



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

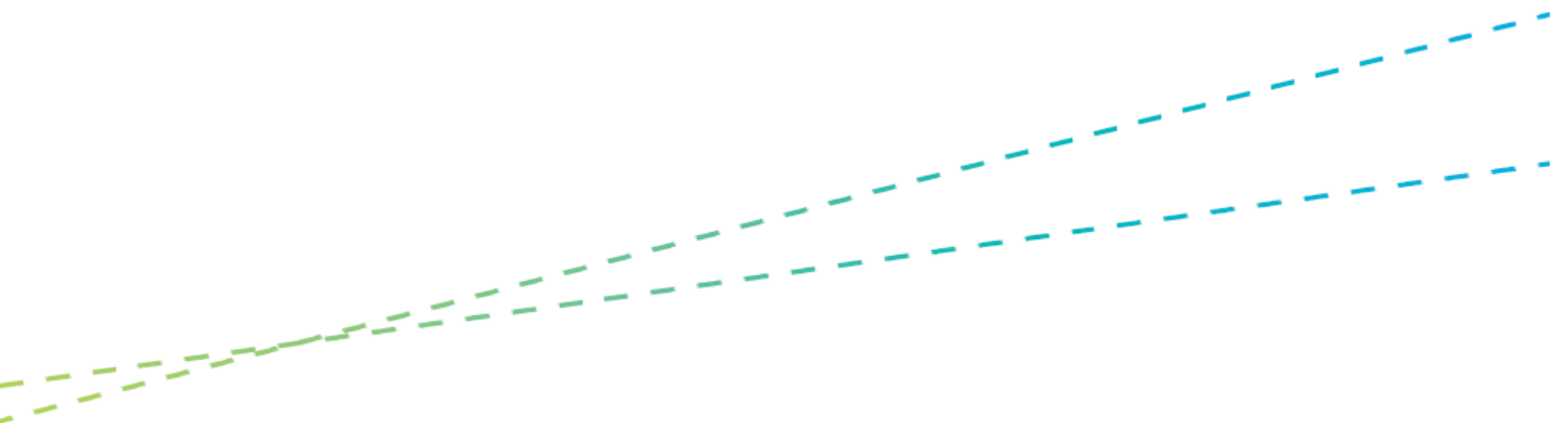
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 110

Year: 2017

Lead inspector: Noreen Bourke

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care Limited
Registered Capacity:	Three young people
Dates of Inspection:	7th and 8th of June 2017
Registration Status:	Registered from the 18th of August 2015 to the 18th of August 2018
Inspection Team:	Noreen Bourke
Date Report Issued:	29th August 2017

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1. Foreword

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

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

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

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

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

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

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

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

1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this center with the aforementioned standards and regulations and the on-going operation of the center in line with its registration.

The centre is a residential centre that provides accommodation for a maximum of three young people of mixed gender aged between 13 and 17 years on a medium term basis. The centre was granted registration on the 18th of August 2015 to the 18th of August 2018. It was last inspected on the 2nd and 3rd of February 2016. This inspection was announced and it took place on the 7th and the 8th of June 2017. The focus of the inspection was to test the application of *Standards 1, 2, 4, 6 and 10, of the National Standards for Children’s Residential Centres –Statement of Purpose and Function, Management and Staffing, Children’s Right, Care of Young People and Premises and Safety* this report is based on the following:

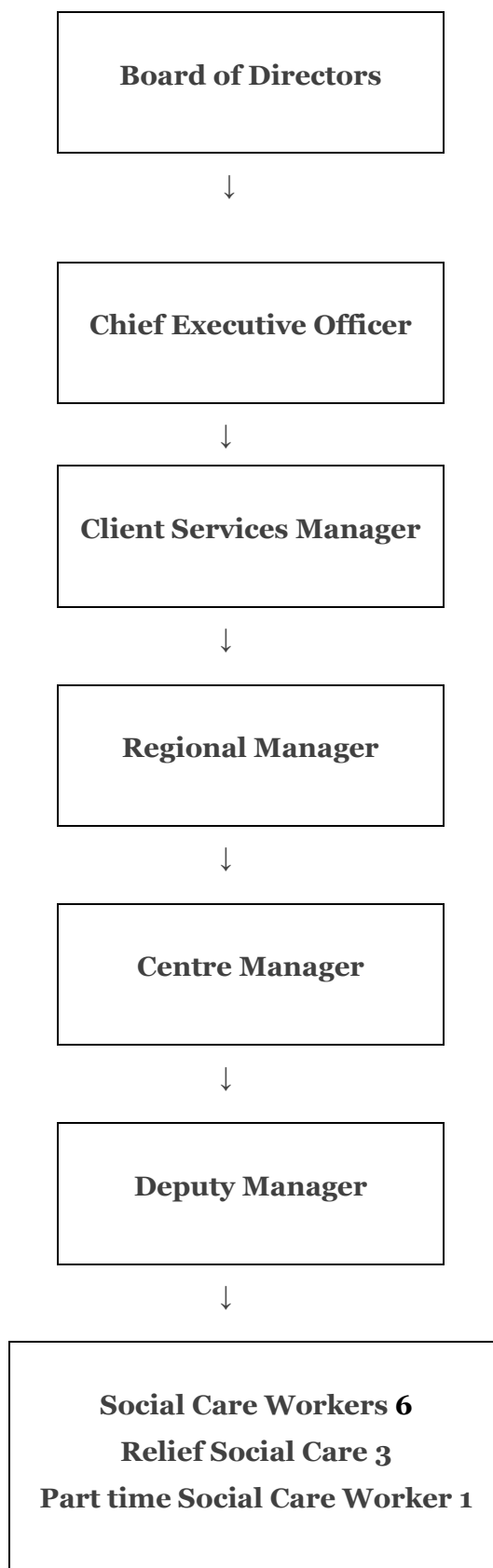
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Two of the care staff
 - b) Two young people residing in the centre
 - c) Two social worker with responsibility for young people residing in the centre.
 - d) Other professionals e.g. General Practitioner’s and therapists.
- ◆ 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) The regional manager
 - c) Two care staff

- d) Two young people
 - e) Lead Inspector with responsibility for the centre
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.2 Organisational Structure



2. Findings With Regard To Registration Matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 9th of August 2017. The centre manager returned the report with a satisfactory response and action plan on the 24th of August 2017.

The findings of this report and the assessment of the submitted action plan deem the centre to be operating in adherence to the regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre continues, without a condition attached, from **18th of August 2015 to the 18th of August 2018**

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 statement of purpose and function was evident in writing and described the centre as providing care for three young people aged 13 – 17 years of age, on a short to medium term basis. The management in consultation with the directors were responsible for undertaking a review of the purpose and function of the centre on an annual basis. The document was last reviewed in October 2016.

Key legislation and policies were outlined in the statement. The care framework used by the service does not endorse a particular model of care but outlines the principles of therapeutic care. It relies on a care framework that takes account of four stages of the life of a young person in their placement. The first is the entry and admission stage where the needs of the young person are assessed. The second stage, allows for the young person to settle into their new environment and for planning and development to take place based on the assessed needs of the young person. The third phase incorporates an expectation that the young person will have developed significant relationships with keyworkers and staff. The purpose of such relationships is to allow for the formation of what is called a ‘therapeutic alliance’ between the young person and staff in order for the young person to reach their placement goals. Maintaining positive relationships between care staff and young people was a strong feature of the therapeutic approach used. Young people were encouraged through their participation in the life of the centre to make changes by learning from their fellow residents and staff members. The approach to care was one of including the young people in the decision making process within the centre. The fourth stage takes account of the young person’s transition from the centre and engagement with the leaving and after care service. The inspector found that through interviews with management, care staff and young people they were confident in describing the purpose and function of the centre. The findings of the inspector were that the day to day operations of the centre were reflected in the statement of purpose and function.

3.1.2 Practices that met the required standard in some respect only

None identified

3.1.3 Practices that did not meet the required standard

None identified

3.2 Management 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

The inspector found that there were clear defined lines of authority with regard to the operation of the centre. The day to day management of the service was the responsibility of the centre manager and they reported to the regional manager who had oversight of the work of the centre. There was good evidence that the centre manager and the regional manager were satisfying themselves that appropriate and suitable care practices were in place at the centre. The regional manager undertook a monthly audit of the centre and a copy of this was forwarded to the inspector. They were found to be of good quality. Their report was copied to the external line management. This comprised of the national service director, who is assisted by two national managers (the operations manager and the training manager). There was good evidence that the external management were overseeing the quality and effectiveness of the services provided by the centre.

Register

A register of all those who live in the centre was maintained by the centre manager. The inspectors found that the admission and discharge details of residents were recorded. Three admissions and one planned discharge were recorded for the period under review. However, the addresses of the parents of the young people were not included on the register and this is an issue that should be addressed by the service.

Notification of Significant Events

The inspector examined the centre records and found that significant event reports were promptly notified in line with the regulations. This was confirmed by the lead inspector with responsibility for the centre and by the supervising social workers. Records of significant event reports were stored on the young people's individual files. Significant event reports were reviewed by the centre manager and deputy manager. Following a review of the significant events reports there was feedback and direction given to staff. Behaviour management and placement plans were also reviewed to take account of issues arising for the young people and changes were made to their placement plans if and when required. A further review of the significant event reports was undertaken by the regional manager in their monthly audit of the individual placements of the young people.

Staffing

The deployment of staff was sufficient to meet the needs of the three residents. There were adequate numbers of staff on duty at the key times. The staff were suitably qualified with a degree in social care. There was a balance between experienced and inexperienced staff. The following positions were employed to work at the centre: one centre manager; deputy manager; six social care workers, one part time social care workers and three relief social care workers. The inspector examined the staff personnel records and found that the team was appropriately vetted before taking up duties.

Supervision and support

There was a supervision policy and staff supervision contracts were signed and dated. The team received regular supervision; sessions occur every 4-6 weeks in line with their stated policy and procedures. There was evidence in the records reviewed of an effective link between supervision and the implementation of the individual placement plans of the young people. The centre manager and deputy manager supervised the team and the regional manager supervised the centre manager.

Administrative files

The inspector found that there were systems in place to facilitate effective management and accountability. The recording systems were well maintained and structured and each file held a record of the daily life of the young person. The centre manager stated that there was adequate funding available to the centre to meet the day to day requirements of the centre including the provision of food and clothing for

the young people. Adequate funding was also available to allow them to pursue interests and hobbies of their choice.

3.2.2 Practices that met the required standard in some respect only

Training and development

The inspector examined the training attendance records and found evidence that the full time staff had attended the requisite training. The national training manager was responsible for the delivery of staff training. The service had an effective on-going training and development programme in place and there was evidence that training was provided in drug awareness, safe talk, key working, effective supervision, care framework, manual handling. All of the full time staff had undertaken the core training in Children First 2011, Behaviour Management, Fire Safety and First Aid. However, the three relief staff and one relief social care staff were not trained in fire safety. Two of the relief staff were not trained in first aid.

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

The Child and Family Agency had 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 had 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

- The centre manager must ensure that all staff working at the centre are trained in fire safety and first aid and confirm its completion in writing for the inspection service.

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

The young people told the inspector that their views were sought when decisions were being made that affected their daily life and future. Community meetings were held daily involving staff and young people. These meetings were convened at the request of both staff and young people. The inspector attended one of the community meetings and reviewed the minutes of previous meetings. The focus of the community meetings was on the young people's self-development, where the young people were given opportunities to learn how to interact and negotiate with each other and with staff members. The young people were able to discuss issues regarding living together as a group, interactions between care staff and young people. House rules were openly discussed including the planning of activities and the funding for such activities. The young people told the inspector that they felt that they were involved and included in the decision making process of their life within the centre. One young person shared their experience of being consulted when an important decision was being made about their care plan. The young person perceived this as a positive experience. There was evidence on the file of consultation with the young person through key work reports. They were involved in the recording of their monthly progress report which in turn informed the report for their child in care review meeting. They attended their Child in Care Review Meetings.

One young person was due to leave the care system within the coming year. They had a leaving after care worker assigned and were aware of the proposed after care plan. On file was a copy of the leaving care needs assessment completed by the young person. Also on file was a copy of the leaving care assessment plan completed by the placing social worker. The most recent child in care review meeting identified a leaving care plan for the young person and this included an identified move on placement. The centre had developed a transition plan as a means of supporting the young person in their transition to aftercare. The young person told the inspector

that they were involved in and consulted regarding all aspects of their leaving and after care plan.

Access to information

The inspectors found that the young people were properly informed of their right to access information and the daily recordings. The file of the young people held a record of when they were offered to read their file, for the most part the young people chose not to read their files. In place of this the centres involved the young people in contribute to their monthly progress reports. These reports were written by the key workers in consultation with the young person. The reports informed the placement plans and reports for the Child in Care Review Meetings. They young people told the inspector that they had received information about the centre. The young people confirmed that they had received information on Empowering Young People in Care (EPIC) an advocacy group for young people in care, and that EPIC had visited the centre on one occasion.

3.4.2 Practices that met the required standard in some respect only

Complaints

There was a written complaints procedure in place. The staff interviewed by the inspector were clear that the young people had a right to complain about any aspect of their care. They demonstrated a good knowledge about what to do if a young person was unhappy and wanted to make a complaint about any aspect of their care or of the service.

The inspector reviewed the complaints register; there were a number of informal complaints on file. The complaints evidenced that the young people were able to raise issue that were of concern to them. These included how they lived together as a community and covered such issues as the level of noise from the TV, having a hamster in the living area, noise from the engine of the car when driving, choosing their own keyworker, grocery shopping and the dynamic between care staff and young people. All of the complaints recorded were addressed within the context of the community meetings. The detail of the complaints and outcome of the complaints were recorded and reviewed by the centre manager. Feedback was given to the young people either immediately within the community meeting or within a short timeframe once clarification of issues had been undertaken.

A review of the formal complaints register evidenced that there were three formal complaints made between the 15th December 2016 and the 1st January 2017. One complaint necessitated an internal and external investigation and was undertaken by the service and the Child and Family Agency, TUSLA. There was evidence on the file to show that the issue had been investigated and an outcome reached as to the complaint. There was evidence on file to show that the young person was satisfied with the outcome of the complaint. A second complaint was listed as having been resolved; however, there was no supporting evidence to show how the complaint had been investigated and an outcome reached. For the third complaint, there was no evidence to support that an outcome had been reached regarding the complaint or whether the young person was advised of the outcome of the complaint.

3.4.3 Practices that did not meet the required standard

None identified

3.4.4 Regulation Based Requirements

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

Required Action

- The centre manager must evidence the process of the investigation and the outcome of two formal complaints made by young people and provide evidence to the inspection service when completed.

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

The young people were care for in a manner that respected their views about how they should live together. Account was taken of their interests when participating in the local community activity and groups. They were allowed to express choice about their personal appearance and clothing. They were supported in making these choices by the care staff. Following interviews with the young people the inspector found that they were positive about their experience of living at the centre and about the staff who cared for them. The centre was found to be child-centred and having the young people participate in the communal life of the centre was central to their overall philosophy of care. The staff team were enthusiastic about their holistic approach to care and the decision making process. There was a comfortable and relaxed atmosphere within the centre. Key workers for the young people were aware of their individual placement plans and were guided accordingly by these. There was evidence that their work with the young people were reviewed by the centre manager and deputy manager.

The young people were provided with the same opportunities as their peers therefore particular attention was paid to the education of the young people and to their engagement in mainstream education. Two of the young people had identified education placements. One young person was admitted during the inspection process, an education placement had been identified and staff were in the process of accessing the placement. A second young person had very specific educational needs. They were due to transition to second level education. The centre manager reported that the identification of a school to meet the educational needs of the young person was proving to be particularly difficult. This issue was addressed directly by the inspector with the placing social worker. The social worker was in discussion with the identified school regarding a placement.

Provision of food and cooking facilities

Young people told the inspector that they were involved in the planning of the meals provided at the centre. A review of the planned menu showed that the meals provided to the young people were nutritious and provided a healthy and well-balanced diet. The young people had the opportunity to shop for specific items of food that they liked. The kitchen in the centre was spacious and well equipped and was maintained to a high standard.

Race, culture, religion, gender and disability

The centre had a written policy on anti-discrimination practice. The inspector found that the staff ensured in so far as possible that the young people enjoyed the same opportunities as their peers in the community. The religious practice of the young people was attended to with one of the young person making their confirmation this year. It was celebrated within the centre and with their family.

Managing behaviour

There were written guidelines for staff on how to respond to inappropriate behaviour. The team was encouraged to consider the underlying causes of inappropriate behaviour, and day-to-day practices are in place in order to support the young people in managing their behaviour. Specific and age appropriate behaviour management plans were drawn up and agreed with the young person's social worker. The inspector found that the behaviour management plans were tailored to the young peoples assessed needs. The individual crisis management plans were updated regularly and reflected any changes required.

The team receive training in supporting the young people in managing their behaviours. There is a written policy on sanctions and the young people are encouraged to reflect within the context of house and community meetings upon the consequences of their behaviour. Records of sanctions were reviewed by the inspector and there was no evidence to suggest that the young people were being treated inappropriately. There was evidence that the positive behaviour of young people had been rewarded.

Absence without authority

The staff team were familiar with the Joint National Protocol for Children Missing from Care and with the procedure for reporting a child missing from care. Absent management plans had been developed in respect of each young person and had been

signed by their respective social workers. There were no incidents of unauthorised absences from the centre in respect of the current residents.

3.6.2 Practices that met the required standard in some respect only

Restraint

The therapeutic crisis intervention approach was used at the centre and this includes training on the use of physical restraint. Restraint was viewed by the team as a final intervention in a very serious incident. Restraint was not a regular feature of the young people's care at the centre. The centre held a register of all restraints. There was no evidence in the record of restraints log to show that restraints were reviewed by the centre or external management. The register should evidence a review of restraints and what feedback was given to staff.

3.6.3 Practices that did not meet the required standard

None identified

3.6.4 Regulation Based Requirements

The centre had 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

- The centre manager must evidence that they have reviewed physical restraints and that they are evidenced on the young person's care file and in the register of restraints.

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 centre had a child protection policy in line with *Children First: National Guidance for the Protection and Welfare of Children 2011*. There were guidelines in place for responding to any allegations or complaints about staff at the centre. The rights of the young people were fostered within the life of the centre through a shared living experience with adults. The young people had regular phone contact with their social workers. All staff working at the centre had the required Garda vetting and were in receipt of on-going professional training and development. Young people were central in the process of team discussion. Where it was required clinical oversight of placements was provided by a Clinical Psychologist attached to the service. The young people were involved in local community activities and schools. There was good inter-agency involvement with the young people.

Child Protection

Standard

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

The inspector found that the centre has a child protection policy in line with *Children First: National Guidance for the Protection and Welfare of Children 2011*.

The centre manager was the designated person for the reporting of child protection and welfare concerns. A number of *Standard Report Forms* were submitted during the period under review. The inspector found that two of these concerns were in respect of one young person. These concerns were reported in a timely way and dealt with in line with *Children First: 2011* procedures. These concerns were taken seriously.

Between the 24th January 2016 and the 1st November 2016 eight standard report forms had been forwarded to the social work department in respect of a second young

person. Staff interviewed by the inspector stated that there was no acknowledgement by the social work department of these reports. Following further enquires by the inspector to the placing social worker; the regional manager for the service provided a written account of the outcome to the notifications to the service. A copy of this notification was forwarded to the inspector. This notification must be placed on the file of the young person.

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

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

Maintenance and repairs

The centre manager reported that all of the general maintenance and repair issues were dealt with promptly. The centre had a dedicated maintenance person who undertook all maintenance issues as they arose. The general maintenance and repairs for the centre did not extend to the overall décor of the centre.

Safety

The vehicles used to transport the young people were roadworthy, legally insured and driven by persons who were properly licensed. Vehicle service records, insurance, car tax and a certificate from the National Car Testing Centre (NCT) details were held on file. Weekly safety checks were carried out on the vehicle and are recorded by the staff. The certificate evidenced that the insurance is valid from the 1st August 2017 to

the 31st July 2017. The service provided documentary evidence dated the 16th May 2017 that the centre was included on the services insurance policy schedule.

3.10.2 Practices that met the required standard in some respect only

Accommodation

The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The young people had rooms of their own and there are age appropriate recreational facilities in place. There was plenty of space available for privacy for the visit of families, social workers and friends. There were adequate toilet and bathroom facilities in place and there was evidence of proper facilities for the refrigeration and storage of food. However, one of the freezer boxes in the fridge freezer was broken and needs to be replaced.

Attention needs to be paid to the replacement of furniture in the main living areas. The inspector advises that due to the general wear and tear within the centre that it is in need of painting and decorating.

The centre had a comprehensive written safety statement. The centre manager undertook a monthly audit of health and safety issues for the centre. A review of the safety audits evidenced that there were adequate arrangements in place to identify risk and to guard against risk or injury occurring at the centre. The audit further evidenced that account was taken with regard to the welfare of staff and young people. However, not all of the care staff had read and signed the health and safety statement.

Fire Safety

The centre and deputy manager were the designated people with responsibility for fire safety within the centre. Maintenance contracts were in place for the servicing of fire safety equipment. On file was a copy of the certificate of servicing and testing of the fire detection and alarm systems dated the 13th October 2016, the 26th January 2017 and the 3rd May 2017. A certificate of the testing and maintenance of the emergency lighting system was on file dated the 3rd May 2017.

A review of the fire safety compliance and related documentation were kept in a standalone register in line with the 'HSE Fire Safety Guidelines and Requirements, Fire Safety Register'. Fire prevention and evacuation procedures were being carried out by the team. It evidenced that daily visual inspection of the central alarm system was undertaken by care staff. Staff were also required to undertake a daily visual

inspection of the means of escape from the centre. A review of the fire safety register evidence that this was not happening as required on a daily basis. While the centre had an appropriate fire detection and central alarm system the fire panel was placed in a locked press. The fire panel must be accessible and visible to staff without having to resort to keys to access same.

The required fire extinguishers and fire blankets and all fire fighting equipment were situated at designated fire points throughout the centre. The fire extinguishers were last tested on the 6th February 2017. A centres specific evacuation plan was on display at central points throughout the building. There was evidence to show that staff were undertaking a weekly inspection of the automatic door release on the fire safety doors. The young people living at the centre were able to say what they would do in the event of a fire occurring at the centre and the route and means of escape that they would take should a fire occur. Inspectors noted that fire safety training was not provided to the part time and relief staff. This deficit in training was identified in the last inspection dated the 2nd and 3rd of February 2016. The centre manager, as the designated person with responsibility for fire safety must ensure that all staff are trained in fire safety.

3.10.3 Practices that did not meet the required standard

None identified

3.10.4 Regulation Based Requirements

The centre had 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)

The centre had not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996,***

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must ensure that the freezer box in the main fridge freezer is replaced.
- The service directors must ensure that the centre is painted and decorated and that the furnishing and fitting in the main living area is updated and replaced where necessary.
- The centre manager must ensure that all staff read and sign the safety statement.
- The centre manager must ensure that the fire safety panel is accessible to staff without the hindrance of being locked in a press.
- The centre manager must ensure that daily safety checks are carried out to ensure that fire exits are clear and that this is evidenced in the fire register.
- The centre manager must ensure that all part time and relief staff receive training in fire safety.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	The centre manager must ensure that all staff working at the centre are trained in fire safety and first aid and confirm its completion in writing for the inspection service.	The organisation will endeavour to ensure that there is at least one staff member on shift daily that is trained in fire safety and first aid.	<p>Management within the centre will pay particular attention to the rota to ensure that this is the case.</p> <p>The regional manager will also provide oversight in this area.</p>
3.2	The centre manager must evidence the process of the investigation and the outcome of two formal complaints made by young people and provide evidence to the inspection service when completed.	<p>Resolved: complaints log updated. There was not the most update report filed on the day of the inspection. The report filed was missing the resolution section.</p> <p>The most up to date information has been filed in the appropriate care file detailing the investigation and resolution of both complaints.</p> <p>The centre manager has emailed verification of this to the inspector.</p>	T regional manage will pay particular attention to the filing and recording of formal complaints in their regional audits moving forward.
3.3	The centre manager must ensure that the acknowledge receipts of the standard report forms by the social work	The email from the social workers acknowledging the receipts of all Standard Report Forms to date have been added to	Read receipts will be attached to each Standard Report Form and printed and placed on file to show acknowledgement of

	department are placed on the file of the young person.	the relevant young people's care files	receipt and filed along with the relevant Standard Report Form to confirm notification.
3.4	The centre manager must ensure that the freezer box in the main fridge freezer is replaced.	A new freezer box has been purchased 11/08/2017 and is now in place.	Maintenance audits completed periodically by the maintenance department will ensure that the physical environment remains at the appropriate standard. Regional audits completed monthly by the regional manager will also ensure that the physical environment remains at the appropriate standard.
3.5	The service directors must ensure that the centre is painted and decorated and that the furnishing and fitting in the main living space is updated and replaced where necessary.	Maintenance have been in the centre since inspection and has freshened paint throughout the living areas. A new suite of furniture has been delivered to the centre.	Maintenance audits completed periodically by the maintenance department will ensure that the physical environment remains at the appropriate standard. Regional audits completed monthly by the regional manager will also ensure that the physical environment remains at the appropriate standard.
3.6	The centre manager must ensure that all staff read and signed the safety statement.	This took place at the team meeting on the 18/08/2017 and all team members signed.	This is part of the induction process for each new staff member who begins working in the centre. Regional manager will provide oversight of this.
3.7	The centre manager must ensure that the fire safety panel is accessible to staff	The lock has been removed from this and it is now accessible without the use of keys.	This will remain in place moving forward

	without hindrance of being locked in a press.		
3.8	The centre manager must ensure that daily safety checks are carried out to ensure that fire exits are clear and that this is evidenced in the fire register.	This took place on the 18/08/2017 fire register and checks were revisited with the team as a training piece. Going forward these checks will be included as part of the daily tasks for handover.	This will be clarified with all new staff members as part of their induction. The centre manager will provide oversight here on a day to day basis. Regional manager will also provide oversight.