



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 101

Year: 2016

Lead inspector: Noreen Bourke

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Huruma Ltd.
Registered Capacity:	Eight young people
Dates of Inspection:	22nd 23rd November 2016
Registration Decision:	Registered without conditions 3rd of November 2016 to the 3rd of November 2019.
Inspection Team:	Noreen Bourke John Laste
Date Report Issued:	March 2017

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Methodology

An application was duly made by the proprietors of this centre for continued registration on 16th November 2016. This announced inspection took place on the 22nd and 23rd November 2016 over a two day period and this report is based on a range of inspection techniques including:

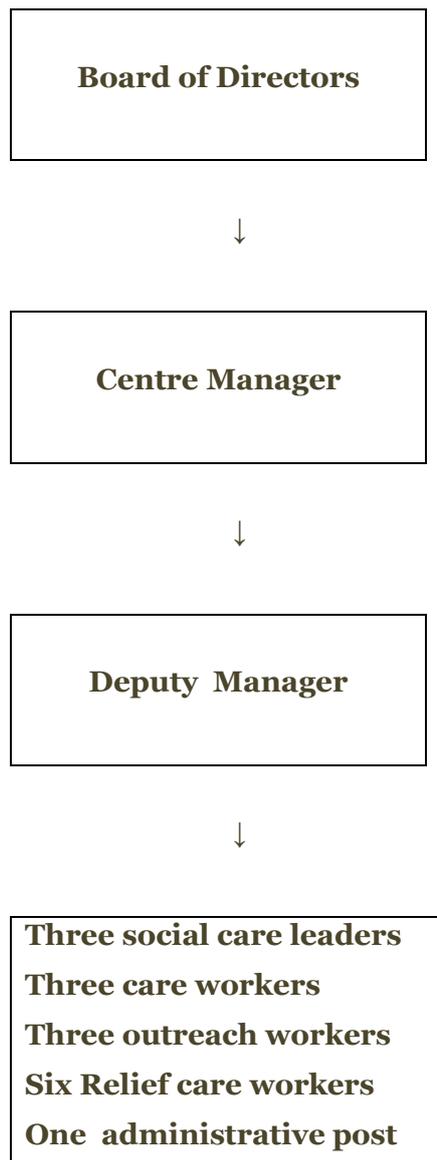
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Four of the care staff
 - b) Three young person/people residing in the centre
 - c) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most recent report from the Monitoring Officer

- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the former HSE.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fida interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Four staff
 - c) Three young people
 - d) The monitoring officer
 - e) The child care manager, in whose area the service operates
- ◆ Observations of care practices routines and the staff/ young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The Inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.2 Organisational Structure



2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health & Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on this date 4th February 2017 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres As such it is the decision of the Child and Family Agency to register this centre, ID Number: 101 without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. The period of registration being from the 3rd of November 2016 to the 3rd of November 2019.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1. Practices that met the required standard in full

The inspectors found that the centre had a clear statement of purpose and function which accurately described what the centre sets out to do and the manner in which care was to be provided. It catered for eight young people females aged 16 to 23 years in the provision of short to medium term placements in a structured living environment. Six young adults were resident in the centre at the time of the inspection; all were over the age of 18 years. Two of these adults had been resident at the centre prior to reaching their eighteenth birthday.

The centre is operated by a limited company under the auspices of the Mercy Sisters. A non-executive board of directors and management operates the service in consultation with the Southern Region Child and Family Agency in the provision of aftercare and family support services. The chairperson of the board of management is responsible for maintaining all aspects of the purpose and function.

The centre aims to provide a holistic programme of care incorporating a continuum of care from residential through to aftercare. Within the continuum of care, a dedicated outreach programme is available to support young people when they leave the centre. The outreach centre was opened in 2008. The service works with the families, community services, professionals engaged with the young people, education and employers in supporting the young people in making the transition from care.

The statement of purpose and function was reviewed on the 14th September 2016. The board of directors and the management of the service, in consultation with the Child and Family Agency, have developed and operated agreed policies and procedures on care practices, including child protection and safeguarding; human resources; health and safety and risk management; and financial procedures. The inspectors reviewed the documentation and

were satisfied that the policies and procedures met the required standard. Inspectors found that the management and staff team were familiar with the statement of purpose and function and the key policies and procedures.

3.1.2 Practices that met the required standard in some respect only

None identified

3.1.3 Practices that did not meet the required standard

None identified

3.2 Management

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

The centre manager was appropriately qualified and had experience of working with young people in residential care. The manager held responsibility for the management of the residential service, the outreach programme, and the outreach centre. These services formed part of the continuity of care offered to the young adults on leaving the residential centre. The manager reports to the executive board of directors who represent the trustees of the company. The chairperson of the executive board oversees the work of the centre as the external line manager.

Register

A register of all those who live in the centre was maintained by the centre manager. The inspectors found that the admission and discharge details of residents were properly recorded.

Notification of Significant Events

The inspectors examined the centre records and found that one significant event report was recorded by the centre over the past twelve months. This was promptly notified in line with the regulations. This was confirmed by the monitoring officer.

Staffing

The core staff team for the residential centre was made up of the following grades, social care manager, deputy social care manager, three social care leaders, and three social care workers. They were supported by a relief team of six social care workers. Independent of the core team the service employed three social care staff who worked with the outreach programme, one of whom works one night a week at the residential centre, this was to ensure continuity between the residential centre and the outreach programme. The centre had one volunteer working at the centre and also supports student placements from local third level colleges. The volunteers and students are supported in their future training needs by working alongside full time care staff.

The core staff team were highly motivated and committed to the delivery of care to the young adults. Given the complexity of needs of the residents and the holistic approach of the service in providing through care for the residents, the inspectors were of the view that the core staff team were at times stretched in their delivery of care. This is an area that the centre manager is conscious of and was in the process of submitting a business plan to the Child and Family Agency to have the level of staff increased within the residential centre. The service directors should support this proposal in order to ensure that the quality of care delivered by the service is not compromised.

The inspectors examined the staff personnel files and were satisfied that the team was appropriately vetted before taking up duties. People working on a voluntary basis and as students on placements had the required Garda vetting before they began working at the centre.

Supervision and support

The centre had a written supervision policy. Supervision files were examined and there was evidence that staff supervision contracts were signed and dated. The team received regular supervision; sessions occur every two months. There was evidence in the records reviewed of an effective link between supervision and the implementation of the individual placement plans of the residents. The manager and the deputy manager supervise the social care leaders and some of the social care workers. The social care leaders supervise some of the social care workers and relief staff. Supervision is provided to relief workers and students from the social care leaders and social care workers. The centre manager received supervision from an independent provider who is trained in the delivery of supervision.

The inspectors observed handover meetings and there was clear communication and consistency between work shifts. There was evidence of regular team meetings and good participation of staff.

Training and development

The inspectors examined the training attendance records and found evidence that the team have attended the requisite training in fire safety, first aid, children first 2011 and behaviour management. The training in behaviour management and fire safety was delivered by the members of the core staff team who were trained as trainers. Staff interviewed by the inspectors felt that having staff trained in the delivery of training gave the team ownership their training needs. Training was followed up at team meetings particularly in the area of behaviour management. Through the use of reflective practice in the deconstruction of behaviours that challenged, the team were able to learn from this. Learning was used to inform future key working with the residents. The inspectors were of the view that given the level of responsibility the core staff team have for the delivery of training it should further enhance the argument for an increase in the level of staffing.

Administrative files

The inspectors found that there were systems in place to facilitate effective management and accountability. Care records and recordings relating to the young people are kept in perpetuity and the managers understand the requirements of the Freedom of Information Acts, and Data Protection Act.

3.2.2 Practices that met the required standard in some respects only

None identified

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 5, Care Practices and Operational Policies

-Part III, Article 6, Paragraph 2, Change of Person in Charge

-Part III, Article 7, Staffing (Numbers, Experience & Qualifications)

-Part III, Article 16, Notification of Significant Events.

3.3 Monitoring

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.3.1 Practices that met the required standard in full

The centre was monitored by the Child and Family Agency monitoring officer for the purpose of ensuring the centre's compliance with regulations, standards and best practice. Written monitoring reports were completed and the most recent report dated 7th July 2016 was available for inspection. These reports provided written commentary on the service and one issue requiring action by the Child and Family Agency had been responded to. The inspector found evidence that the monitoring officer met with the centre manager, reviewed records and reports and met with the young people during their visit. The inspector was satisfied that Standard three was being met in full.

3.3.2 Practices that met the required standard in some respects only

None identified

3.3.3 Practices that did not meet the required standard

None identified

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

3.4 Children's Rights

Standard

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

At the time of the inspection the residents in placement were over the age of 18 years and as such they were not subject to the inspection process. Three of the residents were happy to meet with the inspectors. Two of the young people lived at the centre prior to their 18th birthday. They spoke positively about their life in the centre and were happy to remain living there beyond their 18th birthday. The young people told the inspectors that staff cared about them and wanted the best for them. They described living in the centre as not being without its challenges as not everyone got on together all of the time. They also told the inspectors that their views were sought when decisions were being made that affected their daily life and future. They were consulted about life in the centre through the process of house meetings, meeting with their assigned key workers. With their key workers they had developed plans and goals for their future.

Complaints

The centre had a written complaints procedure. The staff interviewed by the inspectors demonstrated a good knowledge about what to do if a young person was unhappy about any aspect of the service or of their care. The inspectors reviewed the complaints register; there were no serious complaints on record. There was one complaint recorded in the register and this was taken seriously. The complaint was properly investigated and then responded to in a timely way. The record of the complaint recorded the response of the complainant to the outcome.

Access to information

The young people told the inspectors that they were properly informed of their right to access information and the daily recordings about them. They told the inspectors that they reviewed their records.

3.4.2 Practices that met the required standard in some respects only

None identified

3.4.3 Practices that did not meet the required standard

None identified

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

There is a clear admissions policy and procedure and the inspectors found that they were followed. Criteria for admission were assessed on the needs of young people preparing to leave care. The current placements were congruent with the needs of the residents and in line with the statement of purpose and function for the centre.

Statutory care planning and review

The centre manager told the inspectors that all admissions of young people to the centre in the previous year had the required statutory care plan and were reviewed in compliance with the regulations on care reviews. This was confirmed to the inspectors by one of the young people who recently turned 18 years. They told the inspectors that they attended their child in care review meetings and that they were familiar with their placement and after care plan.

Contact with families

Supporting and facilitating contact with the family members of the young people is an integral part of the work undertaken by staff at the centre. The young people who spoke with the inspectors told them that where possible, contact with their families was facilitated and encouraged.

Supervision and visiting of young people

The centre maintained a record of all social work visits to the young people. The inspectors found that young people were visited by their social workers as required.

Standard

Supervising social workers have clear professional & statutory obligations & responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Social Work Role

The inspectors found good evidence that the social workers assigned to young people resident at the centre in the past year were carrying out their roles and responsibilities in line with the regulations and standards.

Emotional and specialist support

Staff interviewed by the inspectors were knowledgeable about the emotional and psychological needs of the young people. On admission to the centre all young people were assigned a key worker who worked with the young person in identifying their needs and where necessary, appropriate services were accessed. Staff confirmed to the inspectors that young people were linked in to specialist services outside of the centre.

Preparation for leaving care and Aftercare

One of the primary tasks of the centre is to prepare young people for adulthood and independence. Central to the ethos of the centre is the belief that in order to promote independence and prepare young people for adulthood they must be involved in making good choices and decisions. Care staff as advocates for young people support them in exercising their rights and in ensuring that their rights are respected. This is achieved by involving the young people in decisions regarding their leaving care and within the aftercare programme. This process of involving young people in the decision making process was evident to the inspectors in their conversation with the young people about their aftercare programme. All young people have assigned to them an aftercare worker.

The service has over the years developed close working links to organisations that support young adults in their transition to independence. These include the local housing department and housing associations, education welfare and training services. The continuum of care includes the outreach service. The inspectors visited the centre and met with the member of staff who also works at the residential centre. The centre is also open to young people in the residential centre who visit and use the service to meet with family and friends and have use of the sensory room. Three past residents who are pursuing further studies come there to study one night a week.

Discharges

The inspectors reviewed the discharges from the centre and found that one young person was discharged from the centre and the discharge was in accordance with the young person's assessed need.

Children's case and care records

The care files of the young people were maintained in a standardised format and were accessible and easy to follow. The key documentation was present on the files. The recordings were kept up to date and the standard of record keeping was good. There was evidence that the care file records were routinely audited by management. The finding was that the care file records were maintained in a manner that facilitates effective management and accountability. The centre manager confirmed that the care files of ex-residents are archived and stored securely.

5.5.2 Practices that met the required standard in some respects only

None identified

5.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, Paragraphs 1&2, Care Plans

-Part IV, Article 23, paragraphs 3&4, Consultation Re: Care Plan

-Part V, Article 25&26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the standard in full

Individual care in group living

The inspectors found that the centre was homely, and this was acknowledged by the young people living there. There was a warm atmosphere at the centre during the inspection. The inspectors observed that the residents generally got on with each other and enjoy positive relationships with the manager and team.

Provision of food and cooking facilities

The inspectors observed that the young people received good quality, healthy food at the centre. The culture within the centre was for everyone to come together at meal times. Residents were encouraged to share in the preparation of meals. The centre kitchen was modern with good cooking facilities.

Race, culture, gender, and disability

The inspectors found that the manager and team were aware of their role and responsibilities in this area.

Restraint

Therapeutic crisis intervention is used at the centre while restraint was viewed by the team and the trainer as a final intervention in a very serious incident. Given the age of the residents and the ethos of the centre this was not an intervention employed by the service. Restraint was not a feature of the young people's care at the centre.

Absence without authority

The inspectors found that the team were following the Children Missing from Care – Joint Protocol. There was one recorded incident of a young person being missing from care in the previous twelve months. There was evidence that the matters were properly reported for the period under review, where a young person was absent from the centre and placing themselves at risk.

3.6.2 Practices that met the required standard in some respects only

Managing behaviour

There were written guidelines for staff on how to respond to inappropriate behaviour. The centre is in the process of delivering training to staff not already trained in behaviour management techniques. This training is done with an approved model of behaviour management where the emphasis is placed on addressing behaviours that challenge in a therapeutic way. Individual crisis management plans (ICMP) were in place for the young people and were updated on a regular basis. Two member of the core team is the certified trainer in behaviour management for the service. This training is further enhances at team meetings whereby the team are encouraged to consider the underlying causes of inappropriate behaviour; and day-to-day practices are put in place to support the young people in managing their behaviour. The inspectors found that where the young people had exhibited behaviours that challenged that the strategies used to intervene and manage behaviour were appropriate. The inspectors found that some team members required training on the use of therapeutic crisis intervention. Management must ensure that all staff attends certified training on the use of therapeutic crisis intervention.

3.6.3 Practices that did not meet the required standard

None identified

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996***

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

1. The centre manager must ensure that all staff members attend certified training on the use of therapeutic crisis intervention.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to safeguarding young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

Safeguarding

3.7.1 Practices that met the standard in full

The centre had a child protection policy in line with Children First: National Guidance for the Protection and Welfare of Children 2011. There were guidelines in place for responding to any allegations or complaints about staff at the centre. The rights of the young people were fostered within the life of the centre through a shared living experience with adults. All staff working at the centre had the required Garda vetting and were in receipt of ongoing professional training and development. There is good inter-agency involvement with the young people.

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Child Protection

The centre manager was the designated person for the reporting of child protection and welfare concerns. All staff were trained in Children First National Guidelines for the Protection and Welfare of Children 2011. The centre had a written child protection and welfare policy and this was signed as having been read by all staff. Staff were trained in the principles and practice of child protection. There were clear procedures in place for the completion and submission of standard report forms.

3.7.2 Practices that met the required standard in some respect

None identified

3.7.3 Practices that did not meet the required standard

None identified

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

The service has an expectation that young people would participate in courses and training in their move to adulthood. The inspectors were satisfied that the team were supporting and encouraging the young people in their pursuit of further education and training. The young people interviewed were motivated and aware of the importance of education and training. The service had formed working relationships with the providers of education and training courses as a further means of supporting young people in the pursuit of their goals.

3.8.2 Practices that met the required standard in some respects only

None identified

3.8.3 Practices that did not meet the required standard

None identified

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

The young people were registered with a local G.P. practice. Medical examinations are carried out as part of the admission process. Consent for medical treatment was held on the individual care files and staff were clear in relation to consent for medical treatment in situations where a medical emergency arose. There was evidence that the young people received regular medical, dental ophthalmic and other specialised services as required.

The inspectors found that medicinal products were stored securely at the centre and the administration of medicines was properly recorded. The inspectors advise that a review should take place in order to improve safe practices in relation to the storage and administration of medication.

3.9.2 Practices that met the required standard in some respect only

None identified

3.9.3 Practices that did not meet the required standard

None identified

3.9.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services)***

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 & 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The inspectors found that the accommodation was fit for purpose. Young people had their own bedroom. The centre was pleasantly decorated and maintained to a good standard. The inspectors found that repairs were dealt with promptly. The centre manager maintains an overview of the maintenance within the centre. A safety audit was undertaken as part of the inspection process.

Maintenance and repairs

The inspectors found that routine maintenance and repair work was carried out promptly and there is an effective means for reporting hazards.

Safety

There is a centre specific health and safety statement and a staff member was assigned as the centre health and safety officer. The centre vehicles used to transport the young people were roadworthy, legally insured and driven by persons who were properly licensed. Regular safety checks were carried out on the vehicle and are recorded by the staff.

Fire Safety

The centre manager provided good evidence of compliance with fire safety and building control requirements. Fire detection equipment and the fire safety equipment at the centre met the required standard. Maintenance contracts were in place for the servicing of fire safety equipment and the records evidenced that it was serviced on the 27th September 2016.

The fire control panel was maintained and tested on the 18th November 2016. Fire prevention and evacuation procedures indicated that the team carried out fire safety drills on a regular basis. The inspectors advise that given the number of young people living in the centre, that as part of the staff handover named staff are assigned specific roles regarding fire evacuation procedures. This to include a person to evacuate the building; a person with responsibility for makes contact with the fire service.

3.10.2 Practices that met the required standard in some respects only
None identified.

3.10.3 Practices that did not meet the required standard
None identified.

3.10.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health & Safety)

-Part III, Article 13, Fire Precaution

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.6	The centre manager must ensure that all staff receives certified training on the use of therapeutics' crisis intervention	The one staff member who had not been trained at the time of the inspection completed her training on 3 rd February 2017. All staff members now have certified training.	The centre operates a Therapeutic Crisis Intervention model as part of the crisis prevention and intervention within the centre. Two staff are trained in the delivery of this programme. All staff will receive refresher training as required.

