



## monthly report: 2021

independent person

### the home

Name of Home	
Unique Reference Number (Ofsted)	SC.....
Current Registration Certificate displayed?	
Type of registration:	Children's Home
Category of registration & beds:	EBD
Number of registered places:	3
Name of registered manager:	
Name of responsible individual:	
Name and contact number of Regulation 44 Visitor:	
Current Ofsted grade	

### visits made to the home

Date and timings - all processes	Type	Purpose
	Unannounced visit	Regulation 44 visit

### contact made with agencies, families & carers

Date	Contact
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## Contact made with **young people**

young people seen this month		Conversation with	
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**evidence base** for this report/overview:

**progress** - medium to long term

independent visitor's view against the **quality standards**

quality and purpose of care

Date	Detail	To be completed by	Person Responsible	Completion

care planning

Child's initial and legal status	
Date.....	SW
	CLA
	Annual LAC Health assessment
	PEP
	Placement plan-LA
	Placement plan -organisation
	Risk assessments
	Behaviour support plan
	EHC plan
	Dentist
	Optician
Any other meetings, appointments , plans etc	

Matrix and narrative for each child / young person

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Date	Detail	To be completed by	Person Responsible	Completion

wishes and feelings

Date	Detail	To be completed by	Person Responsible	Completion

Education

Date	Detail	To be completed by	Person Responsible	Completion

enjoyment and achievement

Date	Detail	To be completed by	Person Responsible	Completion

health and well-being

Date	Detail	To be completed by	Person Responsible	Completion

## positive relationships

Date	Detail	To be completed by	Person Responsible	Completion

## protection of children

NO CHANGE AT THIS VISIT: In relation to Covid-19 ,risk assessments are in place and are updated as required. All Covid protocols and processes have been adhered to.

### Narrative re. each child or young person

#### Consider other information e.g. -

- Do children and young people know who they can speak with/what to do if they are worried?
- Data- Reg 40 , PI , accident, incidents , allegations, complaints, sanctions
- Safeguarding training
- Supervision
- Appraisal
- Other training
- Culture of the home

## complaints, accidents, sanctions, rewards and physical intervention

### Accidents- children and staff

### notifications

### incidents

### interventions

formal complaints received

compliments /parental feedback

sanctions

## Matrix- **Regulatory / checks** health and safety – Children's Homes

<b>Home:</b>	
<b>Dates of review:</b>	
<b>Date of initial completion:</b>	

certification, emergency planning and testing

Date	Type	Expiry / review	Comments
	Employers Liability/Indemnity		
	Emergency Plan		
	Fire equipment certificate		
	Fixed Wiring		
	Gas safety certificate		
	Gas cooker		
	Oil tank/system		
	Cess pit/ Klargestar		
	TV Licence		
	Location review		
	PAT		
	COSHH		

fire and risk assessments

Date	Type of check / assessment	Next review / check	Comments
	Weekly checks		
	Fire drill day time. Identify a night time drill		

Date	Detail	To be completed by	Person Responsible	Completion

## leadership and management

Date	Detail	To be completed by	Person Responsible	Completion

## developmental actions

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Recommended actions are identified at the end of each section.

Actions in the developmental section are open and aimed at promoting the development of the home.

### KEY to action plans:

- Actions in **bold** - new from current visit.
- Actions marked GREEN have been completed and will be removed at the next visit.
- Actions marked AMBER are on track and will be removed at completion or moved to the longer-term PROGRESS section.
- Actions marked RED have not been acted upon and are now urgent and need immediate actions/ responses.

Date	Detail	Person Responsible	Completion

## Views of Home Manager

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## Views of Responsible Person –

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## Views of **the Independent Visitor**

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