managed collaboratively with social workers, healthcare professionals, education providers and other relevant agencies. Safeguarding plans are reviewed regularly to ensure they remain proportionate, effective and responsive to changes in assessed need. Monthly governance reports now include analysis of safeguarding incidents, behavioural incidents, complaints, restrictive practices and emerging risks. Trend analysis enables Zamab Care to identify themes, implement preventative measures and evaluate the effectiveness of safeguarding arrangements across the service. Through the implementation of these measures, Zamab Care is satisfied that safeguarding systems have been significantly strengthened. The revised governance framework, documentation, audit processes and quality assurance arrangements provide robust oversight of safeguarding practice and ensure that children and young people receive safe, person-centred care in an environment where their rights, welfare and best interests are promoted and protected.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation 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 registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Red	22/05/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Red	22/05/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Red	21/04/2026
Regulation 23(1)(c)	The registered provider shall	Not Compliant	Red	22/05/2026

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Red	22/05/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	21/04/2026
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	21/04/2026
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which	Not Compliant	Red	22/05/2026

	outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Red	22/05/2026
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	Not Compliant	Red	22/05/2026