

**Dorset Council**

**Children’s Services Directorate**

**Children Homes Regulations 2015**

**Regulation 44 -** **Independent Person’s Report**

**DETAILS OF VISIT**

|  |  |
| --- | --- |
| **Name and address of provision:** |  |
| **Unique Reference Number:** |  |
| **Number of registered beds:** |  |
| **Number of residents present during visit:** |  |
| **Announced or Unannounced visit:** |  |
| **Date:** |  |
| **Time of visit:** | **From** |  | **To** |  |
| **Period of time inspected:** |  |
| **Name of Registered Manager:** |  |
| **Name of Responsible Individual:** |  |
| **Name of Regulation 44 Visitor:** |  |
| **Senior member of staff on duty during visit:** |  |
| **Current registration certificate displayed with correct RM/RI details:** |  |

**OCCUPANCY**

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| **Total number of young people registered at the home during this visit** |
| **Male:** |  | **Female:** |  | **Gender neutral/fluid** |  |
| **Planned and unplanned admissions since the last visit** |
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| **Planned and unplanned discharges since the last visit** |
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| **Comment on current occupancy levels of the home** |
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| **Suitable for registration** |
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**PROGRESS ON PREVIOUS RECOMMENDATIONS**

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| **Recommendation** | **Progress** | **Review date** |
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**HEALTH AND SAFETY**

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| **Fire drill and evacuation documentation** |
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| **Checks on emergency lights, call points, fire extinguishers documentation** |
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| **Fire Risk Assessment** |
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| **Valid electrical certificate** |
| **Date issued** | **Expiry date** | **Comments** |
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| **Valid gas/oil certificate** |
| **Date issued** | **Expiry date** | **Comments** |
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| **Portable Appliance Test (PAT) documentation** |
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| **Control of Substances Hazardous to Health (COSHH) documentation** |
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| **Food temperature checks** |
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| **Fridge/Freezer temperature checks** |
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| **Water temperature checks** |
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| **Sharps audit** |
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**CONSENT**

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| **Consent for information sharing** |
| **Child/Young Person** | **Consent Given** | **By Whom** | **Comments** |
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**ENVIRONMENT AND RECORDS**

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| **Observations and impact of the physical environment** |
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| **Observations from daily logs, consequences and rewards** |
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| **Complaints and compliments** |
| **Date** | **Complaint/Compliment** | **Action taken** | **Comments** |
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| **Quality and impact of records** |
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| **Areas of strength** |
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| **Areas of practice development** |
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**FEEDBACK FROM CHILDREN/YOUNG PEOPLE**

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| **Child/Young Person** | **Comments** |
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**ENGAGING WITH THE WIDER SYSTEM TO ENSURE CHILDREN’S NEEDS ARE MET (REGULATION 5)**

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| **Feedback from parents/carers/family members** |
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| **Feedback from professionals** |
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**QUALITY STANDARDS**

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| **Quality and Purpose of Care Standard (Regulation 6)** |
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| **Statement of Purpose** |
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| **Children’s Guide** |
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| **Areas of strength** |
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| **Areas of development** |
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| **Children’s Views, Wishes and Feelings Standard (Regulation 7)** |
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| **Areas of strength** |
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| **Areas of development** |
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|  **Education Standard (Regulation 8)** |
| **Child/Young Person** | **Date of most recent Personal Education Plan (PEP)** | **Education, Health and Care Plan (EHCP) in place** |
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| **Areas of strength** |
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| **Areas of development** |
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| **Enjoyment and Achievement Standard (Regulation 9)** |
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| **Areas of strength** |
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| **Areas of development** |
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| **Health and Wellbeing Standard (Regulation 10)** |
| **Child/Young Person** | **Date of most recent Initial/Review Health Assessment (IHA/RHA)** |
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| **Routine health appointments** |
| **Child/Young Person** | **Appointments attended** |
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| **Areas of strength** |
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| **Areas of development** |
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| **Positive Relationships Standard (Regulation 11)** |
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| **Areas of strength** |
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| **Areas of development** |
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| **Protection of Children Standard (Regulation 12)** |
| **Initials** | **Number of missing** | **Number of absences** | **Number of incidents** |
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| **Review period** | **Number of Reg 40** | **Number of LADO** | **Number of S.47** |
|  |  |  |  |
| **Log of Reg 40 notifications** |
| **Child/Young Person** | **Date** | **Reference Number** | **Emergency services contacted** |
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| **Nature of significant incidents including physical interventions and quality of the reports****Include any barriers, joint working, plans to reduce incident levels and analysis of****Incident levels (increase or decrease over time)** |
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| **Analysis of the home’s responses to incidents, notifiable events and physical interventions** |
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| **LADO referrals** |
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| **Safeguarding practice in the home** |
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| **Areas of strength** |
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| **Areas of development** |
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| **Leadership and Management Standard (Regulation 13)** |
| **Date of last Ofsted Inspection** | **Full or Interim** | **Judgement** |
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| **Does the registered manager hold a level 5 diploma in leadership and management, or equivalent qualification?** |  |
| **Are there any gaps in the current staff team and if so, how are these being addressed/managed?** |  |
| **How many of the current staff team do not hold a level 3 diploma or equivocal qualification?** |  |
| **Have all staff completed full mandatory training?** |  |
| **Any outstanding mandatory training that requires completion** |  |
| **Have there been any new staff members or any staff who have left since the last visit?** |  |
| **How many staff are on their induction period? Have staff been offered an exit interview?** |  |
| **Safer recruitment checks completed within the review period for new starters prior to commencing work** |  |
| **Safer recruitment checks completed within the review period for existing staff** |  |
| **Any outstanding safer recruitment checks that require completion** |  |
| **Are staff having regular supervisions and PDRs** |  |
| **What period does the current Regulation 45 report cover?** |  |
| **Is there a current staff rota in place?** |  |
| **Location Risk Assessment** |
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| **Policies reviewed since last visit** |
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| **Discussion with staff member** |
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| **Evidence of management oversight within the home** |
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| **Areas of strength** |
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| **Areas of development** |
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| **Care Planning Standard (Regulation 14)** |
| **Child/Young Person** | **Date of most recent CIC review** | **Is this within statutory timescales** |
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| **Legal Status** |  |
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| **Areas of strength** |
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| **Areas of development** |
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**EVALUATION AND RECOMMENDATIONS**

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| **Evaluate how effectively the home is safeguarding the children/young people and promoting their wellbeing** |
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| **Recommendation** | **Timescale** |
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| **Please list below any escalations that have been made on the basis of this report; include the pathway and outcome of each escalation** |
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**SIGNATURES**

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| **I confirm that this is an accurate report of my findings** |
| **Signature:**  |
| **Date:** |
| **Registered Manager’s Comments** |
|  |
| **Signature:** |
| **Date:** |
| **Responsible Individual’s Comments** |
|  |
| **Signature:** |
| **Date:** |