



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 120**

**Year: 2023**

## Inspection Report

|                              |                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Year:</b>                 | <b>2023</b>                                                                                     |
| <b>Name of Organisation:</b> | <b>Fresh Start</b>                                                                              |
| <b>Registered Capacity:</b>  | <b>Three young people</b>                                                                       |
| <b>Type of Inspection:</b>   | <b>Unannounced</b>                                                                              |
| <b>Date of inspection:</b>   | <b>28<sup>th</sup>, 29<sup>th</sup> and 30<sup>th</sup> August 2023</b>                         |
| <b>Registration Status:</b>  | <b>Registered from the 29<sup>th</sup> September 2022 to the 29<sup>th</sup> September 2025</b> |
| <b>Inspection Team:</b>      | <b>Anne McEvoy<br/>Ciara Nangle</b>                                                             |
| <b>Date Report Issued:</b>   | <b>20<sup>th</sup> October 2023</b>                                                             |

# Contents

|                                                             |           |
|-------------------------------------------------------------|-----------|
| <b>1. Information about the inspection</b>                  | <b>4</b>  |
| 1.1 Centre Description                                      |           |
| 1.2 Methodology                                             |           |
| <b>2. Findings with regard to registration matters</b>      | <b>7</b>  |
| <b>3. Inspection Findings</b>                               | <b>8</b>  |
| 3.1 Theme 2: Effective Care and Support (Standard 2.3 only) |           |
| 3.2 Theme 3: Safe Care and Support (Standard 3.2 only)      |           |
| 3.3 Theme 6: Responsive Workforce (Standard 6.1 only)       |           |
| <b>4. Corrective and Preventative Actions</b>               | <b>18</b> |

# 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 29<sup>th</sup> September 2016. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from 29<sup>th</sup> September 2022 to the 29<sup>th</sup> September 2025.

The centre was registered as a multi-occupancy centre to provide medium to long term placements where young people, from age thirteen to seventeen on admission, could develop, and their needs could be met in a safe and stable environment. The model of care was described as needs assessment led. 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      | 3.2      |
| 6: Responsive Workforce       | 6.1      |

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 on the 19<sup>th</sup> September 2023 and to the relevant social work departments on the 19<sup>th</sup> September 2023. 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 29<sup>th</sup> September 2023. 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: 120 without attached conditions from the 29<sup>th</sup> September 2022 to the 29<sup>th</sup> September 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 large two storey house in a rural setting on the outskirts of town. The layout and design of the centre was found by inspectors to be suitable to provide safe and effective care for the young people residing there. Each young person had their own bedroom, and these rooms were personalised to their wishes and preferences. There were adequate storage facilities in each room for the young people to store their personal belongings in a safe and secure manner.

Inspectors found that while the centre was large enough to provide opportunities, both inside and outside for rest, play, recreation and skills development, these spaces needed to be developed more. While the sitting room had a large television and an ample supply of DVD's, inspectors did not observe any books or board games to promote engagement by the young people and while the exterior of the centre contained a sizeable garden, there were no bicycles, footballs or other recreational equipment visible for young people to use. The centre manager must ensure that the residential centre is stimulating and provides relevant resources for rest, play recreation and skills development.

When inspectors arrived, the grass to the front and back of the centre needed to be cut, there were weeds around the property and generally the outdoor areas needed to be tidied up. The company's maintenance person had cut the grass prior to the completion of the inspection. The front door to the centre needed to be repainted, the window sills outside had spiders and cobwebs on them and the glass needed to be cleaned. The centre manager must ensure that outdoor spaces are well maintained and reviewed periodically to ensure that the premises maintains a homely feel.



Inspectors observed that the premises was in need of a deep clean. There was dirt on the light switches, toothpaste on the walls of the bathroom upstairs, floors and skirting boards in a number of rooms, including the room occupied by the inspectors for the duration of the inspection, required cleaning to eliminate dust, cobwebs and dirt. Inspectors reviewed the cleaning schedule and highlighted to centre management that it was not filled in on a daily basis and was not effective given the presentation of the centre at the time of inspection. The centre manager must ensure that the cleaning issues identified in the centre are resolved and a robust plan implemented to ensure that the hygiene of the centre does not fall below required standards.

The premises was in good structural condition. All equipment in the centre was of an appropriate and accessible standard. Inspectors were advised that the centre management had a budget for additional furniture and furnishings to be purchased for the centre in the coming months. This budget had been agreed with senior management. Inspectors noted that while some areas of the centre required an update, it was acknowledged that these issues had been identified within the team and there was a timeframe for the completion of projects to enhance the aesthetics of the centre.

From a review of centre records, it was evident that the young people were encouraged to decorate their rooms to their own taste and this was reflected when one young person invited the inspectors to see their room.

There were sufficient bathroom facilities, ensuring privacy for the young people. There was one bathroom on the upper level of the centre and two downstairs to facilitate the young people and staff members in the centre. The residential centre was adequately lit, heated and ventilated.

The centre had systems in place for detecting, containing and extinguishing fires, and for the maintenance of firefighting equipment. There was evidence of daily and weekly fire checks to be conducted by staff, however the weekly inspection of fire doors was ineffective. Inspectors noted during a test of the smoke alarm that there were five fire doors which did not close fully. This matter was resolved prior to the completion of the inspection, however the centre manager must ensure that fire checks are effective in identifying faults within the fire detection and fire suppression systems.

There was evidence of fire drills involving staff and young people being undertaken regularly and on arrival of a new staff member. Inspectors noted that a fire drill during the hours of darkness was last carried out in October 2022 and recommends that a fire drill of this nature must be conducted and recorded in the weeks following inspection to ensure that staff and young people are familiar with the process. In addition, there were no fire evacuation plans visible for staff and young people in the centre, as required. The centre manager and registered provider must ensure that appropriate signage is devised and located within the centre as appropriate.

Inspectors reviewed training records and found that staff had completed fire safety training including the physical discharge of fire extinguishers. There were contracts in place with an external fire company for the maintenance of fire equipment and emergency lighting and evidence on file that they had been checked regularly. The fire panel used in the centre was zoned to identify the location of any fire incident. Exits were clearly marked and illuminated. Both the front and back doors were fitted with a thumb lock. Inspectors observed that two fire doors in the centre were being propped open throughout the day. This posed a fire hazard. This practice needs to cease, alternatively the registered provider may choose to install fire door retaining magnets if they wish for the doors to be open during the day.

Inspectors observed that one young person had placed a sock over the smoke detector in their room. Inspectors were advised that this practice was routinely challenged with the young person, however there was no risk assessment completed around this despite it posing a fire hazard.

Overall inspectors found that there was evidence of poor oversight and attention to health and safety with regard to fire safety by management. Fire checks had been reviewed by centre management and audited by senior management and the above issues were not identified. In addition, there was no centre manager review of fire safety checks between June and August 2023. The registered provider and centre manager must ensure there is more robust oversight of fire safety matters within the centre.

Inspectors reviewed the health and safety statement, this was not site specific, as it noted that neither petrol nor petrol lawnmowers were kept on the premises. This was inaccurate as the garage located directly adjacent to the centre houses the maintenance tools and equipment for all centres, including the lawnmower. There

was no risk assessment on the health and safety statement to cover this potential risk. The centre manager and registered provider must ensure that the health and safety statement is updated to identify and risk assess all potential health and safety risks in the centre. The centre employed a health and safety consultancy service to conduct an annual audit of their health and safety issues and this audit took place in the week following inspection.

Inspectors reviewed a sample of personnel files and were satisfied that staff were trained first aid responders. The centre had an accident log book and accidents and injuries were recorded and reported accordingly. One young person was involved in a minor accident and this was documented in their care record with all appropriate action taken.

The centre had two centre vehicles used to transport young people. Inspectors reviewed relevant documentation and found that both vehicles were appropriately taxed, insured and roadworthy. All staff, except one, were appropriately licensed to drive the cars. One staff member did not have a full licence and they did not transport young people while they were on shift.

| <b>Compliance with regulations</b> |                                                                                                                                            |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Regulation met</b>              | <b>Regulation 5</b><br><b>Regulation 8</b><br><b>Regulation 13</b><br><b>Regulation 14</b><br><b>Regulation 15</b><br><b>Regulation 17</b> |
| <b>Regulation not met</b>          | <b>None Identified</b>                                                                                                                     |

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

### **Actions required**

- The centre manager must ensure that the residential centre is stimulating and provides relevant resources for rest, play recreation and skills development.
- The centre manager must ensure that outdoor spaces are well maintained and reviewed periodically to ensure that the premises maintains a homely feel.

- The centre manager must ensure that the cleaning issues identified in the centre are resolved and a robust plan implemented to ensure that the hygiene of the centre does not fall below required standards.
- The centre manager must ensure that fire checks are effective in identifying faults within the fire detection and fire suppression systems.
- The centre manager and registered provider must ensure that appropriate signage is devised and located within the centre as appropriate.
- The centre manager must ensure that fire doors are not propped or wedged open throughout the day. Alternatively, the registered provider may choose to install fire door retaining magnets if they wish for these doors to be open during the day.
- The registered provider and centre manager must ensure there is more robust oversight of fire safety matters within the centre.
- The centre manager and registered provider must ensure that the health and safety statement is updated to identify and risk assess all potential health and safety risks in the centre.

#### **Regulation 5: Care practices and operational policies**

#### **Regulation 16: Notification of Significant Events**

### **Theme 3: Safe Care and Support**

#### **Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

A positive approach to the management of behaviour that challenges was promoted within the centre and this was supported by policies and procedures. The centre had an anti-bullying policy and a policy on managing behaviour that was based on international human rights instruments (United Nations Convention on the Rights of the Child), legislation, regulations, national policy and evidence-based practice guidelines.

Inspectors observed respectful relationships between the young people and staff and it was evident that the young people felt supported and cared for by staff. The centre's care approach was described in their policies and procedures as being needs assessment lead. A review of team meeting minutes evidenced that the model of care was discussed in depth with staff members and this was further supported in a review of supervision files, however, in interview staff struggled to identify the model of care in action. A review of personnel files found that formal training on the model of care

was provided at induction but was not refreshed after the initial training. Inspectors were advised that the centre was moving to a DDP approach (Dyadic Developmental Psychotherapy) and during the inspection all staff members attended the introduction training with a view to the full training being completed in quarter four of 2023.

The centre had a behaviour management framework in place. The centres policies and procedures stated that staff members were provided with a biannual refresher and an annual recertification in this framework. Inspectors reviewed training records and found that all members of staff had received certification training annually but there were no records on file to demonstrate that they received a six-month refresher. These training records were provided to inspectors in the week following inspection. The centre manager and registered provider must ensure that all training records are maintained for tracking and monitoring purposes. In interview staff were knowledgeable about the approach to behaviour management and the techniques employed to reduce the risks of escalation. Staff also noted the use of natural consequences and individual work to empower the young people to understand their behaviours and their impact on other people. Inspectors reviewed key working records for each young person and found that the individual work undertaken with the young people fully supported them to develop an understanding of their behaviours that challenge in a respectful and positive way.

Staff in the centre had access to a clinical team consisting of both a psychologist and psychiatrist who offer support and guidance to the team on behaviour management and support. There were monthly meetings where behavioural issues were discussed and proposed interventions offered for the staff team to implement and review at the next meeting.

There were individual crisis support plan (ICSP) in place for each young person. There was evidence that these were updated monthly and contained relevant information in relation to the routines of the young people and care approaches to be implemented. Inspectors noted that the absence management plans in place were not updated monthly in line with centre policy. The centre manager must ensure that these plans are reviewed monthly.

Staff are attuned to the potential risks associated with one young person being missing in care and having contact with unknown persons and appropriately escalated this matter to the An Garda Síochána and the allocated social worker due to the potential for sexual exploitation.

A review of centre records evidenced that staff were provided with relevant information required to support each young person and identified issues that could potentially influence their behaviour.

Team meeting minutes, individual supervision, significant event reviews and post crisis incident reviews evidenced that the registered provider monitored and audited the centre's approach to managing behaviour that challenged. The inspectors found that staff were provided with an opportunity to reflect on incidents and were challenged to think critically on what could have been done differently to provide learning and improvements to management of the young people in the centre.

The centre had a policy on restrictive procedures which clearly outlined the procedures to be followed where a restrictive practice was to be implemented. The centre had a policy on managing behaviours which actively discouraged the use of physical restraints where possible and focused on understanding the cause of the behaviour and de-escalation techniques instead. In interview staff confirmed that sanctions and restrictive procedures were discouraged, and the focus remained on encouraging positive behaviours through role modelling, positive reinforcement and application of the ICSP. Staff stated that there were no restrictive procedures in operation in the centre at the time of inspection. However, a review of the client profiles for each young person highlighted that neither young person had access to razors, aerosol cans or shower gel and that these items were held in the staff office and were requested when needed and returned to the staff office after use. There were no risk assessments evidencing the need for this practice. In addition, inspectors were told that the sitting room door was locked each night. This practice commenced when one young person was finding it difficult to settle at night but this issue was resolved at the time of inspection and the practice of locking the sitting room door was not reviewed or removed upon resolution. In interview neither social worker was aware that these restrictive measures were in use. The centre manager must ensure that all restrictive procedures currently in practice are risk assessed and reviewed to determine if the restrictive procedure is still necessary and discussed with the allocated social worker and parent, where appropriate, for each young person.

The quality assurance manager had undertaken an audit of Theme 3, Safe Care and Support, of the National Standards for Children's Residential Centres, 2018 (HIQA) within the past year and this included the centre's approach to managing behaviour and use of restrictive procedures. This audit failed to identify that the centre had

restrictive practices in use. The registered provider must ensure that audits undertaken by external personnel are comprehensive and robust to identify deficits.

| <b>Compliance with regulations</b> |                                       |
|------------------------------------|---------------------------------------|
| <b>Regulation met</b>              | <b>Regulation 5<br/>Regulation 16</b> |
| <b>Regulation not met</b>          | <b>None identified</b>                |

| <b>Compliance with standards</b>                                 |                                                         |
|------------------------------------------------------------------|---------------------------------------------------------|
| <b>Practices met the required standard</b>                       | <b>Not all standards under this theme were assessed</b> |
| <b>Practices met the required standard in some respects only</b> | <b>Standard 3.2</b>                                     |
| <b>Practices did not meet the required standard</b>              | <b>Not all standards under this theme were assessed</b> |

#### **Actions required**

- The centre manager and registered provider must ensure that all training records are maintained for tracking and monitoring purposes.
- The centre manager must ensure that the individual absence management plans are reviewed monthly.
- The centre manager must ensure that all restrictive procedures currently in practice are risk assessed and reviewed to determine if the restrictive procedure is still necessary and discussed with the allocated social worker and parent, where appropriate, for each young person.
- The registered provider must ensure that audits undertaken by external personnel are comprehensive and robust to identify deficits.

**Regulation 6: Person in Charge  
Regulation 7: Staffing**

**Theme 6: Responsive Workforce**

**Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.**

Staff recruitment and retention was the responsibility of senior managers. Inspectors found evidence of workforce planning being undertaken through a review of team



meeting, management meeting and recruitment meeting minutes. Planning took into account management of annual leave, sick leave and maternity leave.

At the time of the inspection, the centre had one acting centre manager, one acting deputy manager and eight social care staff. A review of staff files evidenced that staff were all suitably qualified with social care or other relevant qualifications. The centre manager was due to return to the centre in March 2024 and at that point the acting centre manager was to return to deputy manager position and the acting deputy was to return to social care worker position. Inspectors were informed that one staff member was due to finish in the centre on the day following inspection and a recruitment drive was underway to replace the staff member, with interviews in the two weeks following inspection.

While there were enough staff to cater for the number and needs of young people living in the centre, inspectors identified through a review of rosters and daily logs, that in August 2023, two staff members had worked two sleepovers back-to-back on separate occasions. Inspectors acknowledge that these incidents were in response to unforeseen circumstances. There were no risk assessments completed around the risk posed to staff and young people where staff were required to work back-to-back shifts. The occurrence of back-to-back shifts must be risk assessed and all attempts to identify suitable cover recorded.

The centre had access to its own relief panel of two social care workers to cover any gaps required. The acting centre manager confirmed that this panel was suitably qualified and experienced. During interviews with staff members, inspectors found that staff demonstrated the relevant competencies to meet the needs of the young people.

The centre also had a retention policy that included training, employee assistance, supervision and support as a means to retain staff. There was a low staff turnover in this centre and in interview staff attributed this to good staff morale and support.

The centre had a formalised procedure for on-call arrangements at evenings and weekends.

| <b>Compliance with regulations</b> |                                      |
|------------------------------------|--------------------------------------|
| <b>Regulation met</b>              | <b>Regulation 6<br/>Regulation 7</b> |
| <b>Regulation not met</b>          | <b>None Identified</b>               |



| <b>Compliance with standards</b>                                 |                                                         |
|------------------------------------------------------------------|---------------------------------------------------------|
| <b>Practices met the required standard</b>                       | <b>Not all standards under this theme were assessed</b> |
| <b>Practices met the required standard in some respects only</b> | <b>Standard 6.1</b>                                     |
| <b>Practices did not meet the required standard</b>              | <b>Not all standards under this theme were assessed</b> |

### **Actions required**

- The occurrence of back-to-back shifts must be risk assessed and all attempts to identify suitable cover highlighted.

## 4. CAPA

| Theme | Issue Requiring Action                                                                                                                                      | Corrective Action with Time Scales                                                                                                                                                                                                                                                                         | Preventive Strategies To Ensure Issues Do Not Arise Again                                                                                                                                                                                              |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2     | The centre manager must ensure that the residential centre is stimulating and provides relevant resources for rest, play recreation and skills development. | Completed on 18.09.23. A number of board games are now available in the centre for all young people to avail of. Football and basketball available for young people and extra items for rest, play recreation and skills development will be purchased according to young people's interests and requests. | The centre manager will ensure that rest, play recreation and skills development is prioritised and that regular funding from the house budget is used to replenish these items and purchase new items as young people's interests change and develop. |
|       | The centre manager must ensure that outdoor spaces are well maintained and reviewed periodically to ensure that the premises maintains a homely feel.       | The external doors have been painted on 13.09.23 and windows have been cleaned. Painting of windowsills outside, hedge cutting, and general outdoor maintenance have been added to the maintenance list which will be completed within the coming weeks weather permitting.                                | The centre manager will do regular checks on outdoor spaces and ensure outdoor maintenance is requested as required. The centre manager will submit all maintenance requirements to the Regional Manager for completion.                               |
|       | The centre manager must ensure that the cleaning issues identified in the                                                                                   | Completed – a new monthly cleaning roster was introduced from the 1 <sup>st</sup> of                                                                                                                                                                                                                       | Centre Management will maintain oversight of the monthly cleaning tasks are                                                                                                                                                                            |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>centre are resolved and a robust plan implemented to ensure that the hygiene of the centre does not fall below required standards.</p> <p>The centre manager must ensure that fire checks are effective in identifying faults within the fire detection and fire suppression systems.</p> <p>The centre manager and registered provider must ensure that appropriate signage is devised and located within the centre as appropriate.</p> | <p>September which ensures a deep clean of every room in the centre once per month on top of the regular day to day cleaning. Every room has now been deep cleaned and this process will be repeated monthly.</p> <p>Completed 29.08.23 - The centre manager has addressed with the care team the importance of fire doors being checked weekly during fire checks but also on a day-to-day basis. The care team are aware that any faults in the fire detection and fire suppression systems must be reported as without delay with appropriate and timely remedial action.</p> <p>Completed on 18.09.23 “Action in the event of fire” signage from Appendix B of the ‘Fire Safety in Community Dwelling Houses Code of Practice’ is now displayed in a prominent place in the staff office and on the inside of staff bedroom doors</p> | <p>being completed, the cleaning tasks will be amended and updated as required to ensure the house remains at a good standard of cleanliness.</p> <p>The centre manager will ensure that all new staff members are fully inducted on procedures for testing the fire detection and fire suppression systems. Centre management will monitor completion via monthly governance of all health and safety and fire safety checks.</p> <p>The centre manager will ensure the signage remains in place to comply with the Code of Practice for Fire Safety in Community Dwelling Houses (2017).</p> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>The centre manager must ensure that fire doors are not propped or wedged open throughout the day. Alternatively, the registered provider may choose to install fire door retaining magnets if they wish for these doors to be open during the day.</p> <p>The registered provider and centre manager must ensure there is more robust oversight of fire safety matters within the centre.</p> <p>The centre manager and registered provider must ensure that the health and safety statement is updated to identify and risk assess all potential health and safety risks in the centre.</p> | <p>The centre manager is currently exploring suitable options to ensure that the kitchen, sitting room and utility doors can remain open as this is required for safe supervision of the young people and maintaining a homely open environment throughout the day.</p> <p>Completed 01.09.23. The centre manager will ensure that the fire safety checks are overseen monthly.</p> <p>The organisations Health &amp; Safety consultant conducted an onsite visit on 06.09.23. The health and safety statement was updated on 25.09.23 with accompanying risk assessments.</p> | <p>Once a suitable option is identified, this will be implemented on a day-to-day basis within the centre.</p> <p>The registered provider and centre manager will ensure oversight through the completion of the monthly health and safety audits.</p> <p>Centre management and senior management will routinely review the health &amp; safety statement for the centre and take any necessary and relevant actions as may be required. Centre management will ensure that all staff members are aware of the risk assessments and plans in place to manage any identified risks within the centre.</p> |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | <p>The centre manager and registered provider must ensure that all training records are maintained for tracking and monitoring purposes.</p> <p>The centre manager must ensure that the individual absence management plans are reviewed monthly.</p> <p>The centre manager must ensure that all restrictive procedures currently in practice are risk assessed and reviewed to determine if the restrictive procedure is still necessary and discussed with the allocated social worker and parent, where appropriate, for each young person.</p> <p>The registered provider must ensure that audits undertaken by external personnel are comprehensive and robust to identify deficits.</p> | <p>Completed – training record shared with Inspectors on 12.09.23.</p> <p>Completed – individual absence management plans on file for September 2023.</p> <p>Completed 30.08.23 - All restrictive procedures were reviewed. There are currently no restrictive procedures in place.</p> <p>The registered provider will ensure all audits undertaken by external personnel are comprehensive and robust. QAM notified of restrictive procedures that have now been removed 01.09.23.</p> | <p>Training records will track staff members training attendance and will be available and accessible for review.</p> <p>Individual absence management plans will be updated by the centre manager on the first week of every month.</p> <p>The centre manager will ensure that if a need for a restrictive procedure arises this will be risk assessed, reviewed as required and discussed with social workers and parents where appropriate for each young person.</p> <p>The Quality Assurance Manager will ensure audits are robust to identify deficits within the centre and shared with centre management and senior management.</p> |
| 6 | <p>The occurrence of back-to-back shifts must be risk assessed and all attempts</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Risk assessments have been completed for any back-to-back shifts that occur out of</p>                                                                                                                                                                                                                                                                                                                                                                                                | <p>Senior management continue to prioritise recruitment and work force planning for</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|  |                                         |                                      |                                                                                                                                            |
|--|-----------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|  | to identify suitable cover highlighted. | necessity due to staffing shortages. | the service. In the event of back-to-backs occurring a risk assessment will be completed. This will only occur as an absolute last resort. |
|--|-----------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|