



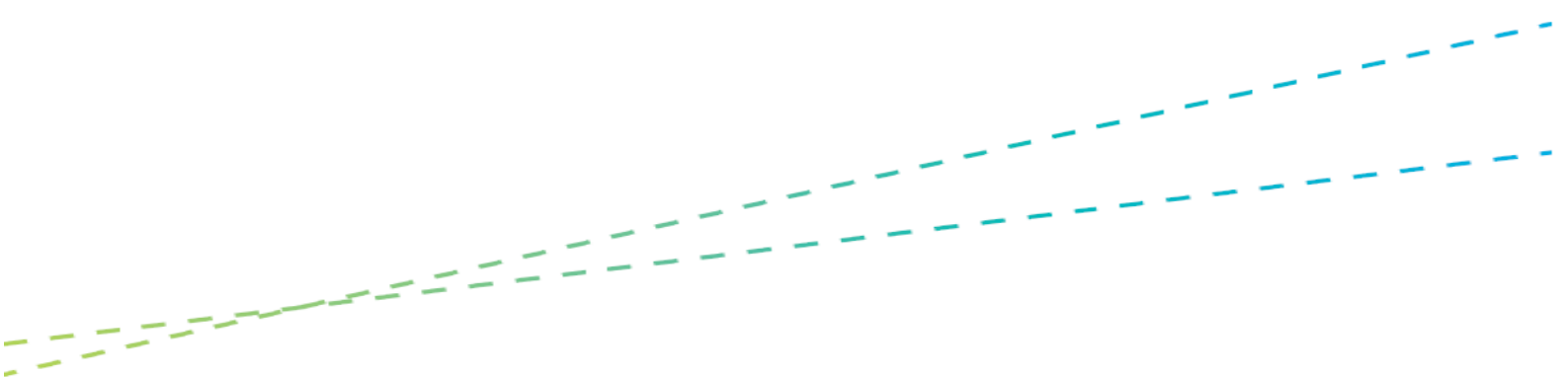
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 072**

**Year: 2019**

Two parallel dashed lines, one green and one blue, slant upwards from the bottom left towards the top right of the page.

Alternative Care Inspection and Monitoring Service  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15 - D15 CF9K  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>New Beginnings</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>15<sup>th</sup> and 16<sup>th</sup> January 2019</b>
<b>Registration Status:</b>	<b>Registered from 14<sup>th</sup> March 2017 to 14<sup>th</sup> March 2020</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>4<sup>th</sup> March 2019</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>8</b>
<b>3. Analysis of Findings</b>	<b>9</b>
3.2 Management and Staffing	
3.4 Children’s Rights	
3.8 Education	
3.10 Premises and Safety	
<b>4. Action Plan</b>	<b>20</b>

## 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 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 2007. At the time of this inspection the centre was in its fifth registration and in year two of the cycle. The centre was registered without attached conditions from the 14<sup>th</sup> March 2017 to 14<sup>th</sup> March 2020.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen on admission. Their model of care was described as providing a consistent, structured and therapeutic environment based on a relationship approach. The staff team were tasked with providing opportunities to empower the young people in making decisions affecting their lives. At the time of inspection there were three young people living in the centre.

The inspectors examined standard 2 'management and staffing', standard 4 'children's rights', standard 8 'education' 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 15<sup>th</sup> and 16<sup>th</sup> of January 2019.

## 1.2 Methodology

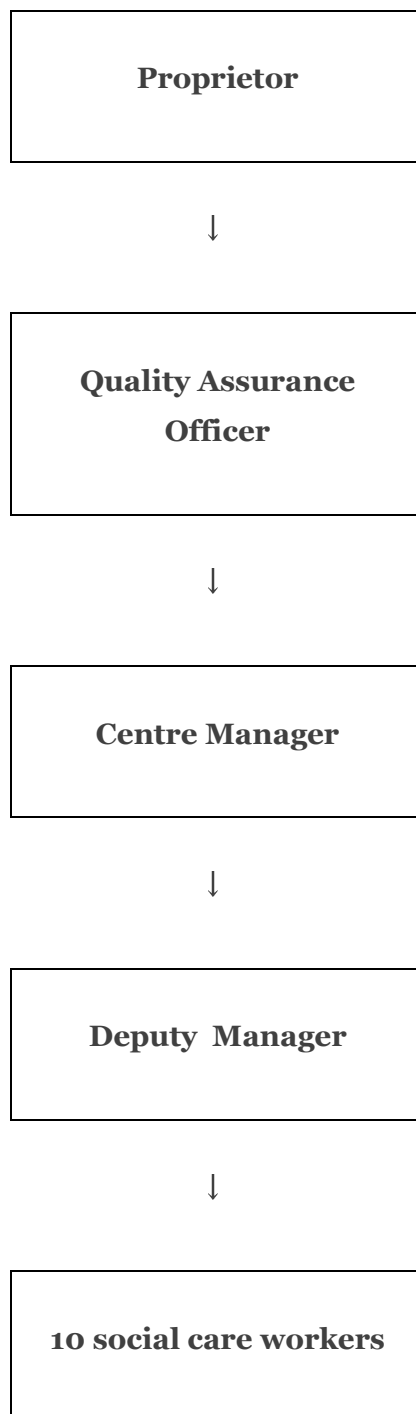
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) Seven of the care staff
  - b) The deputy manager
  - c) The proprietor
  - d) The social workers with responsibility for three young people residing in the centre
- ◆ An inspection of the premises and grounds
- ◆ An examination of the centre's files and recording process including:
  - The young people's care files
  - Staff supervision records
  - Personnel files
  - Handover book
  - Maintenance log
  - Safety documents
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The centre manager
  - b) The deputy manager
  - c) The quality assurance officer for the service
  - d) The proprietor
  - e) Two staff
  - f) Two young people
  - g) The lead inspector for this centre
  - h) The social workers for three 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, director of services and the relevant social work departments on the 22<sup>nd</sup> February 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 26<sup>th</sup> February 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: 072 without attached conditions from the 14<sup>th</sup> March 2017 to the 14<sup>th</sup> March 2020 pursuant to Part VIII, 1991 Child Care Act.



## 3. Analysis of Findings

### 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 centre had a full time manager who had been in post for three years and held a qualification in social care. This person had been deputy manager prior to their appointment as manager and had also managed another service for a period of time. The centre manager was present during normal office hours and had overall responsibility for the day-to-day running of the service. Inspectors observed evidence that the manager reviewed young people's daily logs, care files and centre registers as part of their governance. They also chaired staff team meetings and handovers and attended child in care reviews and professionals meetings. The manager was supported in their role by a deputy manager who worked three office days each week and was also available to work shifts if required. There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends.

The centre manager reported to the proprietor and was supervised by the quality assurance officer who carried out periodic audits of the centre. However, inspectors found that there had not been an audit from 18/05/18 to 11/01/19 and these were due to occur quarterly. From a review of the audit reports available, it was noted that these were themed and in 2018 addressed aspects of standard 5 (suitable placements and admissions), aspects of standard 4 (complaints) and premises and safety under standard 10 of the National Standards for Children's Residential Centres, 2001. Inspectors observed these audits identified a number of issues that needed to be addressed by the centre management. However, the system for recording audits needed to be revised to ensure that actions required were clear and that there was a mechanism for following up with the centre manager to ensure that actions were completed.

As part of the governance structure for the centre, management meetings were occurring that were attended by the proprietor, the centre manager and the deputy manager. There had been nine management meetings in 2018. There was no record for meetings occurring in March, May or September of that year. There was a set agenda each month that addressed the placements of young people, supervisions and management issues. Issues arising for staff members in their supervisions, training, child safeguarding, complaints, financial stability, sick leave, contracts and recruitment were also discussed. However, the records for these meetings did not contain any discussion on the audits being conducted by the quality assurance officer. It is important that the audit process informs discussions in the management meetings.

The centre manager created a monthly governance report that was forwarded to the proprietor and the quality assurance officer. This report included a breakdown of incidents, child protection concerns, significant conversations, life space interviews, sanctions and complaints for each young person. Reviews of the outcome of key work meetings were also included. Organisational information on staffing issues, sick leave, rostering and finances were provided. These reports were reviewed by the proprietor and quality assurance officer and their comments were included on issues arising where necessary.

There were 26 staff team meetings held in 2018 and these were generally well attended. Inspectors found that while there was a set agenda form, this was not always completed and at times details in this were very sparse. While there was evidence that current issues for young people were discussed including the planning of care, there were not always accompanying actions created. In some instances the action plans for team meetings contained only operational and house issues despite lengthy discussions on the planning of care for young people. Consistency in this area is required.

### **Staffing**

This centre had a staff complement of one manager, a deputy manager and ten social care workers. A number of the permanent staff were working reduced hours; however, inspectors found that there was enough staff to meet the centre's purpose and function and that there was a balance of experience on the staff team. Eight of the staff held a qualification in social care or related field and two of the staff were in training at the time of inspection. Through interview inspectors noted that staff had an awareness of the needs of young people and were familiar with care practices and operational policies.

A sample of staff personnel files were reviewed and these contained up-to-date Garda vetting, references that had been verbally verified, training certificates, CVs and copies of qualifications. As part of this inspection a review of vetting and recruitment processes was also conducted. Inspectors reviewed the interview transcripts for a number of staff members that had been recently recruited. It was observed that a more robust marking system was required for interviews to ensure that marks adequately reflected the candidate's answers.

### **Administrative files**

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre were maintained in line with the Freedom of Information Act, 2014 and stored securely. Inspectors also noted that there were adequate financial arrangements in place.

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

#### **Register**

Inspectors conducted a review of the centre register and found this to contain details on the name, gender and date of birth of the young person as well as admission and discharge dates. However, it was observed that the details of both parents were not always included when at times this information was available. There was evidence that this record had been reviewed by the centre manager and the quality assurance officer for the service.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

#### **Notification of Significant Events**

The centre had a system for the prompt notification of significant events. From interview with the social workers for young people and the lead inspector for the service, it was noted that reports were sent in a timely manner and contained appropriate information. The centre had a significant event notification register that provided details of each incident in the centre. The majority of the incidents that were notified related to young people being reported missing from care.

From a review of the significant event notification register and review documents inspectors found that a number of incidents that had occurred for young people, including complaints and mental health issues were not notified through the significant event notifications system. While these issues were addressed and there

was work carried out with the young people in the centre, it is important that incidents that pose risk to young people are formally notified. Further, it is recommended that the centre manager reviews the policy on notification of significant events with staff for a fully understanding of what constitutes a significant event.

### **Supervision and support**

This centre had a policy that stated supervision would be conducted four to six weekly and was based on the Morrison model of supervision. The function of supervision of the team was split across the manager, deputy manager and one social care worker. Each were trained in the provision of supervision. As part of this inspection a review of a sample of supervisions was conducted including those carried out by the centre manager, deputy manager and social care worker.

Inspectors found that there was inconsistency of supervision contracts across staff files and that supervision was not always in line with time frame set out in centre policy.

Centre policy was that supervisees had to email an agenda to their supervisor prior to scheduled supervision. Inspectors found that this was not always occurring and that the failure to provide an agenda was not discussed as part of the supervision process. While placement planning was discussed with staff who were key working (including outcomes and goals), this was not occurring for staff who were not key workers. Inspectors recommend that key working is discussed with all staff to ensure the full implementation of placement plans. While the centre manager was reviewing the supervisions being conducted by the deputy manager and one social care worker, they had not picked up on the deficits that existed and the records did not reflect that improvements were required.

From a review of the staff files, inspectors noted that some staff did not have any experience in social care when employed. In this instance staff required increased supervision with experienced practitioners; however, inspectors found that inexperienced staff were being supervised by someone at the same grade and at times there were substantial gaps in the provision of supervision. Further, records for supervisions did not reflect adequate support or practice learning for some staff. Inspectors also noted that some records did not contain sufficient information or details on the discussions that took place. While supervisions were discussed at the management meetings, the records were not being reviewed and deficits had not been identified.

## **Training and development**

Inspectors reviewed the training log and certificates in the centre and found that staff had up-to-date training in children first e-learning, TCI and first aid. Some staff had also received training in manual handling, supervision, self-harm and sexually harmful behaviour. On the 04/01/19 a training analysis plan was devised for the coming year. This examined areas of priority and weakness, goals, the purpose of training and how training could be delivered. However, this plan only addressed core training for staff. Inspectors found that there was also a training analysis plan for January 2018 that was reviewed in April 2018. While the 2018 plan identified training to meet the needs of young people outside of core training, including suicide awareness, mental health training, drug awareness and cultural awareness, this training had not been provided.

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

None identified.

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

### **Required Action**

- The quality assurance officer must ensure that audits occur within the agreed time frames and that action plans are created following these to ensure that agreed actions are completed.
- The centre manager must ensure that actions are created following each team meeting and that these reflect discussions on the planning of care for young people.
- The centre manager must ensure that the register contains details for the parents of young people.
- The centre manager must ensure that all significant events for young people are correctly identified and notified as required.

- The centre manager must ensure that supervisions occur within the time frames set out in centre policy and that placement plans and key working is discussed with each staff member.
- The centre manager must ensure that appropriate supervision is provided to staff members.
- The centre manager must ensure that a plan is developed to provide ancillary training in line with the needs of resident young people.

### 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**

From a review of the care files and interviews with young people placed in the centre, inspectors found that there was good work being carried out by the staff team in relation to consultation. Care files contained evidence of consultation regarding the content of placement plans, the nature of key working and preparation for child in care reviews. Consultation in the centre was carried out by staff both formally and informally and there was evidence that young people's views were sought on decisions affecting their future and their day-to-day care.

Young people's meetings were held monthly and while at times there was good engagement from young people, there were also meetings where the agenda and engagement was limited. On six occasions during 2018 young people did not have anything for the agenda at these meetings. When young people did have items for the agenda these were usually in relation to practical issues such as heating, showers, take-away food and shopping. Issues raised at these meetings were then subsequently discussed at staff team meetings where decisions were made. However, it was observed that there was no formal process for feedback to young people following staff team meetings and this should be considered by the centre manager. Further, inspectors recommend that the format for these meetings is reviewed to possibly include workshops on issues affecting young people in the centre and in the community.

There was evidence that young people had been linked in with advocacy organisations and the monthly report compiled by staff included a section on the young person's voice to evidence regular consultation.

### **Access to information**

This centre has an appropriate policy on access to information that details young people's rights in this regard. Young people were also afforded details on access to information through the booklet provided to them on admission and through key working. Each of the young people interviewed by inspectors stated that they were happy they understood their rights to access information but were choosing not to do so at present.

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

#### **Complaints**

The centre had an appropriate policy that detailed what constituted a complaint, mechanisms for resolution / appeal and time frames for this. Complaints in the centre were divided into care related issues which were formally notified and non-care related which could be addressed and resolved directly with young people by staff.

From a review of the complaints log in the centre inspectors noted evidence of some good work being completed with young people through significant conversations to successfully resolve complaints. In many instances the outcome of the complaint was also clearly recorded. However, inspectors found that some complaints did not have recorded outcomes or evidence of resolution work and a more formal mechanism for recording this is required. This must include the complainant's view and whether appeals have been discussed.

There was one outstanding complaint that was currently being addressed through the proprietor and the social work department. However, this complaint had not been recorded on the centre's complaints register and details around the issue and attempts to resolve it were not available. Inspectors found that the complaints register needed to be updated to include these details.

Further, inspectors found that a small number of complaints that related to the care of young people were incorrectly classified as non-care related and had not been formally notified. While the complaints register had been reviewed and signed by the

quality assurance officer, the issue around the incorrect classification of complaints had not been identified.

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

None identified.

### **3.4.4 Regulation Based Requirements**

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

#### **Required Action**

- The centre manager and service manager must review the operation of the complaints policy to ensure appropriate recording and notification of complaints.
- The centre manager must conduct a review of non-care related complaints to ensure that those relating to care of young people are retrospectively identified and addressed.

## **3.8 Education**

### ***Standard***

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

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

Inspectors found that education was valued in the centre and that routines supported school attendance and study. Two young people were attending school placements regularly; however, one young person aged 17 refusing to engage with education at the time of the inspection.

It was observed that contact had been made with the local education and welfare officer and also directly with school placements for young people to support on-going attendance. The placement plans for young people contained specific sections on educational achievement and incentive systems were also in place in relation to school. Inspectors found that assessments of need relating to educational supports and tuition were conducted as required and that extra supports were provided as a



result of this. Psycho-educational reports and NEPS assessments were also on file for young people. Each placement plan contained specific work on attending education and the weekly and monthly plans created also addressed this.

There was evidence of consultation with service's psychologist to support one young person's return to education and intervention strategies were agreed with the team. Key working on life skills for the young person took an educational approach and there was evidence of on-going work around identifying a suitable educational placement.

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

None identified.

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

None identified.

## **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**

This centre was a detached premises in an urban setting in county Kildare. The centre was close to schools, shops, public transport routes and local amenities. Inspectors observed it was suitably decorated and homely in nature and that young people had a bedroom to themselves. It was also noted that appliances were domestic in nature, the centre was well lit and ventilated and there was suitable furniture and furnishings. There was room for young people to meet family and friends or their social worker in private if required and there was space for the secure storage of young people's belongings.

### **Maintenance and repairs**

The centre had a maintenance log that identified when hazards arose and the nature of the work to be completed. This log was then signed and dated by maintenance personnel when the issue was resolved. Inspectors found that there was a budget for maintenance work and that hazards that arose were generally quickly addressed. From a review of the premises inspectors found the building to be in good repair.

### **Safety**

Inspectors reviewed the health and safety statement and found that this contained appropriate information and had accompanying risk assessments to direct staff on addressing the hazards that existed in the centre. This statement was dated 15/01/19 and had been reviewed in January 2018 and January 2017. However, there was no evidence of periodic review of this document by staff and inspectors recommend this occurs.

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

#### **Fire Safety**

There was a health and safety book that contained fire records for the centre. This contained evidence that daily, weekly and monthly checks were being completed on the centre's fire fighting apparatus, means of escape, emergency lighting and fire alarm. The centre had a contract with a fire safety company that carried out testing and servicing of the fire safety equipment in the centre.

However, there had not been a fire drill in the centre in the past six months and the last recorded drill in August 2018 noted that young people refused to leave the centre when the alarm was sounded. There was no risk assessment to accompany this issue and no evidence of work being carried out with young people to address it. Further, from a review of the training records inspectors found that six staff members had not received training in fire safety and this needs to be immediately addressed.

### **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 fire drills are conducted periodically and that risk assessments and action plans are created where young people refuse to leave the centre.
- The centre manager must ensure that training in fire safety is provided to staff in a timely manner.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The quality assurance officer must ensure that audits occur within the agreed time frames and that action plans are created following these to ensure that agreed actions are completed.</p> <p>The centre manager must ensure that actions are created following each team meeting and that these reflect discussions on the planning of care for young people.</p> <p>The centre manager must ensure that the register contains details for the parents of young people.</p> <p>The centre manager must ensure that all significant events for young people are correctly identified and notified as required.</p>	<p>Quarterly audits have been scheduled with effect immediately. These audits will include action plans, responsibility for tasks and completion dates.</p> <p>The centre manager is to review minutes of the team meetings bi weekly to ensure actions are identified and reflect the care of the young people.</p> <p>The centre manager reviewed the register on the 17<sup>th</sup> of January 2019 and input both parent’s details.</p> <p>The centre manager to review all paperwork on a daily basis to ensure significant events are identified and notified accordingly.</p>	<p>Quality assurance officer to attend management meetings on a quarterly basis following completion of audits. Plans to be outlined and agreed with responsibility outlined.</p> <p>Quality assurance officer to review team meetings quarterly to ensure standards are being met.</p> <p>Register to be standardised with headings to include both parents of each young person.</p> <p>Quality assurance manager and proprietor to review all monthly governance reports to ensure any event that may not have been identified as a significant event is done so.</p>

	<p>The centre manager must ensure that supervisions occur within the time frames set out in centre policy and that placement plans and key working is discussed with each staff member.</p> <p>The centre manager must ensure that appropriate supervision is provided to staff members.</p> <p>The centre manager must ensure that a plan is developed to provide ancillary training in line with the needs of resident young people.</p>	<p>Supervision to take place every 4-6 weeks with schedules completed in advance. This is to take effect immediately. New supervision template devised on the 25<sup>th</sup> of January to ensure there is allocated time given to all supervisees to discuss all YP's placement plans. This has been in effect from the above date.</p> <p>The centre manager has taken over the supervision of a permanent staff member who had previously been supervised by a trained colleague. This has been in effect since the 14<sup>th</sup> of February.</p> <p>Ancillary training to be discussed at management meeting on the 26<sup>th</sup> of February and appropriate training to be identified.</p>	<p>Quality assurance officer to review sample of supervision notes in quarterly audits.</p> <p>The centre manager to review and monitor supervision of deputy manager and other relevant supervision sessions to ensure standard is being met.</p> <p>The centre manager or deputy manager to supervise all staff members where possible. Peer on peer supervision should only take place if necessary.</p> <p>Training needs to form part of the agenda for monthly management meetings.</p>
<p><b>3.4</b></p>	<p>The centre manager and service manager must review the operation of the complaints policy to ensure appropriate recording and notification of complaints.</p>	<p>Review of the operation of the complaints policy to take place on the 26<sup>th</sup> of February.</p>	<p>All care related and non-care related complaints to be outlined in the monthly governance reports to ensure they are reported and notified in line with the National Standards. This will be reviewed by both the quality assurance officer and the proprietor.</p>

	The centre manager must conduct a review of non-care related complaints to ensure that those relating to care of young people are retrospectively identified and addressed.	The centre manager to review all non-care related complaints on the 28 <sup>th</sup> of February and retrospectively report and notify if necessary.	All care related and non-care related complaints to be outlined in the monthly governance reports to ensure they are reported and notified in line with the National Standards. This will be reviewed by both the quality assurance officer and the proprietor.
<b>3.10</b>	<p>The centre manager must ensure that fire drills are conducted periodically and that risk assessments and action plans are created where young people refuse to leave the centre.</p> <p>The centre manager must ensure that training in fire safety is provided to staff in a timely manner.</p>	<p>Fire drill completed on the 25<sup>th</sup> of January with full compliance.</p> <p>Fire safety training has been scheduled for April 2019.</p>	<p>The centre manager to ensure fire drills are completed quarterly as outlined in the policies and procedures. If non-compliance is identified risk assessments to be completed.</p> <p>Training needs to be identified in monthly management meetings to ensure completion of same in a timely manner.</p>