



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	<b>071</b>
<b>Year:</b>	<b>2017</b>
<b>Lead inspector:</b>	<b>Eileen Woods</b>

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Smyly Trust Services</b>
<b>Registered Capacity:</b>	<b>Five young people</b>
<b>Dates of Inspection:</b>	<b>5<sup>th</sup> and 6<sup>th</sup> July 2017</b>
<b>Registration Status:</b>	<b>30<sup>th</sup> of April 2017 to 30<sup>th</sup> of April 2020</b>
<b>Inspection Team:</b>	<b>Eileen Woods Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>12<sup>th</sup> of December 2017</b>

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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

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was an unannounced visit and took place on the 5<sup>th</sup> and 6<sup>th</sup> of July 2017.

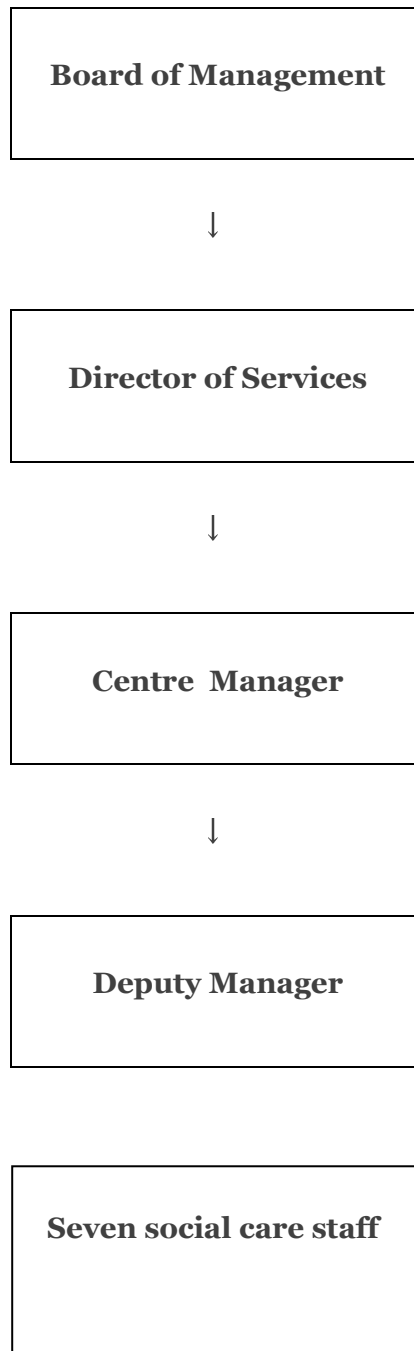
The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
  
- ◆ 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 fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) The director
  - c) The three young people and a questionnaire from one young person
  - d) Two staff members
  
- ◆ Observations of care practice 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

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. This centre is registered from the 30<sup>th</sup> of April 2017 to the 30<sup>th</sup> of April 2020 with no conditions attached.



## 3. Analysis of Findings

### 3.4 Children's Rights

#### ***Standard***

The rights of the 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**

The approach to consultation with the young people at this centre was found by inspectors to be understood and delivered by staff in the context of their therapeutic community mission and values. The manager described the goal as “responding not reacting” and inspectors found examples in the records and logs of respect for young people and relationship building with the goal of giving young people a voice. The approach to consultation was structured around a number of key avenues and these included community meetings, one to ones, opportunity led work and the manager being present and available to young people. The oversight of placement plans and supervision focused on the young people's participation and the director called to the centre regularly to be available to young people. There was evidence of good quality consultation around safety plans and sensitive issues coming up for young people and the team had completed training in the community meeting process and in report writing with an emphasis on suitable use of expression in the follow up.

The young people in talking with inspectors were an articulate and engaged group with the ability to raise issues that were on their mind. They all understood and described the community meeting process well and highlighted that they can call or chair a community meeting if they wish. They knew their key workers and had spent meaningful time with them preparing plans, outings, treats and so forth. Young people and staff noted that the development of the placement plan involved a meaningful consultation and that items would be changed or adapted if the young person was unhappy.

There was evidence that the young people in care advocacy service EPIC have visited the centre a number of times and that the majority of the social workers visited the

young people at the house as well as being available by phone. The director outlined to inspectors that the organisation are doing an organisational review and are hoping to work with EPIC to do a project around consultation to further enhance how they hear the voice of the child. The director believed that the organisation is proactive in hearing from young people and that this fits with the model of therapeutic care. The positive findings and easily identifiable structure of the consultation process was not continued into a clear process around informal and formal complaints and this must be examined in detail by the management and staff.

### **Access to information**

There was evidence that young people were facilitated through their key worker to read their daily logs. They were involved in their key working plan and made aware of suitable services available to them. They were provided with information upon their admission and this had been followed up with access to EPIC and group work around their rights.

### **3.4.2 Practices that met the required standard in some respect only**

#### **Complaints**

The centre operates a formal and an informal complaints system. There is a 'problem-solving' procedure which was difficult for inspectors to track and for young people it represented a confusing system which left them with the overall impression that some matters are dealt with well and that others are not necessarily. Two young people stated to inspectors that it is sometimes confusing if they wanted to make a complaint that they could be told that they should have gone to their key worker. Key workers confirmed that the goal is to resolve something directly with a young person or through the community meetings. The staff and manager stated that the records of community meetings and daily logs would then reflect the informal problem solving process. Staff were less sure about how these would be tracked or how social workers would come to know about general dissatisfactions.

Inspectors did find follow up on problem-solving/informal complaints but it was not well recorded or in one or two definitive locations. It was not consistent that they were followed up in community meetings although some were and the same applied to daily logs. Inspectors found therefore that the problem solving system was poorly recorded and presented as ad hoc in how staff understood it, implemented it and how they recorded it. According to the manager the problem solving process would not

necessarily involve the manager and inspectors found that the manager and staff did not keep good and clear records of these matters. There was also a casual use of language in some recordings and this must be carefully overseen. There was use of brief annotations in margins of single sheets or across written complaints material submitted by one young person. This gave a poor account of the actions that were in fact taken.

A small number of formal complaints had been recorded clearly, responded to within the timeframes by the manager, recorded on the individual file and in the complaints register. The manager did not have a formal system for tracking complaints records; therefore there was little evidence of formal tracking of trends and outcomes or indeed of young people's views after such events. Each young person had a complaints log on their live file and this had sections to note both informal and formal complaints, it also had a child protection concern column which is not necessary as each child also has a dedicated child protection register on their file. Inspectors require that the individualised complaint logs be updated to include a section for the young person's view or if they were satisfied as this was not always well captured. Inspectors found it difficult due to the way the system was organised to match the significant event log to the complaints register.

Overall inspectors found that the practices around complaints were not congruent with the positive findings regarding the individual care of young people and the therapeutic approach; it is timely for this area of practice to advance in the same manner as the model of care. The team must recognise the value of a transparent and accessible complaints policy for young people and that it should be seen as distinct from the therapeutic community meetings. There needs to be compliance with the policy on complaints, transparent and clear records maintained and tracking initiated by the manager and director of complaints and dissatisfactions.

### **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.*

### **Required Action**

- The policy, procedure and recording systems pertaining to complaints, both informal and formal, must be reviewed and clarified.
- The management team must ensure that an up to date and reliable system of tracking complaints, both informal and formal, is implemented in practice.

### 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 required standard in full**

##### **Individual care in group living**

All young people at the centre have a key worker and have access to an experienced team who, the records presented, are available to them. The team had a good understanding of the trauma experienced by young people and any attachment difficulties that may stem from this. The team are professionally supported in this through almost monthly consultation with a specialist and through their psychotherapeutic group process work. Inspectors found a clear link between these and the work at the centre in support of the young people.

Each young person had a good quality placement plan on file, the format for which had been revised and remained under active review. The new format had introduced accountability in the completion of the key work role and inspectors found that it highlighted a lack of written evidence to support the tasks outlined in the placement plan in some instances. There was evidence of the manager and the director of services tracking and overseeing these changes to better support and evidence the individual care of the young people. Inspectors found that of the placement plans reviewed two had contents from another young person's within them. There appeared to use of cut and paste and copy and paste and staff must stop this practice. Staff must utilise a blank template when commencing a young person's placement plan and only update a young person's placement plan in their own plan.

Management must ensure that there is oversight of these and key workers must quality assure their plans before placing a copy on file.

There was evidence of the pursuit of interests and sports that the young people had shown a preference for and education and training accomplishments were promoted and supported to a high standard. Activities take place and there have been house holidays as well as individual days out. It was also notable on the logs that due perhaps to staff levels of, in the main, two to four that the young people may stay in the house if not able to go out as a group. This was also something that the young people noted. The records support that one to one time takes place and it is a positive that the young people at this time would like more.

Young people also said to inspectors that budget is brought often up with them with regard to restrictions in the centres finances; staff should manage how often this is brought up around the young people and by whom.

### **Provision of food and cooking facilities**

The centre has a good domestic style kitchen which is well equipped and has a cook present on a weekly basis. This person spends time with young people completing preparation for leaving care who are learning how to cook.

The property has an annexe which contains a kitchenette and facilities where young people spend independent time catering for themselves.

### **Race, culture, religion, gender and disability**

The centre has a policy on diversity and has an ethos of inclusion, community and openness that inspectors found are core values lived by the staff. Family are recognised as central to the young person's life and respected as such, where possible positive contact and restoration of family contact is supported by the team in co-operation with the social workers and with the young people's wishes. Inspectors found that young people's religious and cultural belief systems are taken account of by staff. There was a dedicated section on social, family and community in the young people's placement plans. There was evidence that the young people and staff positively challenge each other about attitudes in community meetings.

### **Managing behaviour**

Inspectors found a well organised approach to behaviour management on file and this was supported by a policy which has been reviewed on a regular basis. Each file had a behaviour management plan on file for the young people and their views and those of their social workers were also evident on these plans. The staff utilised effective cross reference to individual crisis management plans, risk assessments and safety plans. Inspectors found that all plans were updated according to need when required for each young person and were truly individualised.

Inspectors did not find a high incidence of the use of sanctions/consequences but those that were used were not necessarily evidenced well on file nor was it possible to see where these were tracked. One young person expressed confusion to inspectors about what consequences might be used and another young person had raised an issue with the individualisation of consequences in a situation that they felt was unfair. This was reviewed with their social worker and the young person was updated on the outcome. The manager's view was that the intention in the application of the consequence was misunderstood at the time. Along with better recording and tracking of complaints of all types inspectors found that consequences must be better tracked also. The records around consequences were not fully clear to Inspectors, this highlights that it could be difficult then for young people to understand and staff should consider this.

There was good individual information on young people put together in a guideline document and these cross referenced well to all the risk management documents. Inspectors saw that known vulnerabilities and associated high risk behaviours, external to the unit mainly, were well described and that caring responses were prioritised alongside practical responses. Reports of bullying or targeting in the community outside the centre were addressed and well responded to by the staff and young people were actively assisted in this by staff. There were no reports of bullying within the centre.

## **Restraint**

The staff team are trained and refreshed in a recognised method of restraint in accordance with the protocols for renewal. Each young person had a crisis management plan in place but the plans did not state explicitly the contra indicators to the use of restraint and this should be reviewed. There have been no instances of the use of restraint at the centre. The experienced and stable team are all updated and involved in the review of all risk management plans.

## **Absence without authority**

A number of the young people had incidents of absences from the centre. The level of risk varied and individualised plans had been put in place and adapted following new events or changes in the behaviours being displayed, the age of the young person, the information they shared and their histories. Inspectors found that the team operated in compliance with the Children Missing from Care: A joint protocol between An Garda Síochána HSE 2012 and the reporting was conducted in accordance with this. There were good quality individualised absence management plans agreed with the social workers. One issue that had arisen for the centre was their lack of availability to travel to collect a young person if significantly outside the centres region and outside of certain times. This should be discussed with social workers and with young people from the outset of a placement and planning put in place around it. Two young people brought up with inspectors that they were confused about the centres policy on this and remained unsure about what the practice might be in the future. The manager was aware of these matters and had discussed same with the social work departments involved and would be returning to the young people and their key workers on the matter.

### **3.6.2 Practices that met the required standard in some respect only**

None identified

### **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.*

## **3.7 Safeguarding and Child Protection**

### ***Standard***

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

### **3.7.1 Practices that met the required standard in full**

None identified

### **3.7.2 Practices that met the required standard in some respect only**

Within the wider safeguarding mechanisms at the centre inspectors found positive evidence that staff were provided with supervision by the centre manager who in turn is supervised by the director of care. Inspectors found that they are supervised on average eleven times in twelve months. Alongside team meetings and process meetings this represents a high level of staff support. Inspectors found that there was a need for increased accountability for staff implementation of correct policy and adherence to child protection and safeguarding guidelines. There was emerging evidence of this taking place and inspectors found that needs to continue to strengthen. Inspectors also found that there was evidence of interdisciplinary work and communication in the pursuit of sharing information. There was a record of social workers visiting the young people, reading the logs and records as well as meeting the young people privately.

The centre has a policy on safeguarding that inspectors found must be reviewed. The policy must reflect learning from events in 2016 and in 2017 that have brought into question the robustness of existing systems for safeguarding in the physical property in particular and with regard to staff ratios. There have been previous issues at the centre between peers of mixed gender in 2016 and learning and changes in staff practices did not present as having taken place significantly during the inspectors review in 2017.

A previous matter was notified as a complaint, investigated by social workers and was resolved it was reported. At that time this highlighted a deficit in systems to alert staff to who was entering the property and from where. The upstairs area of the house has a baby monitor in place in the hall way and window alarms had been upgraded after the 2016 events. After an allegation made in 2017 hand held individual alarms were placed in all rooms with instructions to sound these in the event of an issue. These devices place an unreasonable responsibility on young people; it is the role of staff to adequately safeguard young people. Inspectors require that a suitable system is provided that reliably alerts staff to bedroom doors being opened and closed when more than one young person is upstairs and this still does not exist at the centre. Staff must take a greater level of responsibility in the area of safeguarding and complaints overall. The average level of staff cover is two staff ,



with a full capacity of five young people this adds to the overall risk that needs to be managed on a daily basis.

Elsewhere within the records there was evidence of good external risk awareness for vulnerable young people and clear plans on file for the staff. Inspectors found that staff knew these during interview and evidence was on file that staff generally follow these, although again these were more robust when related to matters outside the house. There was evidence on file of comments made by young people around the time of a serious allegation within the centre. Inspectors found that these were not part of a well maintained safeguarding and child protection recording mechanism and did not initiate further changes in internal safeguarding practices. Staff did not reliably log and draw attention to any concerning comments from young people and track these on a proactive safeguarding basis, inspectors found that this was also a gap in practice.

## **Child Protection**

### ***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.

The team most recently trained in Children First in 2015 according to records at the centre. Children First has now been revised and the manager stated that the centre will have access to a new online training package provided by Tusla for this. There had been a number of child protection reports made in the last two years, one in 2016 and another in 2017 relating to different types of matters and different young people. Inspectors focused on a review of the 2017 issue across the files for which it was relevant and had a number of findings.

Once the allegation was reported the records showed that the two main social workers responded immediately with the other social workers. The social workers of the two young people most affected came immediately to the centre, met the young people and worked with the team in improving safeguarding at the house until such time as action was agreed. The management put responses of team briefings, extra staff and night waking staff in place for a fixed period. With regard to external child protection matters affecting young people there were specific risk assessments and safety plans in place and contact had taken place with the Gardaí and with other clinical specialists to advise the team. The team aim to protect and also educate

young people about risk and one young person presenting high risk safeguarding issues was worked with around this.

How child protection matters were recorded and stored on logs and files was poorly organised and this is an area that requires extra oversight by management. Where one young person's file noted that a child protection standard reporting form was sent to the principal social worker and the social worker as per Children First the child protection log dates of sending did not match. The Dublin Mid Leinster area has an additional child protection reporting format and this does not replace the national standard reporting form. It was not immediately clear if the correct format was utilised although it has been confirmed that the correct persons were notified. The social worker concerned later verified that had to contact the centre to ensure that the standard reporting form was sent appropriately and that records and initial actions around the allegation were not of a good standard overall but did improve when this was noted.

The child protection log of the person against whom the allegation was made did not have an entry and the log of another young person who had made additional comments pertinent to the core allegation did not have an entry in their child protection log either. All child protection registers and logs including who has been informed and when about all matters relating to them should be well and clearly maintained.

### **3.7.3 Practices that did not meet the required standard**

None identified

#### **Required Action**

- The centre must review and update their safeguarding policy. The team must ensure that internal safeguarding within the centre is given due attention on a daily basis.
- The safeguarding systems for the physical premises must be significantly upgraded by the manager and director.
- The centre must report all child protection matters, meeting the threshold for same, using the national standard reporting form from Children First.
- The management and the staff must ensure that they maintain good quality logs and registers of child protection information.
- The team must complete training in the revised Children First, the national guidance for the care and protection of children.

## 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**

Inspectors found positive practice in place around education and training, the young people were all engaged in education or recently had been. The centre has consistently placed a high value on young people's education and this was apparent through the plans in place on file for the young people. The files, in the main, contained comprehensive information on the education plans and the key workers and team role in this had been assigned clearly. There was progress traceable throughout the period reviewed although as stated earlier some placement plans did this effectively and others not. There were links to the schools in support of the young people and evidence of attendance at school meetings and events and of advocacy for young people educationally and vocationally. A variety of education and training options were explored in accordance with young people's wishes and previous educational experience.

The young people were supported and funded to attend additional trips, courses and opportunities in line with their peers in school and in the community.

#### **3.8.2 Practices that met the required standard in some respect 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**

Inspectors found comprehensive sections on health histories and needs matched by detail in the placement plan and that these were congruent with the care plans. The young people had named GPs identified on file and access to a medical card for treatment. The young people have had regular medical and dental checks and appointments both offered and attended.

Referral for suitable mental health and specialist resources was evident on the files and there was comprehensive evidence that links to other organisations specialising in mental health. The team supported young people to avail of a variety of wraparound supports; this was done in consultation with the young people and their social work departments. Inspectors found that there was suitable response to serious self harm with plans put in place and reviewed. The manager and some staff have done an addiction course and the manager had an overview on the changing patterns in types of needs being referred and strengthening what they offer in response. The team actively discourage smoking and support young people through a wellness and social programme delivered on a group basis within the organisation.

#### **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 and 13 of the Child Care Regulations, 1995.

#### **3.10.1 Practices that met the required standard in full**

##### **Accommodation**

The centre is based in a period property with surrounding grounds in south county Dublin. The centre has ample space inside with additional outside buildings and an annexe for all to utilise. The interior and fabric of the house based on its age requires ongoing renovation. Inspectors were informed that it is the long term plan to complete a full renovation and it can clearly be seen in areas throughout the house how this would be merited and would benefit the work being undertaken with the young people. Inspectors recommend that a time frame be implemented to keep the renovation of the property on the agenda for continuous review by the director and the Board of Management.

There was damage to the ceiling in one room from a leaking radiator and in the same room the windowsills inside had deteriorated, more painting and new carpets would also be advisable. There have been upgrades undertaken in areas of the house to maintain it on an ongoing basis and the centre looked well overall during this unannounced visit. Some common areas had been painted, the outside had been painted and some windows replaced. The young people noted a favourite area that had had been improved and said that they would like to see other improvements but were happy with their rooms.

The registration panel have been provided with proof of adequate insurance against accidents or injuries to children in compliance with the relevant regulation.

## **Maintenance and repairs**

The organisation involved has a dedicated maintenance service and a gardening service and these items are attended to without delay generally. A record was maintained between the manager and the director in this area

## **Safety**

The centre has a safety statement in place and the manager is the health and safety officer for the centre. The manager has recently re-energised the health and safety processes within the centre and meetings are held with the staff representative assigned to health and safety and actions are generated. Records of health and safety were available for review. One item of clear potential for risk was noted by an inspector to the manager, this was acted upon immediately but highlights that the team need to maintain a live approach to safeguarding. Seven of the staff team had completed training in first aid in 2017 and there was evidence that medication was stored and administered in a safe manner. Administration of medication records were maintained on each file.

## **Fire Safety**

The staff team completed training in fire safety, this took place in late 2016. Inspectors found that fire safety records were maintained up to date at the centre and the records listed four drills being completed between 2016 and the inspection visit in July 2017. There were records on file of services conducted on fire safety equipment. The manager takes the lead role in all health and safety and fire matters. The registration panel have been supplied with written evidence of the centres ongoing compliance with all statutory requirements relating to building control and fire safety.

### **3.10.2 Practices that met the required standard in some respect 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 and Safety)***
- Part III, Article 13, Fire Precautions.***

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3-4</b></p>	<p>The policy, procedure and recording systems pertaining to complaints, both informal and formal, must be reviewed and clarified.</p> <p>The management must ensure that an up to date and reliable system of tracking complaints, both informal and formal, is implemented in practice.</p>	<p>Management reviewed our complaints policies and they are being updated in line with the issues outlined in the report and the issues requiring action. Completed and copies sent to inspection</p> <p>Management have implemented in practice an up to date and reliable system of tracking of complaints both informal and formal.</p>	<p>Complaint policy has been updated to reflect issues of concern highlighted in the report. This will be reviewed with staff on a regular basis.</p> <p>The complaint log now has a detailed written account of complaint, type of complaint, date of complaint, date and record in log book of complaints procedure being offered to y/p, outcomes and y/p input and satisfaction.</p> <p>Update of log book, update of formal and informal complaint forms, new tracking complaint record form signed by Director to show completed process from beginning to end.</p>



<p><b>3.7</b></p>	<p>The centre must review and update their safeguarding policy. The team must ensure that internal safeguarding within the centre is given due attention on a daily basis.</p> <p>The safeguarding systems for the physical premises must be significantly upgraded by the manager and director.</p> <p>The centre must report all child protection matters, meeting the threshold for same, using the national standard reporting form from Children First.</p> <p>The management and the staff must ensure that they maintain good quality logs and registers of child protection information.</p> <p>The team must complete training in the revised Children First, the national guidance for the care and protection of children.</p>	<p>The safe guarding system policy has been updated giving due attention to safe guarding on a daily basis.</p> <p>Door alarms being installed for the bedroom doors on the first floor.</p> <p>This is being managed by staff and the manager at present.</p> <p>Currently being done and managed by the Manager and staff. This is overseen by the Director.</p> <p>All staff have completed the Child and Family Agency online Children First training by December 2017.</p>	<p>Daily internal safeguarding and risk assessment plan for each y/p on file. Implementation of the updated safeguarding policy and statement.</p> <p>Date of completion of upgrade of premises for December 2017.</p> <p>This will be the new national reporting form from the 11<sup>th</sup> December 2017.</p> <p>Monitored by the services audit system and tracked by the Director.</p> <p>The team will be trained in Children First on an ongoing basis.</p>
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