



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 017

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Gateway Children's Services Ltd
Registered Capacity:	Two Young People
Type of Inspection:	Announced
Date of inspection:	26th, 27th and 28th September
Registration Status:	Registered from the 18th of December 2022 to the 18th December 2025
Inspection Team:	Lorna Wogan Anne McEvoy
Date Report Issued:	29th November 2022

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 2: Effective Care and Support (Standard 2.3 only)	
3.2 Theme 3: Safe Care and Support (Standard 3.1 only)	
3.3 Theme 4: Health, Wellbeing and Development (Standard 4.2 only)	
4. Corrective and Preventative Actions	20

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 19th December 2013. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 18th December 2019 to 18th December 2022.

The centre was registered to provide medium to long term care for up to two children of all genders from age 13 to 17 years. The centre's model of care was built on a strengths-based approach. The care of the children was informed by attachment and resilience theories and an understanding of the impact of trauma on child development. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment and belonging. There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 18th October 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 25th October 2022. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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: 017 without attached conditions from the 18th December 2022 to 18th December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was a detached single storey residence located on the outskirts of a large town and enjoyed the combination of a private setting with easy access to schools, shops and recreational activities. The centre was adequately lit, heated, and ventilated. The young people confirmed this when they spoke with the inspectors. One young person told the inspectors the house felt homely. The young people had no complaints about the premises and they both stated they felt safe and comfortable in the house.

Despite the small size of the rooms within the house, the centre had sufficient personal and communal space for the two young people who lived there. Each young person had their own bedroom and access to two small sitting rooms and a conservatory/games room.

Overall, the centre was clean and provided adequate space for the young people living there. However, further refurbishment work was required to ensure the centre was upgraded to create a more pleasant ambience. The inspectors observed paintwork in some areas of the house was marked and fixtures and fittings, while functional, were noticeably worn. There was evidence that maintenance work was carried out and the team had worked to make the centre as homely as possible despite the limitations of the structure and layout of the house. The young people had requested additional storage space in their rooms, and this was provided to their satisfaction. One of the young people suggested to the inspectors that the storage cupboards in their bedroom be painted to brighten and modernize the room. The centre manager arranged for this to be completed following the inspection. The young people had opportunities to personalise their bedrooms, and choose soft furnishings and purchases for the centre,

if they wished. The young people were proud of their bedrooms and happy to show the inspectors how they had personalised them. The games room was well equipped with age-appropriate toys, art materials, board games, bicycles, and a drum kit that were purchased for the young people in placement. The external line manager must routinely monitor the premises to ensure the maintenance of standards and develop a programme of maintenance that will ensure the structural and decorative order of the centre is maintained.

There was sufficient space outside for the young people to play football and outdoor games and the grass was well maintained. The inspectors recommend an autumn tidy up is undertaken to include cutting back hedging on the property, power hosing the exterior of the premises and the pathways.

There were cleaning schedules in place and the inspectors found that the kitchen and food preparation areas were clean. There were appropriate practices in place for the storage of food and disposal of domestic refuse. Food was labelled when opened and when frozen. Fridge and freezer temperatures were monitored daily. There were adequate laundry facilities located in the kitchen area and the young people had routines in place to complete their laundry with assistance from the staff. Cleaning materials were stored in a secure location in the centre.

The centre maintained a record of all breakages and repair requirements. There was a prompt response to maintenance requirements and this was confirmed by staff interviewed and the young people.

Small electrical appliances appeared in good working order with no obvious signs of damage or wear and tear and were checked by staff as part of their weekly in-house health and safety audits. The inspectors recommend that all portable electrical appliances in the centre are periodically serviced by a competent person to ensure they are in safe working order.

Written confirmation from a chartered engineer was furnished to the inspectorate that all statutory requirements relating to fire safety and building control were complied with. The centre had a fire safety policy and an appointed fire safety representative. The inspectors found there were adequate precautions taken by the centre against the risk of fire, including the provision of adequate means of escape. There was a fire risk assessment log completed on a weekly basis by staff. Fire evacuation plans were displayed in the centre and there was a designated fire assembly point. Fire exits were illuminated, and the fire panel had fire zones identified. Key guards were in place at each exit point. The young people confirmed

they had regularly participated in fire drills and this was evidenced in fire drill records with one fire drill annually during the hours of darkness. There were adequate arrangements in place for detecting, containing and extinguishing fires and for the maintenance of firefighting equipment. The inspectors found that the fire blanket in the kitchen was not secured to the wall therefore the fire blanket could not be accessed quickly from its case in the event of a fire and this was not identified in fire checks or identified as a risk in the centre. The centre manager must ensure the fire blanket is secured to the wall in the kitchen as a matter of priority. While there were well-developed systems in place for the prevention and detection of fire the inspectors found this information was located in several places. Inspectors found that the service checks completed on the fire alarm system and emergency lighting system were not recorded on the specific service check booklet which was last signed and dated in 2019. The centre manager must ensure that a separate fire register be maintained that will evidence all the required statutory fire checks, both external and internal, in one document and one location.

The centre had a written health and safety statement developed in line with legislation and was updated in September 2022. Emergency contacts were set out as well as specific roles as they related to health and safety of staff and children. The centre manager maintained a list of all staff who had read the health and safety statement. The centre had a health and safety representative and they conducted quarterly health and safety checks and completed a written report that outlined their findings. The inspectors found that some actions were carried over from one report to the following report. The centre manager must ensure that all required actions/recommendations are addressed and signed off by them following the quarterly health and safety report. Staff completed a weekly hazard risk assessment of the premises that was completed on their electronic information system. However, the inspectors found that the risk hazard template must be reviewed as a number of risks set out on the template were not relevant to the rooms identified and audited. This weekly risk assessment must be centre specific.

First aid kits were located in the kitchen, office and in each of the centre vehicles. There was evidence that stocks in first aid kits were checked in September 2022 following a recommendation from an external audit. There was an accident and injury logbook maintained in the centre with corresponding accident reports on the individual care records. There was a procedure in place for reporting workplace accidents in line with the Health and Safety Authority workplace legislation. The registered proprietor submitted evidence of adequate insurance in place against accidents or injury to children being maintained in the centre.

There was a medication management policy in place and staff were trained in safe administration of medicines. There were systems in place to evidence the administration of medications, stock control and disposal of medication. Medicines were securely stored in a cabinet with separate locked areas with photo identification. Corresponding photo identification was also attached to the medication administration records. Prescriptions and administration records were maintained but some improvements were required to ensure there was a clear approach to recording if a young person refused their medication. The inspectors found that the medication administration records periodically recorded 'medication not given' therefore it was unclear if the young person declined to take the medication or if staff had not administered it when due to be taken. The centre manager must ensure the reason medication was not administered is recorded. There were systems in place to record medication errors. The centre manager and staff stated there were no medication errors relating to the children in placement. The inspectors were made aware that the anti-ligature knife was secured in the medication cabinet however to access the knife the staff had to access the key cabinet to source a key for the medication cabinet. The centre manager must ensure that the ligature knife is easily accessible to staff in the event they require it.

Training for all staff was up to date and staff who required refresher training or core mandatory training were scheduled to undertake any outstanding mandatory training. There was a robust training programme in place for staff. The manager had systems in place to monitor and track staff training and ensure it was completed in a timely manner. Staff had undertaken training in fire safety, manual handling, first aid (FAR), Tusla's Introduction to Children First and Mandated Persons training and behaviour management training. Certification for all training undertaken was easily accessible on the personnel files which were well organised. Specific training in the use of an anti-ligature knife was facilitated with staff in response to the presenting needs of young people in placement.

There were two vehicles onsite to transport the young people. The centre vehicles were found to be roadworthy, regularly serviced, insured, taxed and driven by staff who were legally licenced to drive the vehicles. Copies of full driving licences were evidenced on the personnel files reviewed by the inspectors. Each car contained a fire extinguisher, a warning triangle, first aid kit and high-vis jackets. The centre manager must ensure that the fire extinguisher in each car is secured to prevent additional injury in the event of a car accident. The centre recorded all vehicle maintenance checks and repairs and there were systems in place to undertake weekly cleaning and checks on the centre vehicles. House maintenance requirements, fire

safety and oversight of cars was evidenced as standing agenda items at team meetings.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The external line manager must routinely monitor the premises to ensure the maintenance of standards and develop a programme of maintenance that will ensure the structural and decorative order of the centre is maintained.
- The centre manager must ensure that an autumn tidy up is undertaken around the property to include hedge trimming, power hosing the exterior of the premises and the pathways.
- The centre manager must ensure that all portable electrical appliances in the centre are periodically serviced by a competent person to ensure they are in safe working order.
- The centre manager must ensure the fire blanket is secured to the wall in the kitchen as a matter of priority.
- The centre manager must ensure that a separate fire register be maintained that will evidence all the required statutory fire checks, both external and internal, in one document and one location.
- The centre manager must ensure that they have oversight of the quarterly health and safety report completed by the health and safety representative and that all required actions are completed and signed off.
- The centre manager must review the risk hazard assessment template to ensure it is centre specific and correlates to the specific rooms within the home.

- The centre manager must ensure the reason medication was not administered to the young people is recorded.
- The centre manager must ensure that the ligature knife is easily accessible to staff in the event they require it.
- The centre manager must ensure that the fire extinguisher in each car is secured to prevent additional injury in the event of a car accident.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors found that the centre was operating in line with the relevant legislation and complied with reporting procedures set out in Children First: National Guidance for the Protection and Welfare of Children, 2017 and in line with the requirements of the Children First Act, 2015. The centre had set out their guiding principles and child safeguarding practices policy in a written document that was due for review in 2023. This document was developed in line with the requirements set out in Children First.

External compliance audits were undertaken, to include Theme 3 (Safe Care and Support) of the National Standards for Children's Residential Centres, 2018 (HIQA) in May and September 2022. An action plan following the May 2022 audit was completed and signed off by the Director of Operations.

The centre had a written Child Safeguarding Statement that was displayed in the centre. The statement was reviewed and updated in line with the statutory requirements. The statement set out the potential risks of harm/abuse, as defined under the Children First Act 2015, for young people living in the centre, along with measures in place to mitigate these risks. Staff interviewed by the inspectors were familiar with the Child Safeguarding Statement, were able to identify these risks and confirmed it was reviewed periodically at the team meeting. Following a review of the centre's Child Safeguarding Statement the inspectors found it did not include the risk of child sexual exploitation. The centre manager must ensure this risk is incorporated into the centre's Child Safeguarding Statement.

There was a procedure in place to maintain a list of all mandated persons in the centre. Staff were knowledgeable of their responsibilities as mandated persons in relation to reporting child protection and welfare concerns either jointly with their designated liaison person (DLP) or independently in their own right if required. Staff interviewed were aware of the reporting procedure through the Tusla Child and Family Agency portal, and the procedure in place to inform the allocated social workers of child welfare and protection concerns. There were clear procedures in place whereby the social worker or social work team leader informed parents of any incident or allegation of abuse. The centre manager was the designated liaison person (DLP) and there was an appointed deputy DLP. There was specific training in place for these roles. Staff had completed Tusla's Introduction to Children First and Mandated Persons training, and the regional director confirmed that the organisation planned to facilitate in-service training on their own child safeguarding practices policy.

The inspectors found that child protection concerns were referred to Tusla through the portal, and in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. Strategy meetings took place with relevant social workers, when required to address safeguarding concerns. The staff and the managers were aware of individual safeguarding concerns for young people, and they were proactively working to address the risks.

The centre manager held a log of child protection referrals and all reported concerns and supporting documentation was secured on file in the centre. Where there were delays receiving updates from the social work department, the centre manager consistently requested updates as evidenced on the records. There was oversight of reported child protection/welfare concerns at team meetings, senior management meetings and as part of the external auditing process. The centre manager had completed a retrospective review of all child protection notifications on file for the young people in placement and sought clarification from social workers in relation to the status of each report in terms of being open or closed to social work. There were reviews of child protection concerns at the team meetings however the team meeting records need to consistently evidence the current status of the concern in terms of being open, closed or currently being assessed or investigated. The records demonstrated that staff were alert to child protection concerns and followed through with child protection reporting procedures, and this was confirmed by the social work team leaders interviewed.

There were a range of written policies to safeguard the young people in the centre and these were set out and signposted in the child protection policy; for example, policies

on physical touch, one to one work and supervision of the young people, personal care, professional boundaries, staff code of conduct. Staff were able to outline for the inspectors the child safeguarding practices in place.

There was robust monitoring of the young people to ensure safe care. There were individual risk assessments on the care records to address areas of vulnerability for the young people, for example risks associated with access to social media, these were comprehensive and well-structured and subject to regular review at team meetings. Pre-admission and impact risk assessments were on the young person's care record with particular risks and vulnerabilities recorded. The inspectors found that the impact risk assessment required further detail in relation to the measures in place to mitigate the specific risks identified in the impact risk assessment.

Inspectors reviewed individual work records that evidenced the work completed with the young people to help them understand their feelings and behaviour and develop self-awareness and skills needed to keep themselves safe in community. Discussions with the young people about their personal history and their vulnerabilities in the centre and in the community was completed in a caring and sensitive manner. The inspectors found that the young people trusted the staff to advocate for them and that they were making progress within their placements. This was confirmed by the social work team leaders and the guardian ad litem (court appointed advocates for children in care).

The centre had written policies and procedures in place to address all forms of bullying. Bullying was a topic discussed with the young people on a regular basis through key working and within everyday living. The young people interviewed stated they had not experienced any form of bullying within the centre and they knew how to seek support from the adults in their lives if they experienced bullying. They stated they felt safe living in the centre.

There was a written policy in place on protected disclosures. Staff were able to identify senior managers to whom they could bring concerns should this be required. Staff were confident they could challenge practice at team level and reflect on practice with their colleagues and managers to ensure it was in line with best practice. There were no reported protected disclosures since the last inspection.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure the risk of child sexual exploitation is incorporated into the centre's Child Safeguarding Statement.
- The centre manager must ensure the impact risk assessment details the measures in place to mitigate the specific risks identified.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

There were policies and procedures in place to support the young people's health and wellbeing, which included sexual health, mental health, health promotion programmes, physical activity, diet and nutrition, personal hygiene, and consent. An up-to-date care plan was not forwarded to the centre for either of the two young people following their child in care reviews held respectively in May and July 2022. The social work team leaders interviewed stated that they would follow up on this matter and ensure the updated care plans were forwarded to the centre. There was evidence on file that the centre manager had requested the relevant care plans on several occasions. Each young person had an up-to-date placement plan that outlined their health needs. Staff were knowledgeable about the young people's health needs and had completed extensive individual work that focused on their overall health and wellbeing. Tailored pieces of work were completed regarding self-care, hygiene and wellbeing and it was evident that this had led to significant positive changes for the young people. The work was well detailed and there was evidence

that staff had planned sessions carefully before delivering them to the young people. The social work team leaders and guardian ad litem commended the work undertaken by staff which they said had a positive impact on the lives of the young people.

The inspectors found there was good attention paid to the young people's general health. They were provided with healthy meals and participated in menu planning. The young people were reluctant to engage in structured sports activities however despite this the staff promoted regular exercise and structured routines. Young people described some activities they engaged in such as going for walks, equine therapy and swimming. The young people spoke about being supported by staff to attend education and/or training programmes. One of the young people expressed their dissatisfaction with the social work service and felt their voice was not heard in the care planning process. The inspectors brought these issues to the attention of the social work team leader who agreed to address this matter as a priority. The other resident had no allocated social worker at the time of the inspection and had several changes of social worker since their admission to the centre in January 2022. The social work team leader was acutely aware of the need to allocate a social worker and this matter was being addressed at senior level within the social work department.

Staff were alert to the mental health of the young people and risk assessments were completed and updated as required. Individual work focused on helping the young people to develop positive mental health strategies. Staff provided them with the skills to deal with feelings and emotions, help to understand the impact of past experiences on their mental health and to recognise the triggers that may impact on their self-image and feelings of self-worth. A structured space was created for the team with the services attachment specialist to discuss individual areas of vulnerability and how best to respond to the young people's needs.

The young people's health needs were addressed in a timely way. They had appropriate psychological/mental health supports as required. The social work team leader for one young person stated they were extremely happy with the supports and responsive service provided by the local child and adolescent mental health team. There was evidence that staff supported the young people to attend health service appointments and helped them to understand the benefits of these services. One young person was subject to regular strategy meetings and funding was approved for an updated psychological assessment that was due to commence at the end of October 2022.

The young people were registered with a local general practitioner and were able to access appointments when they needed. The young people had a medical examination on admission and had a valid medical card. Medical consent was on file as required. Young people aged 16 years and over were aware of their right to give consent to medical examinations or treatment. Immunisation records were on file and there was evidence that staff ensured the young people received vaccinations missed prior to coming into care. There was evidence on file that staff explained to the young people the importance of vaccinations. Dental, ophthalmic, and other health related appointments were recorded on the individual care records.

The centre had a no smoking policy that prohibited staff and young people smoking in the centre or when sharing transport. There was evidence in the individual work records of educative programmes in place to discourage the young people from smoking.

There was evidence of regular communication and a partnership approach with the young people, the medical professionals, other specialists and the social workers and social work team leaders where they were directly managing the cases.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The external line manager must routinely monitor the premises to ensure the maintenance of standards and develop a programme of maintenance that will ensure the structural and decorative order of the centre is maintained.	A new governance and oversight form will be implemented on a trial basis for October, November, and December 2022. This will focus on the premises and maintenance. First report due on 03.11.22. Check and challenge to commence in January 2023 after the pilot of the form.	A new governance and oversight data form has been implemented to ensure that the service and the premises will be checked and all relevant information is escalated and reported monthly. The first governance and oversight form is due on 03.11.22 and this will be piloted for two months. Upon completion of this, this will be a monthly function for the manager and external line manager.
	The centre manager must ensure that an autumn tidy up is undertaken around the property to include hedge trimming, power hosing the exterior of the premises and the pathways.	The centre manager contacted maintenance department regarding work to be completed. On 07.10.22 maintenance carried out Autumn tidy up of grounds.	The centre manager will ensure power hosing of the outside pathways will be completed by 16.12.2022 as this is completed yearly by maintenance in their schedule.
	The centre manager must ensure that all portable electrical appliances in the centre are periodically serviced by a	The centre manager has contacted a registered electrician on 20.10.22, who will arrange for a subcontractor to check over	The centre manager will ensure all portable appliances are checked yearly and proof of this will be recorded and filed.

	<p>competent person to ensure they are in safe working order.</p> <p>The centre manager must ensure the fire blanket is secured to the wall in the kitchen as a matter of priority.</p> <p>The centre manager must ensure that a separate fire register be maintained that will evidence all the required statutory fire checks, both external and internal, in one document and one location.</p> <p>The centre manager must ensure that they have oversight of the quarterly health and safety report completed by the health and safety representative and that all required actions are completed and signed off.</p> <p>The centre manager must review the risk hazard assessment template to ensure it is centre specific and</p>	<p>all portable electrical appliances by the end of November 2022 or sooner.</p> <p>The centre manager contacted maintenance who attached the fire blanked to the wall in the kitchen on 03.10.22</p> <p>The centre manager along with QA coordinator will develop a house specific fire register before 21.11.22, that will evidence all internal and external fire checks. This will be kept in the main office.</p> <p>The centre manager will ensure that the quarterly Health & Safety Checklist are completed by the assigned person and there are no carried over tasks or actions required that have been completed. The next report is due on 01.11.22.</p> <p>The centre manager along with the QA coordinator developed a centre specific risk hazard log and this was completed on</p>	<p>The centre manager will ensure the fire blanket remains fixed to the wall in the kitchen.</p> <p>The centre manager will ensure the fire register is completed by a professional representative by 21.11.2022 as this is the date all the fire equipment will be serviced by.</p> <p>The centre manager will examine and sign off on quarterly health & safety checklists completed ensuring there are no carried over actions and all actions required are completed.</p> <p>The centre manager will ensure the Risk Hazard Log for the house only contains rooms in the unit. The centre manager will</p>
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	<p>correlates to the specific rooms within the home.</p> <p>The centre manager must ensure the reason why medication was not administered to the young people is recorded.</p> <p>The centre manager must ensure that the ligature knife is easily accessible to staff in the event they require it.</p> <p>The centre manager must ensure that the fire extinguisher in each car is secured to prevent additional injury in the event of a car accident.</p>	<p>the 24.10.22.</p> <p>On 20.10.22 the centre manager has added another section to the medication sheets where care workers have room to explain why a medication was not given or spoiled.</p> <p>The centre manager on 20.11.22 has moved the ligature knife from the locked medicine cabinet to a drawer in staff bedroom 2.</p> <p>The centre manager contacted the registered fire protection company requesting brackets to hold the fire extinguishers in the boot securely. The provider will supply the brackets to securely hold the fire extinguishers by 21.11.22</p>	<p>have oversight and approve the completed log weekly via the electronic record management system.</p> <p>The centre manager will ensure moving forward any medication not given for any reason is explained using this added section. This has been added to the Team Meeting agenda due to take place on 02.11.2022.</p> <p>A memo to care workers has been sent on the 20.11.22 to inform them and a note of this has been added to the daily handover log.</p> <p>The centre manager will have the brackets fitted to the cars before 01.12.22.</p>
3	The centre manager must ensure the risk of child sexual exploitation is	The centre manager along with the QA coordinator will review the centres Child	This will be reviewed yearly by the centre manager and regional director.

	<p>incorporated into the centre's Child Safeguarding Statement.</p> <p>The centre manager must ensure the impact risk assessment details the measures in place to mitigate the specific risks identified.</p>	<p>Safeguarding Statement and include a section in relation to child sexual exploitation on the 24.10.22.</p> <p>Moving forward the centre manager will ensure the impact risk assessments completed will incorporate all measures used to mitigate risks.</p>	<p>The centre manager and QA coordinator will ensure this is communicated to all Gateway management to ensure consistency across the company.</p>
4	N/A		