



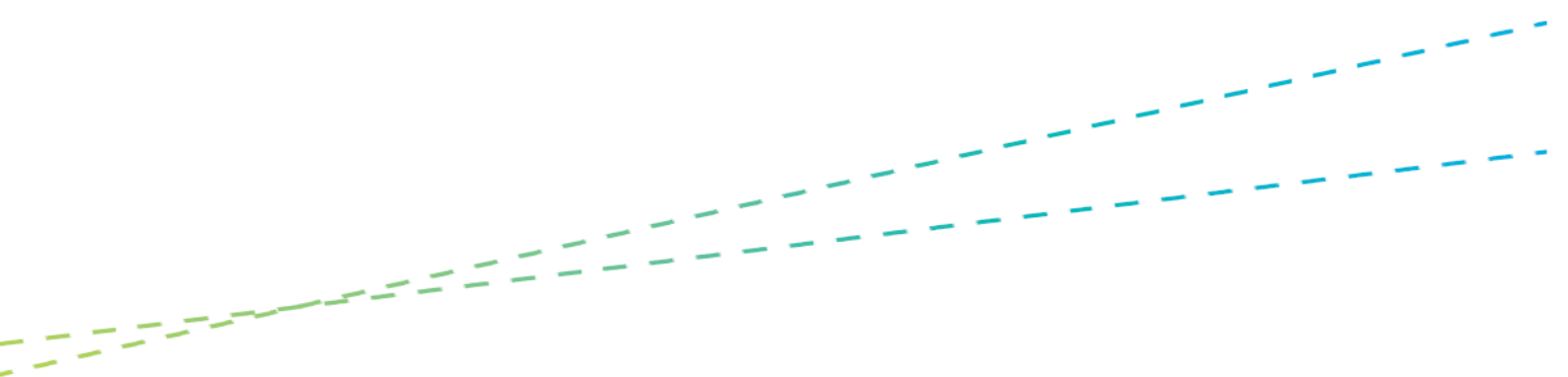
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 033

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Yeria Ltd
Registered Capacity:	Four young people
Dates of Inspection:	27th and 28th August 2019
Registration Status:	Registered from 01st November 2019 to 01st November 2022
Inspection Team:	Lorraine Egan Cora Kelly
Date Report Issued:	1st November 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.6 Care of Young People	
3.8 Education	
3.10 Premises and Safety	
4. Action Plan	22

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 Centre Description

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 operation of the centre in line with its registration. The centre was granted their first registration in November 2007. At the time of this inspection the centre was in their fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 01st November 2016 to 01st November 2019.

The centre's purpose and function was to accommodate four young people of both genders from age eight to fourteen years on admission. There were four young people in the centre at the time of this inspection. In line with the derogation process of the Alternative Care, Inspection and Monitoring Service, one young person over the age of fourteen years was residing in the centre. The model of care incorporated the Welltree Model and was described as using a multidisciplinary approach which provided for a holistic and therapeutic environment with the young person. The main focus for staff practice was on the young person's physical and mental well-being, their learning and development, sense of safety, economic security and opportunity and their connection to others and their community.

The inspectors examined aspects of standard 2 'management and staffing', standard 6 'care of young people', standard 8 'education' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 27th and 28th August 2019.

1.2 Methodology

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

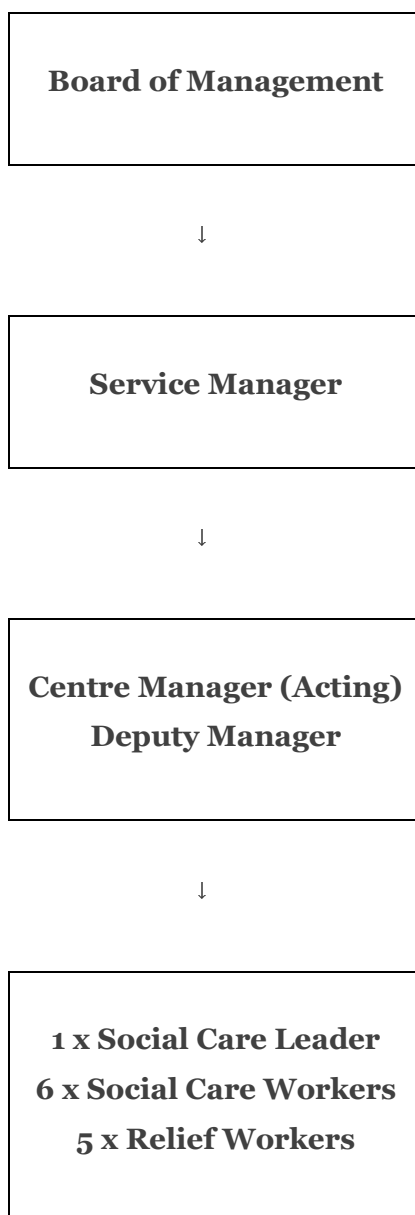
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff
 - b) The service manager
 - c) Three young people residing in the centre
 - d) One social worker with responsibility for one young person residing in the centre.
 - e) One school principal
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf
- ◆ An examination of the centre's files and recording process:
 - Centre care files
 - Supervision records
 - Staff personnel files
 - Team meeting minutes
 - Management monthly reports
 - Centre Audits
 - Maintenance log
 - Health and safety records
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The service manager
 - c) Three staff members
 - d) Two young people
 - e) Two social workers for two of the four young people residing in the centre at this time

All four placing social workers were contacted by inspectors to arrange interviews, one of whom did not respond.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, service manager and the relevant social work departments on the 3rd October 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 11th October 2019 and the inspection service received evidence of the issues addressed.

As it has been identified that there were a number of matters in the centre's application for renewal of registration, that required further attention, it is the decision of the Child and Family Agency to register this centre, ID Number: 033 with the attached condition from the 1st November 2019 to the 1st November 2022 pursuant to Part VIII, 1991 Child Care Act.

That condition being;

1. that Dún na nÓg must submit revised amendments to their existing policy document where relevant to reflect current National Standards for Children's Residential Centres, 2018 (HIQA) and updated relevant legislation. The proposed condition will be reviewed as soon as the updated and reviewed policies are submitted to the Inspection and Monitoring Service.

This decision is taken under Part VIII Sections 61 (1) (3) (b) of the 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

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

Since the last inspection changes had taken place to the centre management position. An acting manager had been appointed who had previously worked in the centre for a period of four years, first as a social care worker and subsequently as a team leader for a three-year term. They were appointed as acting manager in May 2019 under a six-month probation period. The former centre manager had transferred to the post of service manager within the organisation. The acting manager was appropriately qualified and from interviews and questionnaires returned from the staff team, external management and placing social workers, they were seen as supportive, communicative, collaborative and child centred with a strong focus on the needs of the child.

Inspectors found at interview, that the acting manager understood their role and function in ensuring that appropriate and suitable care practices were employed by the staff team in the centre. There was evidence that there were robust systems being implemented which established a good standard of care for young people. These included, daily handovers, bi-weekly team meetings, regular supervision, internal and external audits, and strong care planning based on the centre's model of care. There were good governance mechanisms implemented such as, a management oversight log giving specific guidance to the staff team on any deficiencies captured regarding young people's documentation. The acting manager provided a monthly report to the senior management group and also completed a weekly report to the service manager which included items such as staffing, training, an update on each young person, significant event notifications (SENs), complaints and risk escalation records. Inspectors noted that the centre management files were well organised and easy to navigate.

Furthermore, there was evidence of the acting centre managers' oversight on the centre records such as registers, personnel files, daily logs, team meetings, placement plans and key-working. They facilitated team meetings, team leader meetings and attended child in care reviews. From a review of a sample of the team meeting minutes, they evidenced good detail on planning for each young person, review of behaviour management plans, sanctions, family contact and centre audits. There was also a delegation checklist in operation where actions from the minutes were specified and allocated to a team member/s. While the minutes reflected good discussion overall in relation to young people and their care, there was an absence of tracking the specific goals from the placement plan to the comprehensive work being completed with young people on the minutes recorded. Inspectors recommend that a section is included on the template for this purpose.

Monthly senior management meeting minutes showed good attendance and discussions related to the centre manager's report, SENs, complaints, audits and child protection concerns, however, there was an absence of detailed recording on discussions that took place regarding young people. Inspectors recommend, that senior management review the recording systems currently in place for the senior management meetings so as to address any deficits in the detailed recording of discussions on young people.

The acting centre manager was supported in their role by the deputy manager and a newly appointed social care leader. From observations and interview with the deputy manager, it was noted that they contributed strongly to the management team regarding operational practices within the centre. There was a plan in place for the deputy manager and social care leader to meet with keyworkers weekly.

The acting centre manager reported directly to the service manager and inspectors saw strong evidence that they provided good support to them in carrying out their role and responsibilities. At interview, the service manager stated that they visited the centre on a weekly basis. They also provided supervision to the acting manager every four weeks and were trained in a supervision model for the provision of the practice. From a review of a sample of the minutes, they were found to be held regularly and discussions were devised to incorporate the centre's model of care framework based on each young person in placement. While the recording of the discourse was detailed, there was no category included, to allow for review of the stated actions from the previous session. Inspectors recommend that a section, specifically for review of stated actions should be incorporated into the supervision template.

The standard of care being delivered in the centre was monitored by the service manager through: oversight on centre records, chairing the monthly senior management group meetings, completing internal monthly audits and individually meeting both with staff members and young people.

There was a quality assurance system in place whereby dual audits were conducted in the centre, one by an external consultant and one by the service manager. These were based on the National Standards for Children's Residential Centres 2001. A report, compiled by the external consultant, included a specific action plan with recommendations attached for the service manager and centre management to address. Inspectors reviewed four audits in total and found that while they were a useful way to review care practices within the centre, both systems could be further modified to incorporate more specific detail on the deficits that existed within each area examined. Inspectors recommend that this is addressed in future audits.

3.2.2 Practices that met the required standard in some respect only

Staffing

There had been a number of changes to the staff group since the last inspection. Five staff members including two of the core team had left their positions. One staff member had transferred within the company. A recruitment campaign ensued as a result of this and at the time of inspection, it was found that the centre had adequate levels of staff to fulfil its purpose and function. However, the centre continued to find it a challenge to recruit experienced core staff and as a consequence some of the relief staff transferred to full lines on the rota.

As staff retention issues has been a consistent feature for the service, as evidenced from previous inspections, the organisation had recently begun implementing a staff retention programme. This process included exit interviews to ascertain why staff were leaving, conducting 'connect' meetings with the core team on an individual basis to ascertain their views and suggestions for change and development, and consideration by the board of management on improved terms and conditions of employment. It was unclear to inspectors if there were any specific improvements to the service in light of this process, as analysis of the findings had not fully concluded at the time of inspection. The board of management must ensure that the findings from this process is implemented in full, so as to address the high level of staff turnover and limit any negative impact on young people.

The core staff team consisted of one acting manager, one deputy manager, one newly appointed social care leader, six full-time social care workers and a relief panel of five, who were mostly dedicated to the centre. Despite the recent changes to the staff group, as mentioned above, centre management had organised the rota so that there was a balance of experienced to inexperienced staff on the team to carry out their duties. They also aimed to have at least one qualified staff member at child care leader level on each shift. The shift pattern consisted of two staff on sleepover and two day-staff, as additional cover on a 2:1 basis was required to meet specific needs for one young person. Furthermore, inspectors noted, that the systems in place to support the inexperience on the staff team was proving effective in respect of the quality of care practices in operation in the centre. Some of these included the presence of the service manager in the centre on a weekly basis and the oversight log which provided guidance by the acting centre manager to the team. From observations, interviews with young people and review of records, inspectors found that staff showed a caring and nurturing attitude to young people. Two of the allocated social workers interviewed, stated that staff did their best for the young people and were diligent in endeavouring to meet their needs. They said that from their experience, the recent changes on the staff team and with management did not negatively impact the young people placed there, however, one social worker stated in their questionnaire that they would like to see more consistency regarding staff turnover within the centre.

Inspectors reviewed a sample of the personnel files for newly recruited staff and found that Garda vetting requirements were up-to-date. References were in place and verbally verified and the centre held up-to-date CVs on file for all staff. A copy of the professional qualifications for two staff were not yet received by the centre, as one had just completed their final year and the second was completing their studies in the autumn. The centre had a policy on staff induction and there was a formal staff induction training for all new staff appointed to the team.

3.2.3 Practices that did not meet the required standard

None identified. Not all criteria were assessed at this inspection.

3.2.4 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 21, Register*.

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 and Qualifications)

Required Action

- The board of management must ensure that the findings from the staff retention process is implemented in full, as a matter of priority so as to address the high level of staff turnover and limit the negative impact on young people.

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

Inspectors found that the staff team were committed to providing a high standard of care to the young people in the centre. From interviews and from reviewing centre records, there was evidence that the team were aware of their individual needs and were building relationships in practice that were based on the model of care. There was evidence on files to show that the young people’s wishes, preferences and individuality were taken account of; such as, giving an input into how their bedrooms would be decorated, choosing colours for the living spaces in the centre, and making choices about their individual appearance such as shopping with staff for their own clothes and foods that they liked.

Young people’s group meetings had been introduced and inspectors saw evidence that their opinions were sought and they were listened to. For those young people who found group meetings more difficult, individual meetings remained in place. The

service manager also met with young people on a one-to-one basis outside of the centre, so as to have their voices heard on specific issues they wanted addressed or changed. When interviewed, young people said they liked the staff members and could identify at least one of the team who understood and supported them. Each young person was allocated a key worker and there was good evidence that individual work was being carried out regularly. Social workers stated that they were very satisfied with the individual attention and emotional care been provided by the staff team, particularly because of the specific age range of the young people in placement.

As the centre was in the core of the community, young people were encouraged to pursue interests and hobbies locally as much as possible. There were daily and weekly planners in place and young people had opportunities to be involved in activities such as soccer, drama, tennis camps, scouts and youth clubs and swimming. They were also facilitated to bring friends to visit if they wished. Photographs, certificates of achievement and other memorabilia were kept in a safe place for young people. Special occasions were also marked.

Provision of food and cooking facilities

Young people were provided with nutritious food in the centre. Weekly menus were planned in advance and took account of their preferences and any dietary requirements. Food was also provided that was consistent with young people's cultural and ethnic backgrounds. Young people were assisted to develop healthy eating habits and to be involved in the preparation of meals including baking. Shared meal times were encouraged, along with involvement in the weekly shop.

Race, culture, religion, gender and disability

The centre had a policy on recognising diversity and inspectors saw evidence that young people were facilitated to attend and participate in religious events that took account of views expressed by family members. Inspectors observed that the staff team were aware of cultural diversity and they valued young people's heritage and identify. Staff provided the same opportunities to each young person as their peers, which included indoor and outdoor activities, hobbies and interests, access to family and friends and celebration of milestone events in their lives. There was a very strong focus on family and community as a source of identity in the care practices implemented with young people by the manager and staff. Young people were assisted to build and repair significant relationships that had been damaged. The team worked collaboratively with the social work department to share information about family to the young people and this was done in a way that was accessible to them and demonstrated that the staff had a clear understanding of its importance in

meeting their needs. There was a policy in place on discrimination that staff were aware of.

Managing behaviour

The centre had a written policy on behaviour management which set out procedures for a range of approaches and strategies in responding to inappropriate and challenging behaviour. The staff team had a good understanding of the underlying causes of presenting challenging behaviour and day-to-day practices were in place to support young people in managing their own responses and reactions. Inspectors saw evidence of a variety of techniques used with young people to assist them in reaching positive outcomes. Young people said they understood the behaviours that were expected of them and were aware of how sanctions and consequences were applied by the staff team.

Each young person had individual crisis management plans (ICMPs), safety management plans and behaviour management plans (BMPs) on file which were regularly updated and reviewed by the staff, manager and, in most cases, the placing social workers. Steps outlined so as to target behaviours and achieve goals were clear, and sanctions were appropriate to the age of the young person and in proportion to the behaviour being addressed. There was appropriate use of positive reinforcements with the young people. Furthermore, there was good evidence of the use of the therapeutic relationship with young people as guiding staff practices in supporting them to learn to manage their own negative behaviours and this could be tracked through to key-working and individual work completed. Inspectors observed some of these strategies used between staff and young people at the time of inspection and found that they were individualised and appropriate to the behaviour presented by the young person. Staff and management stated that interventions were proving effective and implementation of plans were supported by consultation with a clinical psychologist and clinical psychotherapist. There were placement contracts in place where necessary, drawn up by social work, the service manager and the centre. This consisted of specific rules to be adhered to by young people so as to safeguard their placement. This contract was further supported by BMPs, safety management plans and ICMPs already in place.

Records were maintained of consequences and rewards and there was good oversight on the files by the centre manager along with direction provided, specifically in relation to restorative work that was required. The centre had a written policy on sanctions that was consistent with promoting the needs of the young people as set out in their placement plan. Permitted and prohibited sanctions were stated.

There was a written policy on bullying that promoted a positive and safe environment and there was good evidence to show that staff had undertaken pieces of individual work with young people where bullying was an issue both in the centre with peers and in the school environment. The centre did not have an online bullying policy. Inspectors recommend that an online bullying policy is included in the centre's policy so that the young people can be supported to develop safe and responsible online behaviours. Any risk associated with the use of internet should be identified by the service and policies and procedures put in place and included in their Child Safeguarding Statement.

Restraint

The centre had a written policy on the use of physical intervention and the manager confirmed that all staff had completed the required training in this method. Inspectors examined personnel files in relation to new staff that were employed since the last inspection and found that certificates were up-to-date in a recognised model of behaviour management. Physical restraint was not a feature for any of the young people in the centre and there had been none recorded since the last inspection. Inspectors observed on the individual crisis management plans and behaviour management plans that the staff team had identified a range of alternative interventions to manage challenging behaviour. This was having a positive impact on young people's behaviour during a crisis. Placing social workers who were interviewed, were familiar with the centre's strategies for responses and had worked in collaboration with the team in respect of techniques for young people to be applied as part of their plans.

Absence without authority

The centre had a policy in place for staff to follow regarding young people who were absent and at risk or who were missing from care. This included who should be notified and within what timeframe. There were absence management plans developed, reviewed and updated which took account of young people's age, developmental stage and individual risks. Consultation was evident with social work departments. Plans were signed by centre management and keyworkers, although social work signatures were missing from some of these documents. Absence without authority was not a feature of incidents occurring for young people in the centre, primarily because of the age of the young people in placement.

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.

3.8 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 observed strong evidence from the care file review and from staff and social work interviews, that education was highly valued within the centre and the educational needs were being met through their work with young people. All four young people were in educational placements at the time of the inspection and were being encouraged and supported to reach their full potential in this regard. The acting centre manager stated at interview that there was a good working relationship between teaching professionals and centre staff in general and where this was not the case, inspectors observed that the centre had endeavoured to address specific issues by involving the appropriate social work department to manage these alongside them.

Records demonstrated that staff had consistent communication with schools through emails, phone calls and meetings. For the majority of files reviewed, educational goals were tracked and monitored by the centre through the young people's placement plans and supported through key-working sessions by the staff team on an individual basis. There was strong collaboration with young people's families and placing social workers in achieving goals and in addressing issues which had the potential to affect the young people's progress and school placements, such as behaviour management, bullying, relationships with peers and the provision of

additional learning supports. For one young person who had been on placement in the centre for just over two months, the education goals were not clearly outlined. Although the young person was attending school, inspectors recommend that these goals are revisited in the placement plan and aligned with the care plan when it is submitted to the centre by social work. Inspectors interviewed the young person's social worker and they said they would forward the care plan to the centre without any further delay. The social worker also stated that an up-to-date educational assessment will be provided for the young person in January 2020.

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.

3.10 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 premises was a two storey house close to the city centre and with access to very good transport links and excellent proximity to shops, parks, schools and an array of services. Recent renovation work had taken place including to the kitchen and utility area which rendered it a bright space with good facilities for cooking and laundry. Rooms had been repainted and in general the centre was very clean, homely, in good repair, very nicely decorated and warm. The young people interviewed said they liked the design of the house and were particularly proud of the input they had into choosing colours and furniture for their own bedrooms. The centre had age appropriate play and recreational facilities which were available to young people and there was an outside area at the back of the centre which young people could use as a play area. There was space provided for young people to have visits from friends, family and professionals. All young people had their own ensuite bedrooms. The centre was adequately insured against accidents or injuries.

Maintenance and repairs

There was a maintenance log in place and inspectors observed that overall, repairs were completed without delay. However, for some items, it was not clear when repairs had taken place as there was no date entered into the log book. Inspectors recommend that dates of all repairs are fully recorded. A maintenance list was forwarded to senior management on a weekly basis.

3.10.2 Practices that met the required standard in some respect only

Safety

The centre had an up-to-date health and safety statement in place and appointed health and safety representatives. However, there was no record on file of staff having read the statement. First aid materials were kept in the staff office and securely stored. An appropriate number of staff were trained in first aid.

There was one centre vehicle and staff were insured and licensed to drive this. Risk assessments were also completed and on file when renovation work was being carried out in the kitchen area. Centre management must ensure that all staff have read the health and safety statement confirming their adherence to the policy.

Fire Safety

The centre's fire safety certificate was found to be in compliance with the statutory requirements relating to fire safety. A fire safety register was in place and it included records pertaining to fire drills, daily inspection of the means of fire escape routes and maintenance records of the centres fire alarm system, fire extinguishers and emergency lighting. Services were in line with the appropriate regulations.

All but one recently appointed staff member had not undergone either fire safety or first aid training. The acting centre manager must ensure that this training is provided for the staff member as a matter of priority. A total of eight fire drills had taken place in the centre between January 2019 and August 2019. This is in compliance with centre policy. Records showed that the majority of staff and all young people had participated in fire drills, however inspectors did not observe a fire drill logged for one new staff member for the 16th June 2019. Further, there was a duplication of recording of fire drills that had taken place. Inspectors recommend that one record only is kept in relation to fire drills. Centre management must ensure that new staff participate in fire evacuation and drill as a matter of priority.

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.

Required Action

- Centre management must ensure that all staff have read the health and safety statement confirming their adherence to the policy.
- Onsite fire safety training must be provided for new staff members. Centre management must ensure that new staff participate in fire evacuation and drill as a matter of priority.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	The board of management must ensure that the findings from the staff retention process is implemented in full, as a matter of priority so as to address the high level of staff turnover and limit the negative impact on young people.	It was agreed at the board of management that the service manager will conduct an anonymous survey that will be sent to all staff members to complete to gain information to assist in the development of the retention programme. In addition, they will also gather information from the staff connect system and include this in the overall recommendations to assist in the retention of staff. This will be completed by November 2019. When all data has been viewed, the plan will be presented to the management board.	A new plan will have been developed to include actions and responses to data received. This plan will be robust and will be closely monitored by the service manager.
3.10	Centre management must ensure that all staff have read the health and safety statement confirming their adherence to the policy.	As part of the induction process, all staff members are required to read the health and safety statement. A new copy of the health and safety statement has been bound to include a section for staff to sign once they have read this. This has been completed in October 2019.	A new health and safety manual is now in place which includes a section for staff to sign once they have read this. This will be the manual that all staff will use as part of the induction process. This will be audited regularly to ensure that all incoming staff have read, understood and signed this.

	<p>Onsite fire safety training must be provided for new staff members. Centre management must ensure that new staff participate in fire evacuation and drill as a matter of priority.</p>	<p>All staff members are trained in fire safety, however, this took place off-site. All future fire training will take place on site to ensure compliance. As part of the induction process, all new staff members must complete a fire evacuation and fire drill. This did not occur for one staff member. This staff member has now had a fire drill and evacuation and is fully aware of this process.</p>	<p>We are now aware that fire safety training must take place on-site therefore all future fire trainings will take place within the centre.</p> <p>A more detailed induction manual has been put in place that details the steps to take when inducting a new staff member to ensure that all steps are carried out. This will be checked by the centre manager to ensure there is full oversight and to prevent this from happening in the future.</p>
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