



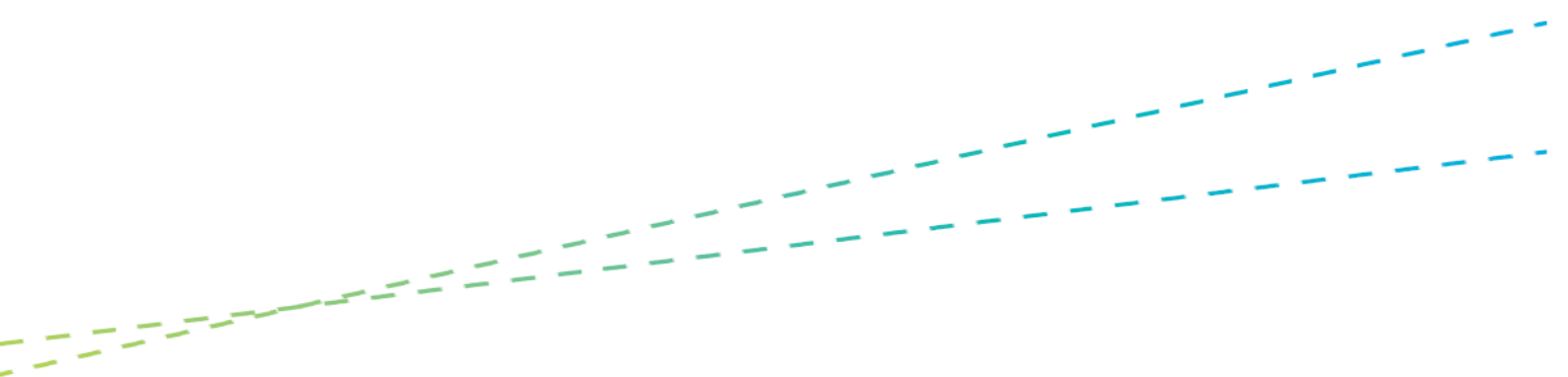
**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 068

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Six young people
Dates of Inspection:	1st May 2019
Registration Status:	Registered from 30th September 2019 to 30th September 2022
Inspection Team:	Cora Kelly Sinead Diggin
Date Report Issued:	12th July 2019

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in September 2004. At the time of this inspection the centre was in their fifth registration and was in year three of the cycle. At the time of the inspection the centre was registered without attached conditions from 30th September 2016 to 30th September 2019.

The centre's purpose and function was to accommodate six young males from age seventeen years on admission up to twenty-one years of age in a semi-independent living residential centre. Their model of care was described as strengths based adopting a holistic, individualised and supportive approach to assist the young people in developing independent living skills. At the time of the inspection six young males were resident in the centre all of whom were over 18 years of age.

The inspectors examined standard 1 'purpose and function', aspects of standard 2 'management and staffing', standard 7 'safeguarding and child protection' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 01st May 2019.

1.2 Methodology

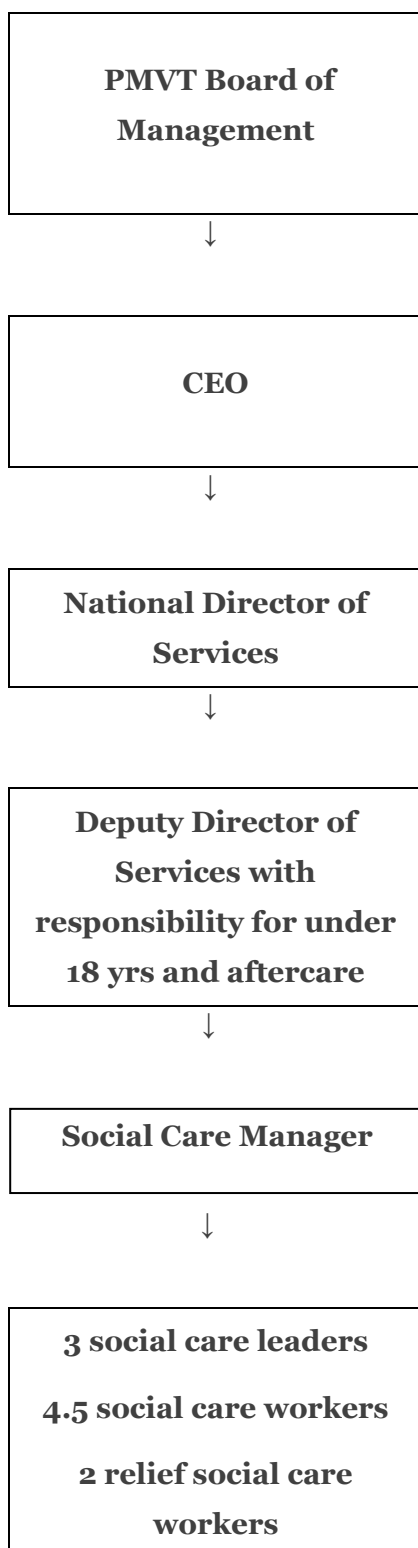
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) Six of the care staff
 - c) The deputy director of services
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf
- ◆ An examination of the centre's files and recording process
 - centre files
 - supervision records
 - maintenance log
 - health and safety records
 - sample of personnel files
 - centre registers
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively
 - a) Centre management
 - b) Social care staff
 - c) Two young people
- ◆ Correspondence with three aftercare workers allocated to four of the young people
- ◆ Observations of care practice routines and the staff/young person's interactions

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, deputy director of services and the relevant social work departments on the 18th June 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 3rd July 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 068 without attached conditions from the 30th September 2019 to 30th September 2022 pursuant to Part VIII, 1991 Child Care Act.

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 centre had an up-to-date written statement of purpose and function. It was supported by a framework that outlined the centres aim and objectives in providing care for the young people. The supports available to the centre in implementing its purpose and function were also detailed. The statement was available for viewing in the centre's hallway. The centre offered individualised, holistic and strengths based placements to six young males aged 17 to 21 years of age in semi-independent accommodation. This was in the form of six flats and recreational areas. The purpose of centre placements was clearly stated. Young people would be supported to develop the necessary skills for independent living and move to independent or supported accommodation based on individual need.

The statement of purpose and function did not include a process that ensured that it was subject to review. The centre manager stated in interview that the statement was last reviewed in February 2019. The centre manager undertook this review task in consultation with the staff team and there were no changes made to the statement following the review. It is recommended that the frequency of reviews is inserted into the document.

Included in the centre's aims and objectives of provision of care were the centre's systems of caring for the young people supported by the centre staff operating strengths based programmes and using daily life events training to support their work with the young people. Centre management had recently completed daily life events 'train the trainer' courses and a workshop had been completed for the team following the inspection. Supporting the work of the centre was the policies and procedures document based on the HSE Dublin North East Policies and Procedures for Children's Residential Centres (2009) and the organisation's employee handbook. The policies and procedures document was supplemented by amendments inserted by the organisation from that time. Centre management advised in interview that the

document required updating and that it was something being worked on. A detailed 13-part information booklet was in place for residents.

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

- 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

There was no change in centre management since the last inspection. The appropriately qualified and experienced centre manager was found to have settled well into their role since being appointed in the previous 12 months with positive feedback received to the inspectors from staff and the centre manager's line manager. In interview and from the review of questionnaires the centre manager was deemed as supportive, approachable, engaging, young person centred and available to the staff team and young people. In interview the centre manager was clear of their role and responsibilities in providing safe and quality care practices led by senior management and brought through into the centre by guiding the staff team. On a day-to-day basis the core work of the centre manager internally included maintaining oversight of centre files and registers, monitoring and observing staff practices, attending young people review meetings, meeting with the young people, overseeing staff training and reporting maintenance and health and safety issues. Inspectors found evidence of oversight across the review of centre files and registers.

With respect to ensuring quality care was provided to all young people the manager held responsibility for ensuring care practices were effectively implemented, consistently reviewed and evaluated. The centre manager named the following as central to this: attendance at daily handovers, discussing and reviewing the needs of young people at weekly team meetings, updating the staff team on learning derived from monthly management meetings, through the on-going formulation of placement plans and processes in place to review these and the completion of end of placement reports. It was evident to the inspectors from the review of centre files and meeting minutes that good discussions were held covering the above named items with actions identified and tracked in terms of progress and completion and of a linking of information from management meetings to team meetings.

The centre manager continued to report to the deputy director of services with responsibility for under 18's and aftercare. The centre manager advised in interview with the inspectors that the deputy director of services frequently visited the centre, was familiar with the young people in the centre and was in regular telephone and email contact with the centre manager.

The deputy director of services held responsibility for conducting internal audits three to four times yearly. Following a review in late 2018 and early 2019, the deputy director of services had developed a full auditing template that included an action plan template. At the time of the inspection the deputy director of services was in the process of conducting an audit of the centre's care practices with this being the third audit in a six-month period. In interview the deputy director of services informed that the centre manager is tasked with completing the action plan which is then followed up by the deputy director of services at the following audit. The format of the audit template included the deputy director of services reviewing the following areas: the centres purpose and function, young people's files, financial expenditure and monitoring, behaviour management model and strategies in use with young people, monthly reporting and house meeting book/ consultation book. There was evidence of the audit tool findings and actions being linked to the monthly management meetings and weekly team meetings. The inspectors recommend that a methodology is included to outline the data and timeframe being reviewed for the purposes of obtaining accurate auditing findings. Also, that the audit process includes interviews with members of the staff team and young people input.

The deputy director of services chaired the monthly management meetings. Standard items on the agenda of these meetings included child protection, training, complaints, on-call and health and safety. From the review of a sample of the meeting

minutes' discussions were aimed at developing the service and improving and reviewing standards of care and practices. The discussions at these meetings were found to be clearly linked to weekly team meetings. The centre manager's role of informing the staff team of organisation developments and maintaining good practice was evident.

Register

The centre had an up-to-date register that was completed in full. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

Staffing

The core staff team had remained the same since the last inspection. The full-time manager was supported by a fully qualified staff team that comprised of three team leaders, four full-time social care workers and one part-time social care worker. Two relief social care workers one of whom who was recently recruited to the organisation were available to support the centre when required. Arrangements were in place for the suitably experienced social care leaders to act up in the centre manager's absence. The centre manager was present in the centre Monday to Friday and on-call support was provided outside of these times.

The review of a sample of personnel files showed that staff were appropriately vetted in accordance with legislative requirements but the renewing of Garda vetting was found to not have been in accordance with the centres own policy. Centre management must ensure that Garda vetting is up-to-date for all working in the centre and that centre management practice with respect to Garda vetting is in line with their own policy. The centre operated a rota that allowed for two staff completing overnight shifts with the part-time staff member completing day shift duties. This was deemed suitable to the needs of the young people.

The centre manager had recently conducted the induction process for the new relief staff member. The process included the staff member familiarising themselves with the centres policies and procedures manual and shadowing staff members on duty prior to commencing duties.

In interview the young people expressed that the staff were great, that they could talk to the staff and that they were available to them.

3.2.3 Practices that did not meet the required standard

Supervision and support

Action items in the last inspection report included that the centre manager participated in professional supervision training and that supervision occurred for all staff. The actions were found by the inspectors as remaining outstanding during this inspection. The centre manager had commenced supervision training but due to an unforeseen circumstance was unable to complete the training. Centre management advised that dates have been scheduled for the centre manager to receive supervision training later in the month. Centre management must ensure that the centre manager engages in supervision training immediately. The centre manager advised that supervision training for social care leaders was actively being explored. This training need was also identified by staff in questionnaires. Regarding the frequency of supervision improvements with regard to time-frames have been noted. However, deficits remained for some staff. It would be positive for social care leaders to complete supervision training and assist the centre manager in conducting supervision for all staff to ensure there are no gaps. Centre management must comply with their own policy and ensure that supervision is provided to all staff within the stated timeframes. The centre manager advised that relief staff do not currently receive any supervision. The inspectors recommend that mechanisms are put in place to address this deficit to ensure consistency in staff practice in the centre. In general supervision was found to have included discussions on young people, key working, placement plans and goals, staff training, team issues and the new Health Information and Quality Authority (HIQA) standards.

3.2.4 Regulation Based Requirements

The Child and Family Agency 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 met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies***
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

Required Action

- Centre management must ensure that Garda vetting is up-to-date for all working in the centre and that centre management practice with respect to Garda vetting is in line with their own policy.
- Centre management must ensure that the centre manager engages in supervision training immediately.
- Centre management must comply with their own policy and ensure that supervision is provided to all staff within the stated timeframes.

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

The centres safeguarding policies were derived from the HSE Dublin North East Policies and Procedures for Children’s Residential Centres (2009) that were supplemented by amendments inserted by the organisation from that time. Centre management advised in interview that the document required updating and that it was something being worked on. Staff were also guided by the organisation’s employee handbook that included a section on child protection and harm reduction policies. Safeguarding policies and procedures in place included protecting young people from bullying and harassment from other young people, staff code of practice, children’s rights, working alone, complaints, risk assessment, unauthorised absences, staff recruitment and supervision. As viewed in questionnaires and during interviews staff named safeguarding mechanisms in place. A sample of these included Garda vetting procedures, collective risk assessments, updated training, safeguarding policies and regular review of young people’s placement plans. Staff in interview informed the inspectors of the procedure for managing misconduct by a colleague.

The inspectors reviewed the centres complaints register and noted two complaints were made since the last inspection. Both complaints were found to have been resolved within the appropriate time frames.

3.7.2 Practices that met the required standard in some respect only

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 centre manager was the appointed designated liaison person for the centre and had participated in Tusla training on this. The centre had in place a child safeguarding statement and the inspectors were supplied with a list of mandated persons for the centre. With the exception of one all remaining staff were found to have been appropriately qualified in the social care field and were deemed by centre management as holding mandated roles. The remaining staff member was qualified in a related area but not specifically in social care. The safeguarding statement was found by the inspectors to not have been in compliance with statutory requirements. The deputy directors of services advised the inspectors that the child safeguarding statement was being updated since the onsite inspection. Centre management must ensure that an updated copy of the child safeguarding statement is submitted to the Alternative Care Inspection and Monitoring service immediately.

The centres child protection and safeguarding policy document was last reviewed in January 2019. Following this review there was evidence of the team being updated on this at a team meeting where there was a discussion around mandated person's role and of the revised procedures for reporting child protection concerns and allegations. However, the inspectors found from the review of the child protection and safeguarding policy document that the reporting procedures were not clear. In interview and from the review of staff questionnaires staffs understanding of their role as mandated persons and of using the portal for reporting child protection concerns were also unclear to the inspectors. Centre management must conduct a further review of its child protection and safeguarding policy document so that there are clear procedures for reporting allegations including for those holding mandated roles and responsibilities and for those without mandated roles and responsibilities. Following this task centre management must provide training to staff on the revised reporting procedures so all staff are fully knowledgeable of their roles and responsibilities.

The centre manager advised that all staff had completed the Tusla Children First e-learning programme. During the review of a sample of staff personnel files the inspectors viewed the certificates obtained by staff.

In terms of keeping child protection live within the centre and organisation child protection was an agenda item at the monthly management meetings and weekly team meetings. It was found during the review of centre paperwork that the sole focus of the item was found by the inspectors to have been placed on the reporting of child protection concerns and allegations and not on the practice of child protection which is core to the overall work of the centre in providing safe and good quality care. The inspectors recommend that centre management broaden the agenda item to incorporate child protection and safeguarding practice to the work of the centre and to be viewed as on-going learning and development pieces of work.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must ensure that an updated copy of the child safeguarding statement is submitted to the Alternative Care Inspection and Monitoring service immediately.
- Centre management must conduct a further review of its child protection and safeguarding policy so that there are clear procedures for reporting allegations including for those holding mandated role responsibilities and for those without mandated responsibilities.
- Centre management must provide training to staff on the revised reporting procedures so all staff are fully knowledgeable of their roles and responsibilities.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The premises was located close to the city centre with access to good transport links and availability to ample shops and an array of services. The premises comprised of six individual flats with one en-suite over three floors and shared bathrooms for use by the remaining young people. At the time of the inspection the premises was in the process of being renovated. The centre manager advised that the work was being done on a phased period. Recent upgrade work included refurbishment of the three bathrooms, two of the flats and the kitchen in the recreational area. Plans were in place for the refurbishment of the remaining flats, new floors throughout the centre and upgrade of the staff office. Considering the recent and on-going upgrade work the centre was clean, in good repair and was nicely decorated at the time of the inspection. In interview the young people advised the inspectors of liking their flats and of cooking themselves. Laundry facilities were available to the young people. The centres insurance details were made available to the inspectors. The centre was deemed to be adequately insured against accidents or injuries to children.

Maintenance and repairs

The centre had access to the organisations maintenance department. Upon review of the centres detailed maintenance log there was evidence of repairs for the centre and individual flats being promptly responded to.

Safety

The centre had an up-to-date health and safety statement and an appointed health and safety representative. Health and safety checks were carried out on each area of the centre and of young people's flats on a weekly basis. Issues highlighted from these checks were found by the inspectors to be named in the maintenance log. Health and safety was included as an agenda item for discussion at the monthly management meetings and weekly team meetings.

During the review of a sample of personnel files and in interview an appropriate number of staff were found to be trained in first aid with training scheduled for those whose training had expired. A named staff member held responsibility for maintaining the centres first aid box which was found by the inspectors to include adequate first aid materials. The centre did not have access to vehicles. As mentioned previously all young people were over 18 years of age at the time of the inspection and so held responsibility for managing their own medication. Staff were available to

support young people in managing their medication and there was a secure medicine cabinet for the storage of medication when required.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

The centres fire safety certificate was found by the inspectors to be in compliance with the statutory requirements relating to fire safety. A member of staff was the appointed fire safety officer. A general fire safety register was maintained by the centre. Included in this register was the centres records relating to fire drills, daily inspection of means of fire escape route and maintenance records of the centres fire alarm system, fire extinguishers and emergency lighting. The latter three measures were found to have been serviced in line with the appropriate regulations including a new fire alarm system being installed in the weeks prior to the inspection. Signage for one fire extinguisher was found to have not been in place. The centre manager must ensure that signage for one fire extinguisher is replaced.

With the exception of one staff member all had participated in general off site fire safety training. Centre management must ensure that onsite fire prevention and evacuation training is scheduled for all staff and young people immediately.

The centre manager and staff advised the inspectors in interview that fire evacuation and drills were completed when young people move to the centre and that they occurred monthly. A total of eight fire drills took place in the centre between August 2018 and March 2019 which is in compliance with centre policy. Records showed that young people did not participate in four of these drills, an average of two young people participated in the other four fire drills and the two newest residents had not participated in a fire drill. One young person had moved to the centre following the last recorded fire drill and the second young person was off site at the time of the fire drill. Centre management must ensure that the two newest residents participate in a fire evacuation and drill immediately. Also, the centre manager must evidence oversight of the fire drill record.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre 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

- The centre manager must ensure that signage for one fire extinguisher is replaced.
- Centre management must ensure that onsite fire prevention and evacuation training is scheduled for all staff and young people immediately.
- Centre management must ensure that the two newest residents participate in a fire evacuation and drill immediately. Also, the centre manager must evidence oversight of the fire drill record.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Centre management must ensure that Garda vetting is up-to-date for all working in the centre and that centre management practice with respect to Garda vetting is in line with their own policy.</p> <p>Centre management must ensure that the centre manager engages in supervision training immediately.</p> <p>Centre management must comply with their own policy and ensure that supervision is provided to all staff within the stated timeframes.</p>	<p>Garda vetting has been applied for the staff members and the centre manager is awaiting to receive same.</p> <p>The centre manager completed supervision training with IT Carlow on the 30th of May 2019.</p> <p>Supervision for all staff is up to date.</p>	<p>An audit of expiry dates has been completed and will be monitored by the centre manager on an ongoing basis. Garda vetting will be renewed every two years per organisation policy.</p> <p>A supervision schedule has been implemented and it will be audited by the deputy director of services going forward to ensure staff receive supervision in line with the stated timeframes.</p>
<p>3.7</p>	<p>Centre management must ensure that an updated copy of the child safeguarding statement is submitted to the Alternative Care Inspection and</p>	<p>Completed. A copy was provided to the inspection and monitoring service on the 3rd July 2019.</p>	<p>The child safeguarding statement will be reviewed in 2021 or sooner if changes to assessed risks require this.</p>

	<p>Monitoring service immediately.</p> <p>Centre management must conduct a further review of its child protection and safeguarding policy so that there are clear procedures for reporting allegations including for those holding mandated role responsibilities and for those without mandated responsibilities.</p> <p>Centre management must provide training to staff on the revised reporting procedures so all staff are fully knowledgeable of their roles and responsibilities.</p>	<p>The centres child protection and safeguarding policy is currently being updated to ensure that reporting procedures are clear. A copy of the revised safeguarding and child protection policy will be submitted to the inspection and monitoring service by the end of July 2019.</p> <p>In follow up to the review of the child protection and safeguarding policy the procedures for reporting allegations and concerns have been further discussed with the staff at a team meeting 12th June 2019. Further child protection awareness training will take place at team meetings in July and August 2019.</p>	<p>Centre management will periodically review the centres child safeguarding policy to ensure it's in line with statutory requirements.</p> <p>The centre manager will ensure that ongoing review and training is scheduled including in team meetings to support staff in their understanding in reporting child protection allegations and concerns.</p>
<p>3.10</p>	<p>The centre manager must ensure that signage for one fire extinguisher is replaced.</p> <p>Centre management must ensure that onsite fire prevention and evacuation training is scheduled for all staff and</p>	<p>Signage has been replaced following painting completed in the centre.</p> <p>Scheduled for 31st July 2019. Additionally, the living skills section on fire prevention and evacuation will be reviewed with the</p>	<p>Centre management will as part of their health and safety checks ensure that signage is in place throughout the centre.</p> <p>Fire safety training will take place in the centre going forward.</p>

	<p>young people immediately.</p> <p>Centre management must ensure that the two newest residents participate in a fire evacuation and drill immediately. Also, the centre manager must evidence oversight of the fire drill record.</p>	<p>Fire Safety Training provider for young people to complete with their keyworkers. Where young people are present when scheduled training is on they will be invited to participate.</p> <p>A fire drill took place that included these young people on 22nd May 2019. The centre manager is reviewing and signing the fire register regularly.</p>	<p>Centre management will oversee the centre's fire register on an ongoing basis and it will be reviewed as part of deputy director of services internal audit.</p>
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