



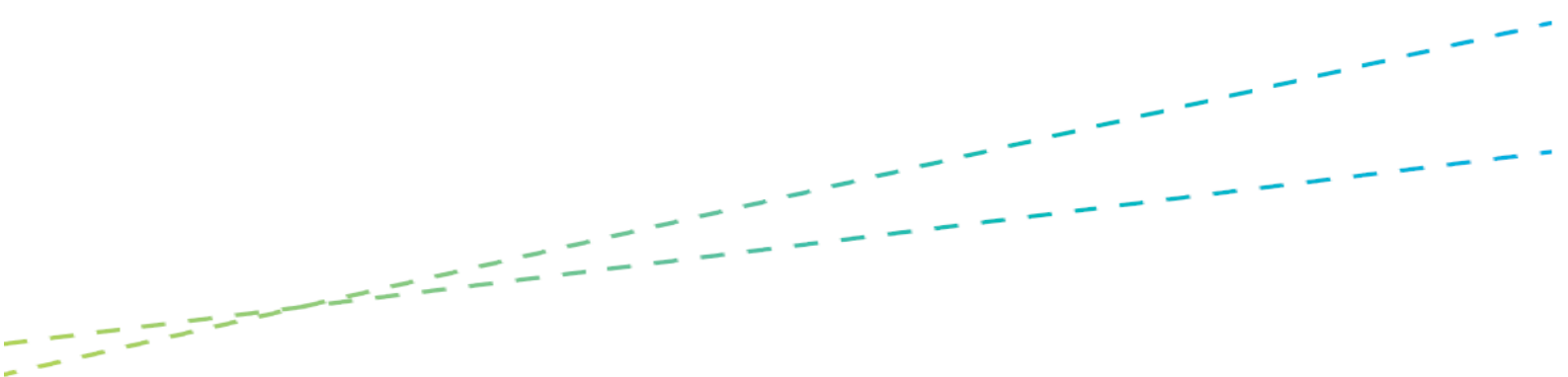
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 082**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Fresh Start</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Dates of Inspection:</b>	<b>23<sup>rd</sup> &amp; 24<sup>th</sup> October 2019</b>
<b>Registration Status:</b>	<b>16<sup>th</sup> December 2019 to 16<sup>th</sup> December 2022 with condition attached</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Cora Kelly</b>
<b>Date Report Issued:</b>	<b>16<sup>th</sup> January 2020</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 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going 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 December 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 16<sup>th</sup> December 2016 to the 16<sup>th</sup> December 2019.

The centre's purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission with the aim of providing essential life skills in order to prepare them to live in the least restrictive environment when they move from the centre. This was done by providing a consistent structured environment while providing opportunities by empowering young people in making decisions affecting their lives.

The inspectors examined aspects of standard 2 'management and staffing', standard 7 'safeguarding and child protection' 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 23<sup>rd</sup> and 24<sup>th</sup> of October 2019. There were no young people in placement in the centre at the time of this inspection. However, a transition plan had begun for one young person whose admission date was scheduled for Friday 25<sup>th</sup> October 2019. This inspection was carried out as the centre's registration was due to expire on the 16<sup>th</sup> December 2019. Due to the fact that there were no young people placed in the centre at the time of the inspection, the core staff were deployed to other centres and were not interviewed as part of this inspection. The last young person placed in the centre was discharged on the 2<sup>nd</sup> August 2019.

## 1.2 Methodology

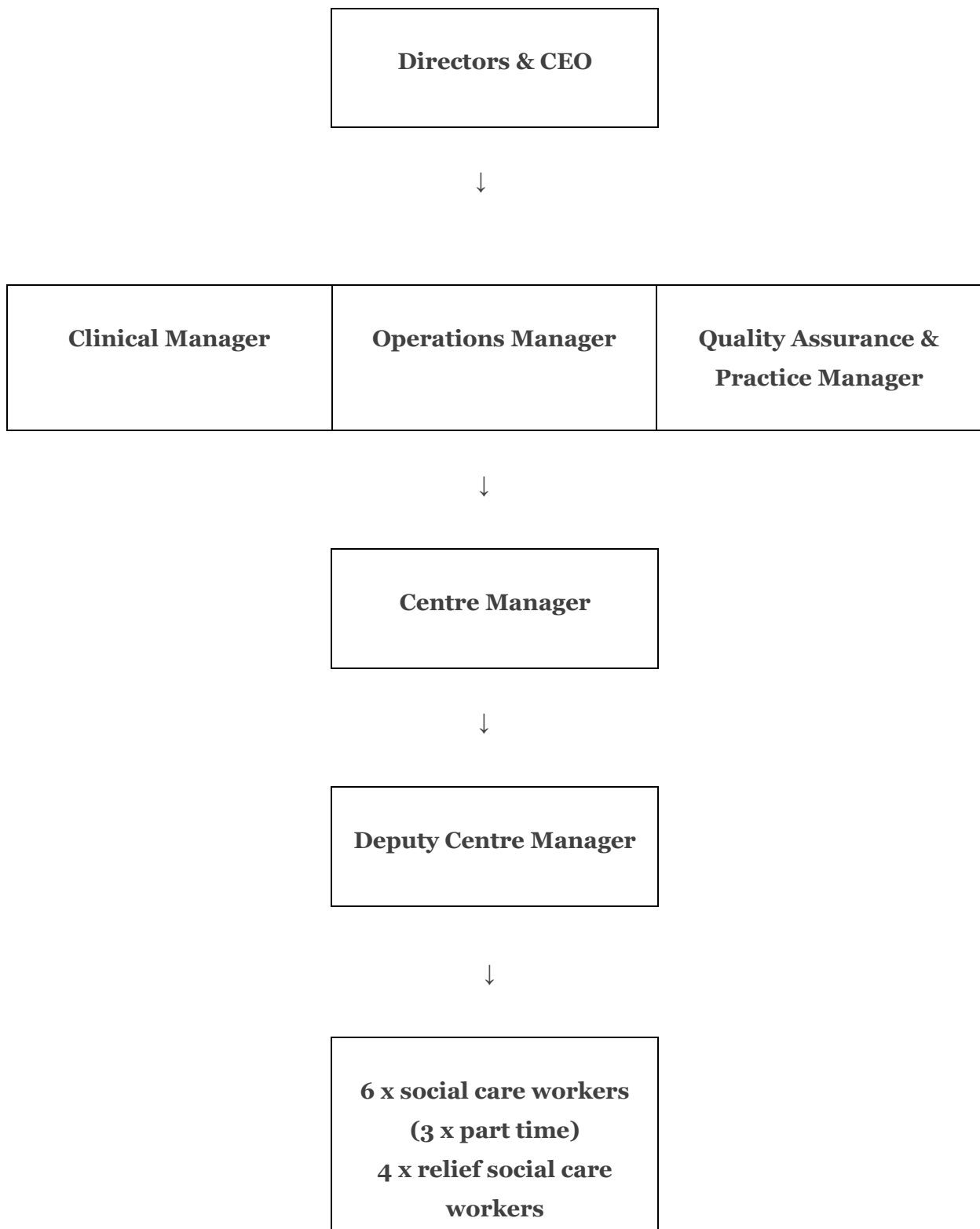
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) the centre manager
  - b) the deputy manager
  - c) seven of the care staff
- ◆ An examination of the centre's files and recording process which included the following:
  - Management meeting minutes
  - Centre audits
  - Clinical review and team meeting minutes
  - Statutory care and centre placement plans
  - Centre management supervision records
  - Personnel files
  - Complaints register
  - Child protection register
  - Health and Safety audits
  - Maintenance log
- ◆ 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 quality assurance and practice manager

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 director and the relevant social work department on the 2<sup>nd</sup> December 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 final completed action plan (CAPA) on the 18<sup>th</sup> December 2019.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre not to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 082 with the attached condition from the 16<sup>th</sup> December 2019 to the 16<sup>th</sup> December 2022 pursuant to Part VIII, 1991 Child Care Act.

The following condition was attached to the centres registration under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991, at that time. The condition being that:

1. The fulltime qualified and experienced staffing levels are increased. This condition will be reviewed before the 31<sup>st</sup> March 2020.



## 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**

None identified.

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

##### **Management**

At the time of inspection, the centre manager had been in a permanent post for two years and held an appropriate qualification including a diploma in management. They were in a full time role, and worked nine to five each week. They were supported by a deputy manager who covered a mixture of rostered day shifts and office days. Members of staff who returned questionnaires to the inspectorate described the manager, in general, as approachable and supportive and someone who provided a good standard of care for young people in the centre. The manager described their governance responsibilities as including oversight in respect of young people's placement plans, attending team and clinical meetings, review of centre paperwork, facilitating supervision and the completion of a monthly checklist submitted to their manager as part of the centre's monitoring system. This self-audit aimed to ensure required standards were being met and to identify any deficits. The manager stated that they were supervised by the quality assurance and practice manager (QAPM) and reported to the operations manager. The QAPM provided the manager with regular supervision, although their main function was to conduct quality assurance audits within the centre and the organisation overall.

From a review of the care files, the inspectors found that the centre manager had met their responsibility for overseeing the day to day operation of the centre. Governance and oversight processes had improved since the last inspection and internal and external management oversight was observed across centre records. The monthly monitoring checklists completed by the manager reflected a review of the care practices and care planning within the centre. They included an audit of supervision, young people's care files, centre paperwork, fire safety, complaints, training and child protection amongst others. This checklist was subsequently used by the quality assurance and practice manager to ensure compliance during centre visits. Inspectors

found that a number of the gaps identified from the checklist were recurring each month, namely supervision and staffing, and it would be of benefit if each audit included a review of actions from the previous month so as to track repeat issues and ensure they were being addressed within stated timelines.

Further, inspectors noted that up to the period of August 2019, there was a deficit in respect of a specific action plan being provided to the centre manager for implementation following the quality assurance manager's audits. However, the process had changed to incorporate this procedure and a new template was observed by inspectors to come into use from September onwards. From a review of this action plan, it was unclear if corrective strategies had yet been put in place to respond to the outstanding issues. An example of this was the deficit in the provision of supervision for relief staff which was identified in a number of monthly audits as not being in line with centre policy timeframes. External and centre management must ensure that recurring themes are tracked during the auditing process and a response with timelines are implemented as part of the action plan.

As noted above, the centre manager was receiving supervision from the quality assurance and practice manager. This supervision process was in line with the centre's policy. However, there was only one recorded session on file for meetings between the operations manager and the centre manager. As the operations manager had a role in the governance of the centre and the manager reports to them, support in this regard must be implemented on a regular basis and recorded. Inspectors observed that the content of the sessions between the centre manager and their supervisor were reflective of the manager's role and in particular, matters identified by the centre manager in the monthly monitoring check lists were discussed here. The record of these sessions showed that a plan was in place for the manager to address the outstanding issues regarding supervision for relief staff and staff accountability. A review of outcomes from this plan were not available to inspectors at the time of inspection and they were not observed as having been addressed in the external audit as mentioned above.

Monthly management meetings took place which were chaired by the CEO and attended by senior and centre managers. Deputy managers were invited to attend every three months. Agenda items included quality assurance, care practice and planning, budget, roster management, supervision, staffing, health and safety and complaints. The minutes from these meetings observed by inspectors reflected discussion points only, no detailed dialogue was recorded. A full record of these meetings are held in the organisation's head office.

In the previous inspection, it was found that input from the clinical team was not evident in records examined. Inspectors found that on this inspection, improvements were made in this regard and from a review of the multidisciplinary team meeting minutes, inspectors observed that the records reflected a very thorough and detailed account of the clinical guidance provided with good direction given to the staff team on concrete actions for care practices. Furthermore, there were clear consistent interventions for young people outlined in respect of addressing areas such as sleeping patterns, escalating behaviours, anxiety and mental health issues. Inspectors noted that inconsistencies identified on the last inspection regarding placement planning had also been addressed. There was evidence observed across the care files that planned programmes for young people were linked to key objectives and outcomes were measured to show how goals had been met, or in some instances had not been achieved. Goals identified were specific and were developed from month to month within the plan. Furthermore, inspectors observed that clinical advice had informed placement plans.

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

#### **Staffing**

At the time of this inspection although there were no young people placed in the centre, one young person had begun their transition and was due to be admitted after the inspection concluded. The core staff team consisted of seven social care workers including a deputy manager plus a centre manager and the centre aimed to have at least one qualified staff member at child care leader level on each shift. However, three of the team were on part-time hours and the roster showed that it was being supplemented by relief workers which were not solely dedicated to the centre. In light of this, the centre did not have adequate numbers of fulltime whole equivalent staff to fulfil its purpose and function. As mentioned above, this was a recurring theme which was highlighted in consecutive monthly audits by the centre manager. At interview, the quality assurance and practice manager told inspectors that recruitment is currently underway and this deficit will be addressed. External management must address the core staffing deficit in the centre as a matter of priority.

Three new staff had been recruited since the last inspection, however all of these had left their positions for various reasons including one staff member's contract had not been renewed and one did not pass the probation period. From observation of some of the exit interview records, the feedback included lack of career progression and promotional opportunities for one staff member.

Inspectors reviewed a sample of personnel files and found that there was up-to-date Garda vetting for staff members. Files held three references that had been verbally verified, however, one of the references on file for one worker had been provided by the manager of the centre where they were employed to work. CVs were up-to-date but copies of qualifications along with verification of same were not on file for one worker. One staff member was joining the team on a full time basis from another centre within the organisation and their full personnel record was not yet part of centre records. Centre management must ensure that all staff members' qualifications are on file and are consistently verified with the awarding body. References must be sought from appropriate referees.

### **3.2.4 Regulation Based Requirements**

The centre has not 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 7, Staffing (Numbers, Experience and Qualifications)***

#### **Required Action**

- External and centre management must ensure that recurring themes are tracked during the auditing process and a response with timelines are implemented as part of the action plan.
- The support the operations manager provides to the centre manager, must be recorded and in line with their role and function within the governance of the centre.
- External management must address the core staffing deficit in the centre as a matter of priority.
- Centre management must ensure that all staff members' qualifications are on file and are consistently verified with the awarding body. References must be sought from appropriate referees.

### **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**

The centre had a child safeguarding policy in place that contained procedures on anti-bullying, dealing with disclosures and allegations of abuse, a lone-working policy and safe recruitment practices. Although the policy had been updated in 2019, it needed further revision. Inspectors noted that there was an absence of a procedure in place for dealing with reasonable grounds for concern about young people and a whistle blowing policy was not contained in the document. Further, it was not clear where child protection concerns were recorded for each young person. There was no code of behaviour for staff and young people included in the safeguarding policy. This will be discussed further under the child protection section.

The centre must have written guidelines on appropriate professional relationships between staff and young people. The child safeguarding policy must include all procedures in line with Children First 2017 requirements. A written record of safeguarding concerns must be kept for each young person so as to be aware of patterns of risk that may emerge. Staff must be updated through training on the centre's revised safeguarding policies.

Inspectors reviewed the complaints register as part of the safeguarding processes within the centre and found that there were seven complaints in total recorded between January 2019 to August 2019. The recording system in place was clear and easy to track, however in respect of one entry, it was recorded in the register as a complaint rather than documented as an allegation under the centre's child safeguarding policy. This is referred to below. From the questionnaires that were completed by the staff team, all social care workers were familiar with the complaints procedure in place within the centre.

## **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.

Inspectors observed that despite an allegation having been made in relation to inappropriate professional relationships between a staff member and one young person, there was no code of behaviour guidelines developed subsequent to the incident having taken place. Furthermore, inspectors did not see evidence that training specific to this issue was provided to the staff team. External and centre management followed relevant steps in dealing with the allegation, including appropriate notification to professionals and involvement of the young person's social

work department who were jointly investigating the concern. Further, it had been decided not to submit a child protection and welfare report form in respect of this allegation, but the reasons why this decision had been made, had not been recorded. The designated liaison person for the centre must record their reasons for making this decision.

While all staff had received training on Tusla's Children First e-learning programme, their Children First training was out of date for three staff members. The centre manager informed inspectors that two of these staff were trained post inspection. Child protection training must be provided to all staff and it must also incorporate revision of the centre's updated child safeguarding policies as mentioned above.

The centre's safeguarding and child protection policy was developed as an organisation-wide document and as noted in the findings from an inspection report from another centre, there were some deficits outstanding. Some of these included, signs and symptoms of abuse were not contained in the document and neither was the statutory responsibility of the mandated person to report child protection concerns and allegations through the Tusla portal. The 'red flag letter' system referred to was not in keeping with the Children First 2017 and staff had cited this as a procedure to follow in the questionnaires completed under the complaints section. Inspectors also noted in the questionnaires that mandated staff were not aware of their responsibilities in this regard. All staff stated that they were familiar with the risk assessments and safety plans implemented in the centre to protect young people from harm and were able to outline these. On revision of the centre's child safeguarding policy, a revised copy must be submitted to the inspectors' post completion.

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

None identified.

#### **Required Action**

- Senior management must review their child safeguarding policy to include written guidelines on the nature of appropriate professional relationships between staff and young people.
- The centre manager must ensure that the policy includes all procedures in line with Children First 2017 requirements. A written record of safeguarding concerns must be kept for each young person so as to be aware of patterns of risk that may emerge.
- Where the designated liaison person in the centre does not complete a child protection and welfare referral to the Child and Family Agency, they must record the reasons for not doing so on the young person's file.

- Centre management must ensure that child protection training is provided to all staff and it must also incorporate the centre's updated child safeguarding policies.
- Senior management must ensure that on revision of the centre's child safeguarding policy, a copy is submitted to inspectors.

### **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 was based in a residential housing estate. The interior of the accommodation was clean and well presented. The young people's bedrooms had appropriate furnishings and were sufficient for the registered capacity of the centre. Each young person had a room to themselves. The centre was adequately lit, heated and ventilated. There were suitable facilities for cooking and laundry and all equipment was domestic in style. Despite this, inspectors found that the centre lacked a homely ambiance and a number of staff stated in their questionnaires that the physical environment was minimal and the comfort and privacy was only satisfactory. Inspectors recommend that further improvements are made to enhance the centre's comfort for young people. Recreational areas were available to young people inside and outside the centre including the surrounding garden area. Evidence of insurance was provided to inspectors and the centre was found to be adequately insured.

##### **Maintenance and repairs**

A maintenance checklist was included in the monthly audit by the centre manager and also contained in the safety checklist completed every month. There was oversight evident by external management. A section on house maintenance was further included on the management meetings each month as a set item on the agenda. A maintenance report register was maintained and worksheets in place reflecting the repairs that were carried out with dates included and by the person/company completing the action.

## **Safety**

The centre had an up to date health and safety statement in place and there was a designated health and safety officer appointed. Health and safety hazards were recorded and were risk rated along with the control measures in place and the person responsible for addressing these. Monthly safety checklists were completed by the centre manager. Areas inspected in the audits included, fire safety, premises security, first aid, premises, food safety and vehicles. From a sample of personnel files examined by inspectors, staff were adequately trained in first-aid techniques. A secure medicine cabinet was in place in the centre's office. The centre had one vehicle which was roadworthy and had up-to-date insurance and tax in place. Inspectors observed a number of driving licences on file for staff.

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

#### **Fire Safety**

There was a fire safety certificate in place for the centre. Inspectors viewed the fire safety register and daily fire checks were in place and signed by staff with oversight by centre management and by the quality assurance manager. The centre had a maintenance contract with a service provider in respect of fire equipment. The fire-fighting equipment was tested and serviced on 18<sup>th</sup> December 2018. The alarm system and emergency lighting was tested on 13<sup>th</sup> March 2019. There was evidence of fire drills taking place including names of those partaking along with dates noted. The times the drills took place were not recorded in all cases and inspectors recommend these are always included. Inspectors saw evidence that all staff were trained in fire safety and evacuation training. This training was not provided onsite for all staff and this must be facilitated by centre management as a 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**

- All staff must be trained in site specific fire safety and evacuation training as a matter of urgency.

### 3. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The external and internal management must ensure that recurring themes are tracked during the auditing process and a response with timelines are implemented as part of the action plan.</p> <p>The support the operations manager provides to the centre manager, must be recorded and in line with their role and function within the governance of the centre.</p> <p>External management must address the core staffing deficit in the centre as a matter of priority.</p>	<p>The auditing tool has been updated and further developed by the Quality Assurance &amp; Practice Manager to ensure recurring themes are tracked and responses are provided with timelines. This was implemented from September 2019.</p> <p>The Operations Manager regularly meets with the Centre Manager in line with his role and function within the governance of the centre and an improved mechanism for the recording of these meeting is in place since the beginning of September 2019.</p> <p>Recruitment is ongoing for the centre and interviews recently took place in November.</p>	<p>The auditing tool and its outcomes will be regularly monitored by the Senior Management Team to ensure it is kept in line with regulations.</p> <p>The new recording mechanisms in place will ensure there is clear detail of the Operations Managers meetings with the Centre Mana.</p> <p>Recruitment and retention of staff is a key priority for the organisation and it has been outlined as a special area of attention</p>

	<p>Centre management must ensure that all staff members' qualifications are on file and are consistently verified with the awarding body. References must be sought from appropriate referees.</p>	<p>In relation to this specific staff member, an updated reference and copy of qualification has been requested.</p>	<p>in the organisations strategic planning for 2020.</p> <p>The organisation will continue to ensure that all documents are on file for all employees of the organisation by completing file audits and cross checks. This is incorporated as part of the recruitment process and no staff can commence their employment until such time that all required paperwork and references are received.</p>
<p><b>3.7</b></p>	<p>Senior management must review their child safeguarding policy to include written guidelines on the nature of appropriate professional relationships between staff and young people.</p> <p>The centre manager must ensure that the policy includes all procedures in line with Children First 2017 requirements. A written record of safeguarding concerns must be kept for</p>	<p>The code of behaviour policy will be incorporated into the child safeguarding policy which will be completed by December 31<sup>st</sup>, 2019; a copy of which will be forwarded to Registration &amp; Monitoring.</p> <p>The centre manager will ensure that the policy includes all procedures in line with Children First 2017. A record of safeguarding concerns is kept for each</p>	<p>The child safeguarding policy will be reviewed on an annual basis or as necessary by the senior management team.</p> <p>This policy and practice will be routinely reviewed and will be overseen by the Clinical Manager who is the designated liaison person for the service.</p>

	<p>each young person so as to be aware of patterns of risk that may emerge.</p> <p>Where the designated liaison person in the centre does not complete a child protection and welfare referral to the Child and Family Agency, they must record the reasons for not doing so on the young person's file in accordance with Children First requirements.</p> <p>Centre management must ensure that child protection training is provided to all staff and it must also incorporate the centre's updated child safeguarding policies.</p> <p>Senior management must ensure that on revision of the centre's child safeguarding policy, a copy is submitted to inspectors.</p>	<p>young person. This will be completed by January 30<sup>th</sup> 2020.</p> <p>As per Children's First, where the designated liaison person in the centre decides not to report a concern to the Child and Family Agency, the reason for not reporting will be recorded.</p> <p>There is a training schedule in place for all staff to attend Children First/Safeguarding training every three years. This training will include a review of revised safeguarding policies.</p> <p>On revision of the child safeguarding policy, a copy will be submitted to the inspectors.</p>	<p>All concerns whether reported or not will be documented in the young person's file and reviewed routinely through the centre's internal auditing tools.</p> <p>The safeguarding Policy will be routinely reviewed, and any changes will be implemented into the policy.</p> <p>N/A</p>
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<b>3.10</b>	All staff must be trained in site specific fire safety and evacuation training as a matter of urgency.	On site Fire Safety Training has been scheduled for January 8th 2020.	On-site fire training will be reviewed regularly to ensure that all staff are trained in site specified fire safety training.
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