



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

A

CHILDREN'S RESIDENTIAL CENTRE

IN THE

HSE Dublin Mid-Leinster AREA

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1. Introduction

The Health Information and Quality Authority (HIQA), Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Services Executive (HSE), Dublin Mid-Leinster Area (DML) under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Kieran O'Connor (co-inspector) carried out the inspection over a two day period on 4th - 5th March, 2009, under the *National Standards for Children's Residential Centres 2001*.

This was one of 12 centres managed by the regional co-ordinator for residential care, 10 of which had been inspected within the previous twelve months.

The centre was located in south county Dublin, and had access to local facilities and public transport. It provided medium to long-term residential care for up to five young people (boys and girls), aged between 12 and 17 years on admission. At the time of inspection there were two boys and two girls in residence. There had been two admissions and one discharge in the year prior to inspection.

Inspectors found that this was a well run centre and that the young people were well looked after. The staff team presented as a committed cohesive team which had been working together for a long time. One young person told inspectors that 'it is really nice here. Everybody is really nice to you'. Examples of areas of good practice were primary care, preparation for leaving care and after care, children's rights, behaviour management, and contact with families. Some areas of practice which partly met the required standard were related to care planning and reviews, administration and management systems, monitoring and fire safety. There were no areas of practice that did not meet the standards.

1.1 Acknowledgements

Inspectors were well received in the centre and wish to acknowledge the young people, staff members, and other professionals who assisted in the inspection.

1.2 Methodology

The judgements of inspectors in this inspection are based on an analysis of findings verified from more than one source of evidence gathered through observation of practice, examination of records and documentation, an inspection of accommodation, and interviews with four young people, the acting centre manager, a social worker, a social work team leader, four social care workers, the HSE monitoring officer, the regional co-ordinator for residential care, and the acting local health office manager (LHM).

The following unit documents were accessed by inspectors during this inspection:

- The centre's statement of purpose and function
- The centre's policies and procedures
- Young people's care plans and care files
- Census forms on staff
- Census forms on young people
- Administrative records, including personnel files
- Social work questionnaires
- Four questionnaire from schools

- The previous SSI inspection report (ID No 142)
- Health and Safety documents
- The SSI report on the cluster inspection of HSE South Western Area, 2006.

1.3 Management structure

The centre manager reported to the regional co-ordinator for residential care, who reported to the acting local health office manager (LHM).

1.4 Data on young people

On the first day of fieldwork the following young people were residing in the centre:

Listed in order of length of placement

Young Person	Age	Legal Status	Length of Placement	No. of previous placements
#1 (male)	19.10 years	Voluntary care	15 years	One residential care
#2 (female)	19.3 years	Voluntary care	13 years	Two residential care
#3 (male)	13.6 years	Full care order	11 months	Two foster care Two residential care
#4 (female)	15.10 years	Voluntary care	Two months	One foster care

2. Summary of Findings

The centre had previously been inspected by the SSI in 2006, and inspectors found that good efforts had been made to improve practices such as administrative systems, external management structures and the development of a comprehensive set of policies for the centre and the region generally. Inspectors, during this inspection also noted some improvements in other areas, but that they required additional attention, and key areas were; child protection notification systems, care planning and fire safety.

Practices that met the required standard

Purpose and Function

The centre had a statement of purpose and function that had been updated just prior to inspection and it detailed clearly the purpose and function of the centre. Inspectors found that practice reflected the statement of purpose and function. The centre had several documents outlining the centre's policies and procedures that inspectors suggest are amalgamated in to one comprehensive document.

Register

The centre register held all information required by the standards and regulations.

Primary care

The standard on primary care was well met. Through observation, examination of centre records, and interviews, inspectors found that the young people were well cared for, well nourished, had their health and emotional needs met by the staff team.

Contact with families

Inspectors found from centre records, that access to family was good. Young people told inspectors they had contact with their parents, siblings and extended family where appropriate. One young person's family was invited to dinner in the centre and they really enjoyed the occasion.

Complaints

The systems for recording and addressing complaints were good. The centre had a central complaints register. The young people told inspectors that they knew the complaints process, had used it on occasion and were happy with the outcomes. One young person had complained about the location of the centre. This was notified to the social worker who dealt with it and recorded the outcome on the case file held by the social worker. Inspectors advise that this information be forwarded to the centre in order to be kept on the young person's care file.

Access to information

Inspectors found documentary evidence of young people accessing their files and this was confirmed by the young people. Inspectors also found evidence of young people reading their daily log books. Staff interviewed were aware of the rights of young people to access information. The centre had a young person's information booklet.

Consultation

The standard on consultation was met. Inspectors found that the centre held young people's meetings on a monthly basis during which they were consulted on various issues such as house rules and routines, difficulties within the group, complaints policy and changes on the staff team. Young people told inspectors that they felt that their views were respected in the centre.

Individual living in group care

This standard was well met. The young people told inspectors about their friends in the locality, and their individual interests. Inspectors observed incidents of the young people's individual needs being met within the larger group. The special needs of one young person were catered for well, and understood and accepted by the other young people in the centre. Two of those living in the centre were young adults aged 19 years. They told inspectors that they were satisfied that their maturity was recognised by centre. Through examination of centre records and interviews with staff, inspectors found that both of these adults could have been afforded a greater level of independence considering their age and imminent discharge from the centre, and suggest that staff explore with them ways of achieving this.

Emotional and specialist support

This standard was well met. Inspectors found that the young people had access to emotional and specialist supports such as psychology and psychiatry, and were well supported by the staff team. In one incidence, it was found that there was a delay in securing appointments with a psychiatrist, and inspectors suggest that every effort is made to secure prompt access to such services for young people in care. Young people told inspectors they were well supported by the centre staff and that they felt cared for.

Key working

Inspectors found that key working was of a good standard in the centre. The young people told inspectors that they got on well with their key workers, and care records showed that the key workers maintained positive relationships with families, schools and other professionals involved with the young people, and that one-to-one working was not confined to key workers but included other staff. Verbal and written reports of key working were given regularly to the team meetings and social workers.

Behaviour management

This standard was well met. The centre records referred to consequences, which are referred to as sanctions in the standards. Behaviour was mostly managed through natural sanctions/consequences (sanctions that relate directly to the behaviour) and talking with young people, which inspectors found were appropriate and proportionate. The young people told inspectors they found sanctions to be fair when applied. One young person had been presenting specific challenging behaviour and the team had engaged the assistance of a psychologist to provide guidance on the issue. In interviews with inspectors, staff, the social worker and the HSE monitoring officer said that the young person's had improved.

Restraint

This standard was met. There were no restraints in the centre in the year prior to inspection.

Suitable placement and admissions

This standard was met. All referrals to the centre were considered by a central admissions panel. Inspectors found that all the young people living in the centre at the time of the inspection were appropriately placed and met the centre's criteria for admission.

Discharges

One young person had been discharged in the year prior to inspection and this was found to be a planned discharge in accordance with the standard.

Unauthorised absences

This standard was met. In the year prior to inspection there had been two absences without permission and centre records indicated that these were dealt with appropriately.

Supervision and visiting of young people

Inspectors were provided with records of visits to the centre by social workers and found that social workers for the two youngest young people visited regularly in accordance with the standard. These young people told inspectors that they got on well with their social workers.

Inspectors found social workers had not visited two young people since they turned 18 years of age. Both of these young people told inspectors that they did not want social work involvement. Inspectors found that these young people and the staff were unclear as to the role of social workers once a young person turns 18 years of age, and suggest that this be clarified (see care plans and reviews).

Preparation for leaving care and aftercare

These standards were well met. Inspectors found that centre routines supported young people to learn living skills such as cooking, cleaning, budgeting and socialisation. The young people told inspectors of their own ideas and aspirations, and how they were using their placement to gain stability in their lives and get an education. They told inspectors that they felt supported by the staff to achieve these personal goals.

Two young people were over 18 years of age, and their care plans were that they would remain in the centre to complete their education. One young person was leaving the centre to live with family and the other to supported lodgings provided by an after care service in the locality. Staff and young people told inspectors that they could return to the centre for visits and support. They had been prepared by the centre staff and an aftercare project located next door to the centre. The project provided independent living programmes and support to care leavers. The centre policy was to hold the young person's bed after discharge, and this was reviewed regularly for a three month period. Both of the young people told inspectors that they found the support they received as beneficial, and enjoyed their time in the project.

Inspectors found written evidence of work being done with young people when leaving the centre and programmes that were developed for them. There were no after care plans on file for these two young people detailing their living arrangements on their discharge from the centre or the role and responsibilities of their social workers until that time (see care plans and reviews).

Training and development

This standard was met. Inspectors were provided with staff training details that showed staff had been trained in *Children First*, Therapeutic Crisis Intervention (TCI), risk assessment, fire training, First Aid, and Health and Safety.

Maintenance

Inspectors found that while the centre required some redecoration, its physical condition was generally of a good standard and there were no outstanding maintenance issues. The centre had a maintenance log that was up-to-date and in accordance with the standards.

Accommodation

The standard was met. The centre resembled a family home. It blended well with the local housing estate. The centre was homely and inviting, but would have benefited from some redecoration and shrubbery/flowers in the garden. Inspectors were provided with the centre's insurance details which were relevant and up-to-date.

Safety

This standard was met. The centre had a safety statement dated August 2008 which was due for review in August 2009. It was signed by the acting centre manager. The acting centre manager also carried out a risk assessment of the premises in June 2008.

Practices that met the required standard in some respect only

Health

This standard was partly met. Inspectors found records of visits by the young people to their own G.P. The young people told inspectors that they were in good health and that they could access a doctor if they wished. Inspectors did not find medical histories on care files for any of the young people and recommend that this is rectified by social workers.

Staffing and vetting

This standard was partly met. The centre had an allocation of two child care leaders, eight child care workers and one centre manager. At the time of inspection there were 1.5 child care worker and one child care leader posts vacant. There was an acting centre manager. The team had a core staff group that had been together for several years and inspectors found that this provided an element of stability across the team, which presented as cohesive and experienced. The staff census reflected a staff team that was qualified, but inspectors did not find evidence of qualifications in personnel files. The files indicated that all staff were Garda vetted. Inspectors found that the most recently appointed child care worker had three references. There were two references and three testimonials on file for the acting centre manager. Inspectors recommend that personnel files contain evidence that the centre manager is satisfied that all staff are suitably qualified and that any deficiencies in staff vetting are addressed by the HSE (DML) (see also management).

Child protection

The standard on child protection was partly met. Inspectors found no concerns of a child protection nature in the centre for the year prior to inspection. Inspectors found from centre systems that there was no classification of significant events that included the notification of child protection concerns. The centre manager told

inspectors that significant event forms were used to record and report child protection concerns. Inspectors recommend that a notification system for child protection concerns is developed which is consistent with Children First.

Safeguarding

This standard was partly met. The young people told inspectors they were safe in the centre and this was confirmed by their social workers. All of the young people said they had someone to talk to if they needed advice, assistance or support.

The centre had several protocols and policies, including a code of practice which had elements of a safeguarding policy present. Inspectors recommend that the HSE (DML) ensure that existing documents are integrated, and added to where necessary to create a comprehensive safeguarding policy for the centre which meets the national standards.

Notification of significant events

This standard was partly met. Inspectors found that the significant events recorded in the centre files were notified to the relevant parties. Inspectors found that the term 'significant event' was a catch-all phrase that included child protection concerns and recommend that this system be reviewed (see child protection).

Supervision and support

This standard was mostly met. Inspectors found that formal supervision was provided by the acting centre manager and it included accountability and work with young people. Staff interviewed told inspectors that they found supervision supportive and informative. Inspectors found that there were gaps in frequency of supervision for some staff and that although agency staff were working in the centre regularly over for the year prior to inspection, the acting centre manager did not supervise them (see management).

Inspectors found that the staff roster facilitated good communication across the team. Team meetings took place weekly at which staff discussed the young people in detail and staff issues. Occupational health was available to staff who required additional support.

Administrative files

This standard was partly met. Inspectors found that the personnel files were organised and accessible. The centre's recording systems, such as fire register, maintenance log and team meetings minutes, were of an adequate standard.

New administrative systems had been introduced that were primarily computer generated and inspectors found that there was no policy related to the use of a computer. Inspectors recommend that the HSE (DML) ensures that the centre has a policy on the use of computers for information purposes in keeping with legislation.

Each young person had an absence management plan and inspectors found that they did not reflect the age, maturity and imminent discharge of the two young adults in the centre. Inspectors suggest that this be reflected in absence management plans.

Each young person had an individual crisis management plan (ICMP). Inspectors found that they did not include an assessment of the appropriateness or otherwise of

the use of physical restraint in managing behaviour in each individual young person's case, as they were designed to, and suggest that this practice is reviewed.

Care plans and reviews

This standard was partly met. The two most recent admissions to the centre had care plans on file that were comprehensive and up to date. There was some delay getting an updated care plan for one of these young people as the meeting minutes were not available to the social worker for a period of time.

The two young people who were over 18 years of age had care plans dating back to 2007 which did not detail their living arrangements on discharge from the centre. These care plans did not detail the role and responsibilities of the social workers up to the time of discharge.

Reviews for one young person were held approximately every four months, due to his/her presenting needs and behaviours. Inspectors found that social workers had not visited for the purpose of reviewing the arrangements for after care for two young people.

Inspectors recommend that:

- that updated care plans are made available to the centre promptly,
- the aftercare arrangements for two young people are recorded in a written after care plan and made available to the young people.

Social work role

This standard was partly met. Inspectors found from centre records and interviews that the social workers for the two youngest residents had a good relationship with the centre and young people, and that they visited regularly. Inspectors also found evidence of these social workers reading of the young people's files from time to time.

Two of the young people were over 18 years old, and although their cases were allocated, there was confusion about the role and responsibilities of the social workers (see care plans and reviews).

Young people's care records

This standard was partly met. The care records were accessible to young people. They were stored in a safe area of the centre. Care files held social histories and care orders for each young person. There was a master care file and an active care file for each young person. The active care file contained information recorded on a daily basis, which was then transferred into the master file. Inspectors found that the master care files were not bound securely, and had loose documents in them. They were divided into sections, but would have benefited from a contents sheet.

There was no birth certificate for one young person on file. Inspectors recommend that care files are reviewed to make them secure, and that a birth certificate is provided for one young person.

Management

The centre was managed by an acting centre manager who reported to the regional co-ordinator for residential care. Inspectors found that the acting centre manager was provided with guidance and direction by the regional co-ordinator for residential care and the HSE monitoring officer. The acting centre manager provided a monthly report to the regional co-ordinator for residential care with monthly reports at supervision sessions. Supervision meetings took place on a six-weekly basis.

Inspectors found that positive relationships existed between the centre manager and staff team. As in the other reports on inspections of centres in this region, inspectors suggest that a forum where centre managers meet on a regular formal basis be considered to facilitate skills sharing, communication and inclusion in strategic planning for the region. Inspectors were of the view that the role of the newly appointed social care leader in the centre should be clarified and that she should receive appropriate training to undertake deputy manager functions as the need arises.

The centre required a comprehensive safeguarding policy. The centre also required a policy on the use of computers for information purposes. Inspectors were told by agency staff interviewed that they were not subject to the policies in the centre related to physical restraint, but that they could choose whether to become involved in a physical restraint or not. The regional co-ordinator told inspectors that this was not the case and that this matter would be addressed by him with the agency involved. Inspectors recommend that management and/or administration systems are put in place that would ensure standards are met in relation to:

- staff supervision,
- maintenance of personnel files,
- staff vetting and qualifications,
- ensure all relevant policies are available and implemented by all staff

Education

This standard was partly met. Three of the young people were attending school regularly and school reports showed they were doing well. This was confirmed by teachers. There were records of regular contact with the schools and that a positive relationship existed between the schools and the centre staff. School exam results were available on file.

One young person who was 13.5 years had refused to attend school since for six months from September 2008. There was evidence that staff had made efforts to engage the young person in formal education, but without success. The team were working with a psychologist to attempt to rectify this situation and the Education and Welfare Board had also been involved. The centre had applied for a home tutor. The young person's social worker had considered a placement in a high support unit to address non-school attendance, but this was not followed through as it was deemed inappropriate. Inspectors recommend that the HSE ensures that this young person receives formal education.

Fire safety

This standard on fire safety was only partly met. Inspectors found records of daily equipment checks in the centre. Fire-fighting equipment had been checked in the year prior to inspection, but inspectors found that one fire extinguisher in a staff

office did not indicate this. The centre had no written confirmation for a qualified architect/engineer that the centre complied with standard 10.19. To meet this standard, the HSE (DML) needs to:

- provide the SSI with written confirmation from a qualified architect or engineer that the centre is in compliance with the fire safety and building control regulations in accordance with standard 10.19,
- ensure that fire fighting equipment clearly indicate the date on which they were last checked.

Monitoring

The standard on monitoring was partly met. The HSE monitoring officer had regular contact with the centre by phone and had provided support to the centre manager on practice areas from time to time. The acting centre manager told inspectors this was helpful. The HSE monitoring officer had visited the centre on several occasions in the year prior to inspection and had attended one staff meeting. The young people told inspectors they knew who the HSE monitoring officer was. There was no HSE monitoring report written on the centre for the year prior to inspection in accordance with the standards. The HSE monitoring officer was responsible for 11 HSE centres in the region. To meet this standard, the HSE (DML) needs to ensure that the HSE monitoring officer provides a written report on the centre annually, in accordance with the regulations and the standards.

3. Findings

1. Purpose and function

Standard
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Purpose and function	√		

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.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Management		√	
Register	√		
Notification of significant events		√	
Staffing (including vetting)		√	
Supervision and support		√	
Training and development	√		
Administrative files		√	

Recommendations:

- The HSE (DML) should arrange for management and/or administrative systems to be put in place to ensure standards are met in relation to:**
 - **Staff supervision,**
 - **Maintenance of personnel files,**
 - **Staff vetting and qualifications,**
 - **The availability and implementation of centre policies.**
- The HSE (DML) should ensure that the centre has a policy on the use of computers for information purposes.**

3. Monitoring

Standard

The health board, for the purposes of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the health board to monitor statutory and non-statutory children's residential centres.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Monitoring		√	

Recommendation:

3. The HSE (DML) should ensure that monitoring officer provides an annual report on the centre in accordance with the standards.

4. Children's rights

Standard

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Consultation	√		
Complaints	√		
Access to information	√		

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.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Suitable placements and admissions	√		
Statutory care planning and review		√	
Contact with families	√		
Supervision and visiting of young people	√		
Social work role		√	
Emotional and specialist support	√		
Preparation for leaving care	√		
Discharges	√		
Aftercare	√		
Children's case and care files		√	

Recommendations:

4. The HSE (DML) should ensure that:
 - The aftercare arrangements for two young people are recorded in a written care plan and made available to the young people,
 - Updated care plans are available to the centre promptly.

5. The HSE (DML) should ensure that a birth certificate is on the care file of one young person.

6. Care of young people

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Individual care in group living	√		
Provision of food and cooking facilities	√		
Race, culture, religion, gender and disability	√		
Managing behaviour	√		
Restraint	√		
Absence without authority	√		

7. Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Safeguarding and child protection		√	

Recommendations:

6. The HSE (DML) ensure that the centre has a comprehensive safeguarding policy.
7. The HSE (DML) should ensure that the centre has a child protection notification system that is consistent with Children First.

8. Education

Standard

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Education		√	

Recommendation:

8. The HSE (DML) should ensure that one young person is engaged in formal education.

9. Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Health	√		

Recommendation:

9. The HSE (DML) should ensure that centre care files contain a medical history for all young people.

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 & 13 of the Child Care Regulations, 1995.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Accommodation	√		
Maintenance and repairs	√		
Safety	√		
Fire safety		√	

Recommendation:

10. The HSE (DML) should ensure that:

- a. The SSI is provided with written confirmation from a qualified architect/engineer that the centre complies with standard 10.19,
- b. Apart from daily staff checks, all fire equipment is checked regularly by a competent agency.

Summary of Recommendations

1. The HSE (DML) should arrange for management and/or administrative systems to be put in place to ensure standards are met in relation to:
 - Staff supervision,
 - Maintenance of personnel files,
 - Staff vetting and qualifications,
 - The availability and implementation of centre policies.
2. The HSE (DML) should ensure that the centre has a policy on the use of computers for information purposes.
3. The HSE (DML) should ensure that monitoring officer provides an annual report on the centre in accordance with the standards.
4. The HSE (DML) should ensure that:
 - The aftercare arrangements for two young people are recorded in a written care plan and made available to the young people,
 - Updated care plans are available to the centre promptly.
5. The HSE (DML) should ensure that a birth certificate is on the care file of one young person.
6. The HSE (DML) ensure that the centre has a comprehensive safeguarding policy.
7. The HSE (DML) should ensure that the centre has a child protection notification system that is consistent with Children First.
8. The HSE (DML) should ensure that one young person is engaged in formal education.
9. The HSE (DML) should ensure that centre care files contain a medical history for all young people.
10. The HSE (DML) should ensure that:
 - a. The SSI is provided with written confirmation from a qualified architect/engineer that the centre complies with standard 10.19,
 - b. Apart from daily staff checks, all fire equipment is checked regularly by a competent agency.