



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

Centre ID number:	015
Year:	2015
Lead inspector:	Kieran Magorrian

Registration and Inspection Services  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Positive Care Ireland</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>7<sup>th</sup> July 2015</b>
<b>Registration Decision:</b>	<b>Registered from the 9<sup>th</sup> of September 2013 to the 9<sup>th</sup> of September 2016</b>
<b>Inspection Team:</b>	<b>Kieran Magorrian John Laste</b>
<b>Date Report Issued:</b>	<b>15<sup>th</sup> December 2015</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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

## 1.2 Methodology

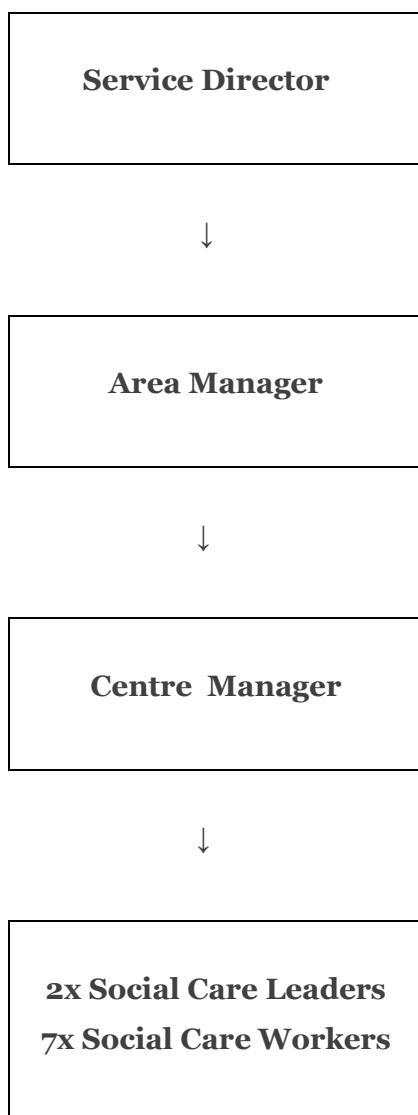
This was a one-day themed inspection looking at the management and staffing of the centre and planning for children and young people. This inspection took place on 7<sup>th</sup> of July 2015. The report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Seven of the care staff
  - b) Four young person/people residing in the centre
  - c) The social worker(s) with key worker responsibility for the young people residing in the centre.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ 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 management
  - b) Four care staff
  - c) Four young people
  - d) The monitoring officer
- ◆ An observation of care practices routines and the staff/ young person's interactions.

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date December 15<sup>th</sup> 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this without conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 9<sup>th</sup> of September 2013 to the 9<sup>th</sup> of September 2016.**



## 3. Analysis of Findings

### 3.1 Purpose and Function

#### **Standard**

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

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

The inspectors found that the centre has a clear statement of purpose and function which accurately describes what the service sets out to do for young people, and describes the manner in which care is provided. Information about the centre is provided in the form of an accessible booklet to young people, parents and supervising social workers.

The Service Director is responsible for keeping the statement up to date; the statement was not reviewed from the date of the last inspection.

There were four residents at the time of the inspection. The inspectors found that admissions to the centre were in line with the statement of purpose and function. This centre is registered to provide short to medium term care, and can accommodate up to four young people of mixed gender aged 13 to 17 years old on admission.

There is a comprehensive policy and procedures document to inform practice at the centre. The inspectors found that the staff team were familiar with the statement of purpose and function, and the key policies and procedures in operation at the centre.

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

None Identified.

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

None Identified.

#### **Required Action**

- The statement of purpose and function must be reviewed at regular intervals.

## 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**

There are clearly defined lines of authority with regard to the operation of this centre. The day to day management of the service is the responsibility of the centre manager. They report to the regional manager who in turn reports to the service director nationally.

There was a change person-in-charge since the last inspection and the proprietor has duly notified the registering authority in accordance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5. The new person in charge (centre manager) is appropriately qualified and has over five years post qualification experience.

The inspectors found that the work of the centre was closed scrutinised by the external manager (regional manager). The regional manager visits the centre every 1-2 weeks in order to support the new manager and the team. Regular practice audits were carried out by the regional manager and the audit reports were copied to the director of service. The reports were reviewed by the inspectors. Audits are carried out every 4-6 weeks, and the audit reports provide good evidence that the work of the centre is scrutinised. The regional manager told the inspectors that they regularly talk with the young people, inspect records, meet with the manager and occasionally attend team meetings when they visit the centre.

The inspectors found the organisation and management of care at the centre was good. Staff interviewed by the inspectors described the centre manager as approachable and very supportive.

## **Register**

The register of all those who live in the centre was maintained by the centre manager. The inspectors found that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21; the admission and discharge details of residents were properly recorded.

## **Notification of significant events**

The inspectors found that significant event reports were promptly notified. This information was confirmed by the monitoring officer and supervising social workers.

## **Staffing**

The team consists of a centre manager, two social leaders, and seven social care workers. There is a panel of relief staff to cover contingencies. The majority of the team hold a qualification in social care. There was a good gender mix and a balance of experienced to new staff. Team members were scheduled for duty at the key times and there were always two staff on sleep-over duties. There was a waking night shift at the time of the inspection.

The Inspectors found that the team were thoroughly vetted before taking up duties in the centre. Garda vetting was renewed every three years for existing employees.

## **Supervision and support**

The inspectors examined the staff supervision records. Supervisions sessions were recorded and signed by the supervisor and on average sessions are organised every four to six weeks. The centre manager and team leaders supervise the team. There was evidence of a link to the implementation of the placement plans in the supervision records reviewed by the inspectors. The centre manager is supervised by the regional manager.

Team members told the inspectors that support mechanism were in place for staff. They confirmed that team meetings were held regularly and individual supervision was taking place

## **Training and development**

The inspectors found evidence of attendance at certified training in fire prevention, occupational first aid, health and safety, therapeutic crisis intervention, and child protection in the last year. New team members were asked to attend induction training. The staff stated that they have good access to training opportunities.

## **Administrative file**

The inspectors found that the record keeping at the centre was well organised. There was evidence that the quality of record keeping was monitored by the centre manager and regional manager.

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

None identified.

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

None identified.

### **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)
- Part III, Article 16, Notification of Significant Events.

## **Required Action**

None Identified.

### 3.3 Monitoring

#### **Standard**

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

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

The inspectors found that the authorized person was visiting the centre on a regular basis. This was confirmed by the young people who said that they meet with the monitoring officer and have the opportunity to discuss their welfare and happiness.

A monitoring report was submitted at the time of the inspection. The findings were that the centre was mostly in compliance with the regulations and standards. The significant event reporting was in accordance with the regulations and reports were promptly notified to the monitoring office.

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

None Identified.

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

None Identified.

#### **3.3.4 Regulation Based Requirements**

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

#### **Required Action**

None Identified.

### **3.4 Children's Rights**

#### ***Standard***

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

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

##### **Consultation**

The young people told the inspectors that their views were sought when decisions were being made that affect their daily life and future.

##### **Complaints**

There is a written complaints procedure however the procedure should say more about appeals. In particular, the procedure should state that the outcome of the investigation of a complaint may be appealed to the Child and Family Agency. Team members who were interviewed by the inspectors demonstrated a good knowledge of the procedure. The centre manager maintains a complaints register; there was one serious complaint during the period under review. The inspectors found that the complaint was taken seriously and investigated in a timely manner.

##### **Access to information**

The inspectors found that the young people were knowledgeable about their right to access information about them. They told the inspectors that they received information about their rights and about Empowering Young People in Care (EPIC).

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

None Identified.

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

None Identified.

### **3.4.4 Regulation Based Requirements**

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

#### **Required Action**

- The centre complaints procedure must state that the outcome of the investigation of a complaint may be appealed to TUSLA Child and Family Agency.

### **3.5 Planning for Children and Young People**

#### ***Standard***

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

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

##### **Suitable placements and admissions**

The inspectors found that the admissions to the centre were planned in line with the assessed needs of the young people. Applications for admission to the centre are coordinated nationally by the National Residential Care Service, Private Placements Team. The inspectors were satisfied that adequate information was provided about young people prior to admission. This was confirmed through audit of the young people's care files. Pre-admission risk assessments were carried out for each new admission.

##### **Statutory care planning and review**

The inspectors reviewed compliance with the regulations on care planning. Child Care Plans were completed within the required time frame in compliance with Regulations. The care plans reviewed were comprehensive and the placement plans drawn up by the centre were linked to these care plans. However the inspectors found that the placements plans for young people at the centre were not always signed by the supervising social workers. In general the placement plans reviewed were of a high standard and demonstrated good knowledge of the young people and their needs.

##### **Contact with families**

The inspectors confirmed that the young people have contact with family and friends where this is in their best interest and welfare.



## **Emotional and specialist support**

The inspectors confirmed that the young people had access to the specialist services they require at the time of the inspection.

## **Discharges**

The inspectors were satisfied that the young people discharged from this centre were discharged in accordance with their needs.

## **Children's case and care records**

The inspectors reviewed care files of the residents; the files were accessible and easy to follow. Care file recordings were kept up-to-date and the records were filed in chronological order. There was evidence that the key documentation as set out in the regulations and standards was properly recorded. The recording standard was good and there was evidence that the records are scrutinised by management.

The regional manager confirmed that the care files of ex-residents are archived and stored securely.

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

None identified.

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

None identified.

### **Standard**

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

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

##### **Supervision and visiting of young people**

The inspectors found that the supervising social workers were visiting the young people in compliance with the regulations. Social work visits were recorded on the young people's care files. The details of any action taken as a result of a social work visit are also recorded.

##### **Social Work Role**

The inspectors arranged telephone interviews with two supervising social workers. They were positive about the centre and the placement outcomes. The social workers were clear about their role and responsibilities. They confirmed that they meet with the young people in private at the centre. The social workers also confirmed that they read and sign records relating to the young people on visits to the centre.

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

None identified.

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

None identified.

#### **3.5.7 Regulation Based Requirements**

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

##### ***Regulations 1995***

***-Part IV, Article 23, Paragraphs 1and2, Care Plans***

***-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan***

***-Part V, Article 25and26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***

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

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

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

### **Required Action**

- The placement plans must be signed and dated by the key worker and the supervising social worker for the young person.

## 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**

On the day of the inspection, inspectors observed a pleasant and home-like atmosphere at the centre. The young people spoke positively about their experience of living there. They generally appear to get on with each other and enjoy positive relationships with staff team.

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

The young people told the inspectors they liked the food prepared in the centre. They also confirmed that their likes, dislikes and general food preferences were catered for.

#### **Managing behaviour**

There was a clear written policy on managing behaviour. Individual behaviour management support plans were in place. The inspectors found that the plans were tailored to meet the assessed needs of the young people.

There was a written policy on the use of sanctions. The administration of any sanction must be recorded and records are monitored by management. Sanctions records were reviewed by the inspectors and the sanctions administered were reasonable.

## **Physical Restraint**

The team use the Therapeutic Crisis Intervention (TCI) approach and this includes physical restraint training. The centre policy requires the use of all physical restraint to be recorded. The inspectors found that physical restraint was not a feature of the young people's experience at the centre.

### **Absence without authority**

The inspectors found that the centre was following the Joint Protocol between Child and Family Agency and An Garda Síochána. There were clear plans setting out what to do if young people go missing from the centre.

#### **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.*

### **Required Action**

None Identified.

### **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**

##### **Safeguarding**

The inspectors found there were guidelines on the nature of appropriate professional relationships between staff members and young people and there are procedures in place for responding to any allegations or complaints about staff at the centre. The team members interviewed by the inspectors were aware of the vulnerabilities of the young people at the centre.

The young people interviewed by the inspectors were clear about what to do if they were unhappy about any aspect of their care.

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

None Identified.

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

None Identified.

## **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.

#### **3.7.4 Practices that met the required standard**

The inspectors found that the centre has a child protection policy in line with Children First: National Guidance for the Protection and Welfare of Children 2011. Team members interviewed by the inspectors were familiar with their role and responsibilities under Children First: National Guidance for the Protection and Welfare of Children 2011. The centre manager is the designated person for the purpose of reporting child protection concerns.

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

None identified.

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

None identified.

#### **Required Action**

None identified.

## **3.8 Education**

### ***Standard***

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

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

The inspection took place during the summer holiday period. The inspectors reviewed the education and training plans for the young people. There was evidence that the team were supporting and encouraging young people to pursue education and training.

#### **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.

#### **Required Action**

None identified.



### 3.9 Health

#### **Standard**

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

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

The young people were registered with a local G.P. practice. Medical examinations of the young people were carried out as part of the admission process at the centre. The inspectors found that the care records of the young people provide good evidence that their health needs were being addressed.

The inspectors reviewed the storage and administration of medicinal products. They were stored securely at the centre and the administration of medicines was properly recorded.

#### **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).***

#### **Required Action**

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 inspectors found that the accommodation was fit for purpose and can comfortably accommodate four young people. A safety audit was undertaken as part of inspection process. The centre met the required safety standard. The property is insured in accordance with the Child and Family Agency's requirements.

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

The inspectors found that repair work was carried out promptly. There was an effective means for reporting hazards.

##### **Safety**

Health and safety audits are routinely carried out by an external company. The reports are comprehensive and are centre specific. A staff member was assigned as the centre health and safety officer. A staff member was assigned as the health and safety officer reporting to the centre manager. The inspectors carried out an audit of health and safety compliance no matters of concern were identified.

The inspectors found the vehicle used to transport the young people was roadworthy, legally insured and driven by persons who were properly licensed. Weekly safety checks were carried out on the vehicle by staff

## **Fire Safety**

The inspectors reviewed fire safety compliance. Fire detection equipment and the fire safety equipment at the centre met the required standard. Maintenance contracts are in place for the servicing of this equipment. Fire prevention and evacuation procedures were being carried out by the team.

The inspectors advise that fire safety compliance and related documentation must be kept in a standalone register in line with the 'HSE Fire Safety Guidelines and Requirements, Fire Safety Register – Children's Residential Centres (2011)'.

### **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.*

### **Required Action**

- Fire safety compliance and related documentation must be kept in a standalone register in line with the HSE Fire Safety Guidelines and Requirements, Fire Safety Register - Children's Residential Centres 2011.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	The statement of purpose and function must be reviewed at regular intervals.	Reviewed in October 2015. Action completed.	Response accepted. The revised Statement of Purpose and Function was reviewed by the Lead Inspector.
3.4	The centre complaints procedure must state that the outcome of the investigation of a complaint may be appealed to Tusla Child and Family Agency.	<p>This will be included in young person's information booklet and young people will be informed of this when a response is given to a complaint.</p> <p>Our reviewed complaints procedure also incorporates that young people are entitled to appeal to the Tusla complaints officer.</p>	Response accepted. Reviewed by Lead Inspector.
3.5	Placement plans must be signed and dated by the key worker and the supervising social worker for the young person.	Noted and all staff / social workers informed of same.	Response accepted. The practice to be kept under review by the Monitoring Officer.

<p><b>3.10</b></p>	<p>Fire safety compliance and related documentation must be kept in a standalone register in line with the 'HSE Fire Safety Guidelines and Requirements, Fire Safety Register – Children's Residential Centres (2011)'.</p>	<p>Action Completed.</p>	<p>Response accepted. The Fire Safety Practice in the Centre was recently audited by the Monitoring Officer; who confirmed compliance with fire safety requirements.</p>
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