



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

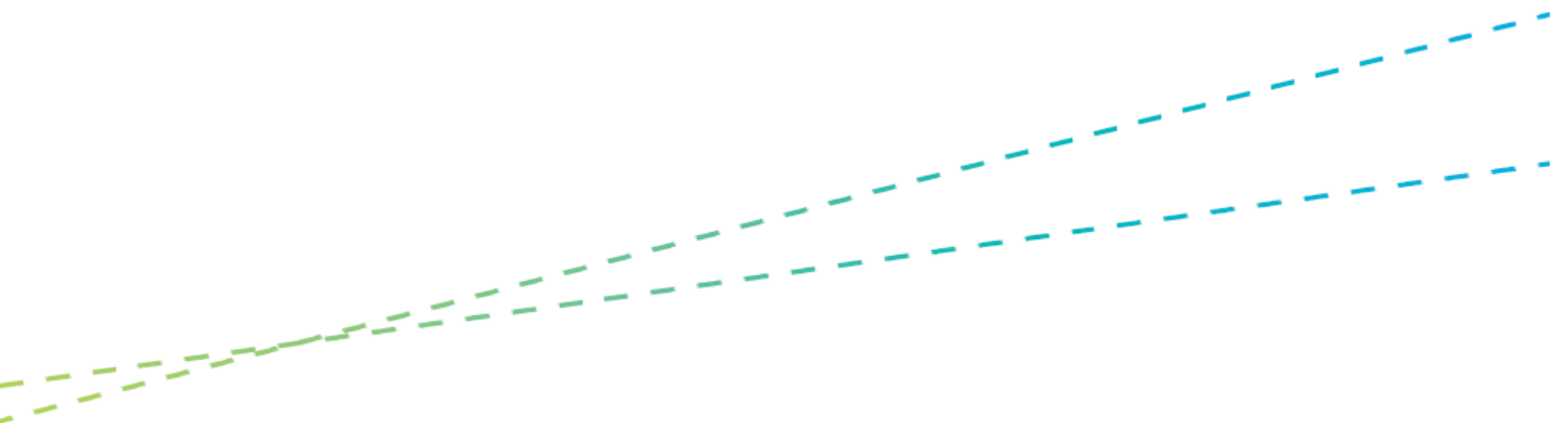
## **Registration and Inspection Service**

### **Children's Residential Centre**

**Centre ID number: 130**

**Year: 2017**

**Lead inspector: Michael McGuigan**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>24Hr Care Services</b>
<b>Registered Capacity:</b>	<b>4 young people</b>
<b>Dates of Inspection:</b>	<b>4<sup>th</sup> and the 5<sup>th</sup> of December 2017</b>
<b>Registration Status:</b>	<b>14<sup>th</sup> August 2017 to 14<sup>th</sup> August 2020</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Linda McGuinness Lorraine Egan</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> of February 2018</b>

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## 1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

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

## 1.1 Methodology

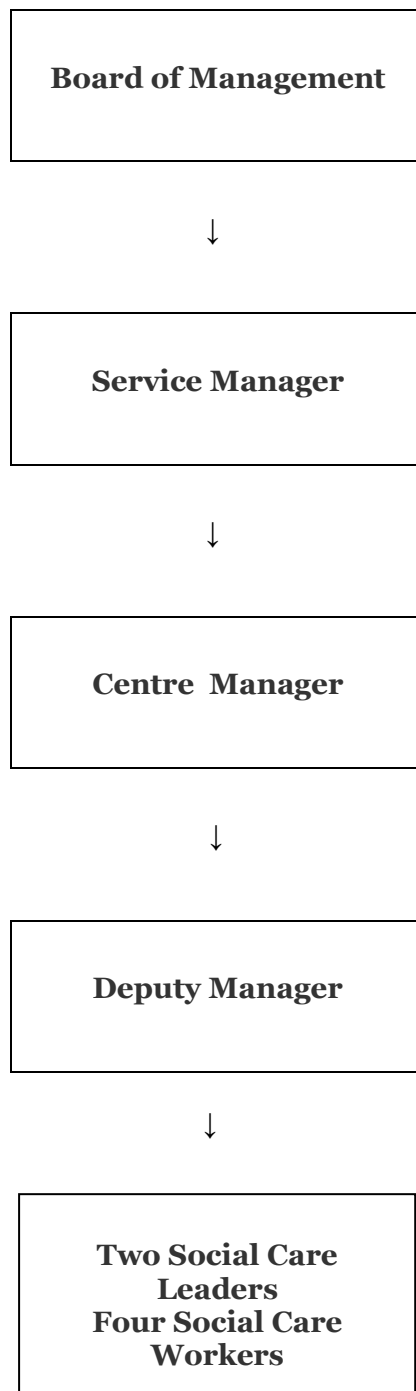
This report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was an announced thematic inspection and covered standards 2, 5 and 10 of the National Standards for Children’s Residential Centres, 2001. This was the first inspection as the centre opened in August 2017 and took place on the 4<sup>th</sup> and 5<sup>th</sup> of December. This report is based on a range of inspection techniques and data including:

- ◆ An examination of the questionnaire completed by the service manager
- ◆ An examination of the questionnaires completed by the centre manager and deputy manager
- ◆ An examination of the questionnaires completed by 6 of the care staff
- ◆ An examination of the questionnaires completed by 2 young people
- ◆ An inspection of premises and grounds
- ◆ An examination of specific sections of the young people’s files and recording processes in the centre
- ◆ 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 centre manager
  - c) One social care leader
  - d) One social care worker
  - e) Two social workers for the young people residing in the centre at this time
- ◆ Observations of care practice routines and the staff/young person’s interactions
- ◆ Shared meals with the staff and young people

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre remains 14<sup>th</sup> of August 2017 to 14<sup>th</sup> of August 2020.



## 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**

##### **Register**

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The register contains details of young people, their admission dates and information on their parents and social workers. A copy of the register for admissions and discharges for this centre is also held by the Child and Family Agency.

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

During this inspection a review of a sample of significant event notifications was completed along with a review of the centre significant event notification register. It was observed from this review that significant events were forwarded as required and that these contained appropriate information. The social workers that were interviewed also stated that they were happy with the content of these reports, that they were forwarded in a timely manner and there was evidence that they responded where necessary. There was evidence that serious incidents were reviewed by senior managers for learning and care practice analysis.

##### **Staffing**

The centre has a whole time equivalent staff complement of four social care workers and two social care leaders and is operating a two person sleepover roster. Inspectors noted this was an adequate level for the number of young people living in the centre at that time. From a review of a sample of staff personnel files it was observed that these contained appropriate Garda vetting forms, verified copies of qualifications, training certificates and CVs. However, inspectors noted that in one instance there was no evidence that the references for a staff member had been verified and it is important that this occurs in each instance.

From a review of the qualifications for staff it was noted that there was a balance of experience among the staff team and personnel files also contained evidence of inductions and appraisals during probationary periods.

### **Training and development**

During this inspection the training audit was reviewed and inspectors observed that staff had received training in TCI, Children First: National Guidance for the Protection and Welfare of Children, 2011, first aid, manual handling and fire safety. Centre management must ensure that all staff receive training in the revised Children First 2017. Inspectors also noted a wide range of training such as self harm awareness, mental health support, CPR and sexual health promotion. However, given the complex needs displayed by young people in the centre inspectors recommend that each of the staff receive training in ASIST.

### **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 and stored securely in line with the Freedom of Information Act, 1997. As noted, there was evidence that centre registers and administrative files had been periodically reviewed by the centre manager and service manager and that there were adequate financial arrangements in place.

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

### **Management**

This centre has a full time manager who has been in post for five months since the centre opened. This person has an appropriate qualification in social care and has significant experience working in children's residential centres. The centre manager reports to the organisation's service manager and is supported by a deputy manager. The centre manager signs documents in the care files to evidence their review and also attends handovers, staff team meetings, professionals meetings and child in care reviews. However, inspectors found that while the centre manager was reading documents and identifying deficits in these records, there were instances when the centre manager had not ensured that the issues were rectified by staff.

Inspectors found that the service manager regularly visited the centre. While on site they met with young people, attended staff team meetings and there was evidence of

their review of daily logs and care files. The service manager also completes periodic audits of the centre that include reviews of staff supervisions, young people's care files, team meeting minutes and health and safety documents. The centre manager also submits weekly reports and attends a monthly senior management meeting. Inspectors reviewed the minutes of the senior management meetings and found these to address the placements of young people and organisational and operational issues.

### **Supervision and support**

The centre has a policy on supervision that states the frequency, purpose and functions of supervision. As part of the inspection process, inspectors reviewed the supervision records for six staff members. Supervisions for each of the staff were being conducted by the centre manager and there had been one supervision and one appraisal / performance review in the three months since the centre opened.

Inspectors observed that supervision contracts were also in place. Further, agreed decisions and actions stemming from discussions in supervision were clearly recorded and the minutes of supervisions were signed by both parties. However, inspectors found that supervision was focused on organisational issues and while there were general discussions on events in the centre and the behaviours of young people, there needed to be an improvement on the discussions regarding placement planning, key working and care practice.

The centre manager is supervised by the service manager. Inspectors found supervisions to have been carried out within the required times frames and to contain discussions on staffing, the placements of young people and operational matters in the centre.

A review of the staff meeting minutes evidenced that these were occurring regularly and were well attended. However inspectors observed that placement planning and key working was not discussed at team meetings and that further focus was required on the planning of care for young people with more detail needed on the specifics of interventions. Further, there was no evidence of ongoing review of previous decisions and actions agreed at these meetings. Inspectors also noted that the handover process in place did not focus on the planning of care for young people and instead detailed administrative or organisational tasks for staff. Inspectors recommend that the handover process is reviewed by the service manager with the centre manager.

### **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 has 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 7, Staffing (Experience, Qualifications and numbers) -Part III, Article 16, Notification of Significant Events.***

#### **Required Action**

- The service manager should ensure that the references for one staff member are verbally verified.
- The centre manager must ensure that each of the staff receive ASIST training and updated Children First training.
- The centre manager must implement a system that ensures deficits identified in recording are addressed by staff.
- The service manager and centre manager must review the processes for staff team meetings and handovers to ensure these are focused on the planning of care for young people.
- The centre manager must ensure that records for supervision reflect discussions on placement planning, key working and care practice.

### 3.5 Planning for Children and Young People

#### **Standard**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### 3.5.1 Practices that met the required standard in full

##### **Contact with families**

From interviews with one young person, reviews of sections of the care files and questionnaires completed by both residents, inspectors found that family contact was valued in the centre. Inspectors observed that young people were supported to maintain contact with family members and there was on going consultation on the nature and frequency of family contact. Records reflected that young people met regularly with family members.

##### **Supervision and visiting of young people**

From review of centre records and information provided to inspectors, it was observed that allocated social workers for each of the young people visited in line with regulatory requirements. Inspectors also found that records were kept of social work visits to the centre and that young people also met with social workers in the community, at meetings and at child in care reviews.

#### **Standard**

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

##### **Social Work Role**

Inspectors found that young people met with their social workers in private when necessary and social workers received copies of significant event notifications. Inspectors observed that appropriate referral information was provided and that social workers read the young people's care files, arranged child in care reviews and

supported the young people to attend these. The social workers also confirmed that they were satisfied that the placements were meeting the young people's needs.

### **Preparation for leaving care**

None of the young people living in the centre were aged sixteen or over. It was observed from a review of key working that staff engaged young people in individual work on finances, family relationships, plans for future living arrangements and education.

### **Discharges**

This centre has an appropriate policy on discharge from the centre that notes that these can be planned or unplanned. Planned discharges will be to an agreed placement and this policy also notes that work will be undertaken with young people to prepare them for leaving the care of the centre. The policy further states that unplanned discharges will occur following consultation with relevant parties and that young people will not be discharged directly to out of hours placements. There have not been any discharges from the centre since it opened.

### **Aftercare**

As noted above none of the young people living in the centre were aged 16 or over.

### **Children's case and care records**

Inspectors found that each young person had a care file containing the required information such as birth certificates, care orders, pre-admission risk assessments and records of social work contact. It was also found that allocated social workers maintained an individual case file for each child. Inspectors observed that information was stored in the files to facilitate ease of access and that reports were written by staff to the required standard. Care files for young people also contained evidence of centre manager and service manager review and oversight.

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

### **Suitable placements and admissions**

The policy on admissions and discharges states that referrals to the centre can be made by social workers from any region of the country through the Tusla national private placement team. Referrals are discussed by the senior management team with centre managers and the policy states that effective planning around transitions will support the likelihood of better outcomes for young people.

At the time of the inspection there were two residents and a third young person was on induction to the centre. Inspectors completed a review of referral information and the collective pre-admission risk assessments and noted that these contained appropriate information. Inspectors found the placements of the resident young people were suitable and meeting their needs and there was evidence of structured planning around the induction of the third young person. However, the centre manager should ensure that the protective factors section of the collective pre-admission risk assessment contains more detail and outlines specific strategies to be employed by staff to keep young people in the centre safe. Further, inspectors also noted that while some information on referrals was provided to the social workers of resident young people, this process needed to be more robust.

### **Statutory care planning and review**

Inspectors observed that one young person had a care plan dated 13/10/17 and this contained appropriate information and goals related to the young person's placement. However, inspectors noted that the care plan referenced family reunification on a number of occasions but states that the goal for the placement is long term care. During interview the social worker stated that the plan was to be reviewed in the future and a decision made on the young person's long term plan. The second young person had a care plan that was dated 08/05/17 but was not relevant to this placement. The young person had been recently admitted to the centre and a child in care review had occurred on 19/10/17. The social worker informed inspectors that the care plan was being updated at the time of the inspection and would be forwarded to the centre as soon as it was available.

Inspectors reviewed placement plans for both resident young people and noted that these were in date and reviewed regularly. Placement plans in the centre contain short term and long term goals and address the emotional, social, physical, educational and health needs of the young person. However, inspectors observed that while these plans contained clear goals, there was no detail provided on the specific work to be undertaken with the young people or direction to staff on how the goals were to be met. It was also noted that a substantial amount of the key work that was carried out was unplanned and this reflected the lack of specific detail in the placement plans. As noted, placement planning was not being discussed in staff supervisions and was not a specific focus at staff team meetings. The service manager should review the system for placement planning in the centre to ensure it provides direction to staff on the work with young people.

### **Emotional and specialist support**

Inspectors found that the staff were aware of the emotional needs of young people and that they endeavoured to support them through placement planning and key working. From a review of the young people's care files and interviews with the centre management, social workers and staff team, inspectors found that there were extensive emotional and specialist supports in place for the young people. In interview with one young person and from the questionnaires returned, it was observed that young people stated they felt they could talk to the staff in the centre if they needed to and they were positive about the relationships they had with them. Both young people can avail of support from the organisation's psychologist if they choose and this person also provides advice on interventions and behaviours to the staff team. One young person is currently linked in with CAMHS and has regular appointments with the service. However, it was observed from the care files for one young person that a psychological assessment had been recommended some time ago and this assessment had not been sourced at the time of the inspection. Further, a second young person had been referred for a neurological assessment, however, this had not been completed.

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

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

***-Part IV, Article 22, Case Files***

***-Part IV, Article 23, Paragraphs 1 and 2, Care Plans***

***-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part V, Article 25 and 26, Care Plan Reviews***

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

***-Part III, Article 9, Access Arrangements***

***-Part III, Article 10, Health Care (Specialist service provision).***

***-Part III, Article 17, Records***



## **Required Action**

- The centre manager must ensure that the protective factors section of the collective pre-admission risk assessment contains more detail and that the social workers for resident young people are adequately consulted on new referrals.
- The centre manager must ensure that placement plans contain specific details on the work to be undertaken with young people.
- The social worker for one young person must ensure that a psychological assessment is completed in a timely manner.
- The social worker for one young person must ensure that a neurological assessment is completed in a timely manner.

### **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 premises is a two story building in a rural area of county Meath. Each of the young people have a room to themselves and there are a number of communal areas in the building to spend time with friends and family in private if required. There is garden space to the front and rear of the building and appliances are domestic in nature. During this inspection a walk through of the premises was completed by inspectors and it was observed that the premises was homely in nature and the décor and soft furnishings were suited to that of a children's residential centre. Inspectors reviewed evidence that the centre is adequately insured.

##### **Maintenance and repairs**

As noted the centre was in general good repair and there was evidence of maintenance works and repairs being carried out in a timely manner when required. However, inspectors recommend that the system for recording and tracking maintenance is updated as it was unclear in some instances from the records when work was completed.

##### **Safety**

Inspectors noted that the centre had a health and safety statement and that there were mechanisms for reporting hazards in the centre. The statement was dated 06/06/17 and had been approved by a senior manager. It was also observed that there were risk assessments and risk management plans to direct staff on addressing identified hazards in the centre including working with young people and the general physical environment.

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

#### **Fire Safety**

During this inspection of the centre, inspectors reviewed the fire safety documents and completed a walk through of the premises. It was observed that staff had completed fire safety training and that there were adequate fire fighting and fire detection systems in place. The exits were unobstructed and there were no obvious fire hazards in the building. Fire drills had been completed on 18/10/17 and 22/11/17 and these were recorded in fire safety and general register. No other details of the fire safety routine in place in the centre were recorded in this document.

Inspectors found that staff members had been recording details of checks on fire extinguishers, smoke detectors, fire exits and emergency lighting on loose pages and some records were kept on pages that had been photocopied from the fire safety and general register. It was observed that fire safety checks were not completed by staff on 13 occasions in the three months prior to the inspection.

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

None identified.

### **3.10.4 Regulation Based Requirements**

The centre has 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 13, Fire Precautions.*

*-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*

*-Part III, Article 15, Insurance*

#### **Required Action**

- The centre manager must ensure that the system for recording and tracking maintenance is updated.
- The centre manager must ensure that there are appropriate records of fire safety checks in the centre and that these are occurring in line with centre policy.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<ul style="list-style-type: none"> <li>• The service manager should ensure that the references for one staff member are verbally verified.</li> <li>• The centre manager must ensure that each of the staff receive ASIST training.</li> <li>• The centre manager must implement a system that ensures deficits identified in recording are addressed by staff.</li> <li>• The service manager and centre manager should review the processes for staff team meetings and handovers</li> </ul>	<ul style="list-style-type: none"> <li>• The Service Manager has completed all verbal checks on each staff members file.</li> <li>• The centre manager has highlighted training with the HSE and has scheduled the full staff team onto training over the coming months.</li> <li>• The centre manager will absolutely ensure that where deficits have been identified in the first instance that she will return to the paperwork to ensure that they have been addressed. She has set up a recording system of deficits so that she can refer to when she relooks at the issue.</li> <li>• The team meetings and handovers have been restructured and the recording systems of team meetings have been</li> </ul>	<ul style="list-style-type: none"> <li>• The service Manager will ensure that all references are verbally verified and noted on each staff member's file.</li> <li>• The service manager and centre manager will ensure that ASIST training is scheduled for staff on induction and will be delivered as close to the start date of each staff as possible.</li> <li>• Service Manager will oversee Audits of paperwork and recording systems and will also highlight any deficits with the centre manager.</li> <li>• Service Manager will oversee that the care planning is at the forefront of team meetings and handovers and highlight any</li> </ul>

	<p>to ensure these are focused on the planning of care for young people.</p> <ul style="list-style-type: none"> <li>The centre manager must ensure that records for supervision reflect discussions on placement planning, key working and care practice.</li> </ul>	<p>looked at. Care planning for young people had been discussed at team meetings however they were not adequately recorded. There are clear action plans for young people now and there is a set time for reviewing placement plans and goals of each young person for the coming week. These will be recorded as short term goal in the monthly placement plans.</p> <ul style="list-style-type: none"> <li>The supervision record sheet allows for this currently however the centre manager is having more in depth conversation in supervision to ensure that the staff team are fully aware of planning for young people. MPP, ICMP, IAMP etc are being reviewed during supervision now and the manager noted more confidence within the staff team in relation to placement goals of young people.</li> </ul>	<p>deficits to the centre manager.</p> <ul style="list-style-type: none"> <li>Service manager will review supervision of each staff member to ensure discussions reflect on planning for young people.</li> </ul>
<b>3.5</b>	<ul style="list-style-type: none"> <li>The centre manager must ensure that the protective factors section of the collective pre-admission risk assessment contains more detail and that the social workers for resident young people are adequately consulted</li> </ul>	<ul style="list-style-type: none"> <li>The centre manager will ensure that when more information is sought on a young person that this is adequately recorded. The centre manager will ensure that all conversations with current young people's social workers on the possibility of a new</li> </ul>	<ul style="list-style-type: none"> <li>The service manager will ensure that the protective factors section within the collective pre-admission risk assessment will be in more depth.</li> </ul>

	<p>on new referrals.</p> <ul style="list-style-type: none"> <li>• The centre manager must ensure that placement plans contain specific details on the work to be undertaken with young people.</li> <li>• The social worker for one young person must ensure that a psychological assessment is completed in a timely manner.</li> <li>• The social worker for one young person must ensure that a neurological assessment is completed in a timely manner.</li> </ul>	<p>referral are adequately recorded to ensure transparency. The centre manager will ensure going forward that the Team Leader on each case will also be involved in this process and all risks identified and a plan developed on how we will address the individual risks that a young person may present with.</p> <ul style="list-style-type: none"> <li>• The centre manager has developed a new template for the monthly placement plans which evidences goals set out, how we will achieve these goals and the actual work done with young people.</li> <li>• This is being looked at, at the moment and is in process.</li> <li>• A hospital appointment has been arranged in February and CAMHS are also engaged.</li> </ul>	<ul style="list-style-type: none"> <li>• Service manager will ensure that the new devised template for the monthly placement plans will indicate how goals are achieved.</li> <li>• Centre manager has notified social worker of same and is awaiting a response.</li> <li>• Centre manager has notified social worker and is awaiting a response.</li> </ul>
<p><b>3.10</b></p>	<ul style="list-style-type: none"> <li>• The centre manager must ensure that the system for recording and tracking maintenance is updated.</li> </ul>	<ul style="list-style-type: none"> <li>• Although we did have a maintenance book we did develop our own recording system for maintenance. This is to be signed by</li> </ul>	<ul style="list-style-type: none"> <li>• Service Manager will oversee Audits of paperwork and recording systems and will also highlight any deficits with the centre</li> </ul>

	<ul style="list-style-type: none"> <li>The centre manager must ensure that there are appropriate records of fire safety checks in the centre and that these are occurring in line with centre policy.</li> </ul>	<p>the manager on a frequent basis.</p> <ul style="list-style-type: none"> <li>The centre manager has addressed this issue and Fire Checks are being completed in the Fire Safety Documents.</li> </ul>	<p>manager.</p> <ul style="list-style-type: none"> <li>Service Manager will oversee Audits of paperwork and recording systems and will also highlight any deficits with the centre manager.</li> </ul>
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