

Minutes of: QUALITY & STANDARDS COMMITTEE

Date: 12<sup>th</sup> March 2025

Time: 5:30pm

Place: via Microsoft Teams

Present: Mr P Cook MBE (Principal)  
Mr C Todd (Committee Chair)  
Ms I Miervaldis  
Ms N Paterson  
Ms N Williams

In attendance: Ms N McEnery (Head of Employment Services) **left at 18.30.**  
Ms J Ferguson (Vice Principal Safeguarding and Pastoral Care) **left at 18.00.**  
Mrs R Herbert (Deputy Principal)  
Mrs K Smith (Director of Quality)  
  
Mrs Y Doherty (Director of Governance)

**24/30 Apologies:**

There were no apologies for absence.

**24/31 Declarations of Interest**

There were no declarations of interest.

**24/32 Careers and Employability Strategy: Implementation Plan**

The Head of Employment Services presented an update report on the Careers and Employability Strategy Implementation Plan (circulated, document March 25/1).

The following points were highlighted:

- Supported Internship interviews had begun
- 42 Applications had been received from the current cohort, with 2 external applications.
- A campaign on Facebook was generating interest.
- 45 learners had attended an event at the NEC which had proved successful with good feedback.
- Up to 182 learners had had experience of a workplace.

Discussion points included:

Direct recruitment to supported internships

It was reported that there had been 2 definite applications, with a marketing campaign in progress. Work with SENCOs and sixth-form colleges was also in train.

It was commented that although these were small numbers it might be advantageous to be begin with, as previously there had been detailed knowledge of the learners involved and there were potential risks if the numbers were too high.

It was acknowledged that there was a lot of work associated with 'onboarding' external recruitment, and it was hoped that small numbers would support successful outcomes.

It was reported that there was currently 1 external candidate who was about to complete their internship which had been successful and resulted in employment.

It was commented that achieving external recruits was good progress. It was asked what had been learnt from this and the candidate that was completing.

It was reported that points for consideration included which subject areas were of particular interest and that recruitment from mainstream provision was possible.

It was queried if the implementation plan was a useful working document / management tool. This was confirmed and that it supported understanding of the link to the overall college strategy.

It was **RESOLVED THAT** the update report on Careers and Employability Strategy Implementation Plan be noted and received.

#### **24/33 Adult Skills Fund Strategy: Implementation Plan**

The Head of Employment Services presented an update report on the Adult Skills Fund Strategy Implementation Plan (circulated, document March 25/3).

The following points were highlighted:

- Allocations had been met and exceeded
- Considerable work with the employer base and desire to work more closely with HTS.
- Close working with WMCA, including submission of a further bid.

Discussion points included:

It was commented that it felt like the strategy of a training provider.

It was agreed that it was not a traditional classroom-based model.

It was **RESOLVED THAT** the update report on the Adult Skills Fund Strategy Implementation Plan be noted and received.

#### **24/34 Deep Dives Presentation**

##### **34.1 Adult Skills Funding**

The Head of Employment Services and Deputy Principal delivered a PowerPoint presentation on the Adult Skills Funding (circulated, document March 25/3).

This provided detail on:

- Current position (performance against allocation).
- Submission of growth bid to WMCA and ESFA
- Increase in learner numbers working closely with 'We Find Any Learner'.
- Comparative data on learner numbers.
- Future developments.

Discussion points included:

Working with 'We Find Any Learner' was queried

It was reported that this had worked well and that the numbers achieved would not be possible without support.

It was further commented that the increase in the low wage threshold and increase of funding allocation to each course had also contributed to allocation achievement.

If successful in achieving in-year additional funding was there a sense that this could be sustained going forward?

It was reported that there would be need to reapply for additional funding.

There was currently a waiting list of 68 interested in L2/L3 qualifications.

The work the college had commenced with the community /parents had shown some initial success, what was the future position?

It was reported that it was intended that the local community would be canvassed to establish need. The long-term vision was for successful online delivery and within the local area.

It was suggested that Employer Advisory Boards could be a possible means of achieving this with section of the local community.

It was confirmed that a breakfast meeting with the employer Forum was scheduled for May 2025 and would be supported by Warwick Conferencing.

It was emphasised that the queries had related to the potential to work with a community of potential adult learners e.g., parents, links via college employees.

It was commented that the performance this year was a turnaround compared to last, and there was evidence of a mature service and some impressive developments.

It was **RESOLVED THAT** the Deep Dive on report on Adult Skills Funding be noted and received.

### **34.2 Future Deep Dives – FOR DECISION**

The Committee considered a report on the Deep Dives into areas of College operation previously presented to Corporation sub-committees (circulated, March 25/4).

It was noted that the next area for a deep dive consideration was to be decided.

Discussion points included

The increase in learner numbers and if this was reflected in terms of admissions, the learners, the changes locally, nationally and geographical spread, challenges around LAs. It was suggested that in light of the potential SEND legislation it would be good to reflect on the profile of the learners.

The focus / scope of any such review was queried, e.g., learner experience / communications / funding application process / assessment process (correct fit)

It was queried if the deep dives would be on admissions and transitions (in)

It was commented that there was a lot of detail covered in the areas of admissions and transitions. It was suggested that they could be split, and that consideration of admissions could also include the multi-disciplinary approach and the wider more collaborative working.

After detailed discussion it was agreed that deep dives on admissions and transitions should be presented separately, as follows:

June 2025: Admissions: relationships with schools /LAs/ funding

2025/26: Transitions, exact date to be confirmed, but to allow a period for the transitions in to settle after the start of the new academic year.

It was **RESOLVED THAT** the next two deep dive presentations would be:

- Admissions: relationships with schools /LAs/ funding June 2025
- Transitions. TBC

**34/35 Learner Leadership****35.1 Learner Leadership Activities Autumn Term**

The Vice Principal Safeguarding and Pastoral Care presented on Learner Leadership (circulated, document March 25/5).

The report provided detail on activities completed by the Student Council and Peer Support Team.

- ❖ Mental Health World Day – October
- ❖ Anti-Bullying Week – November
- ❖ Crafts for Christmas – December
- ❖ Online safety Day – January
- ❖ Design of a new College map
- ❖ Issues raised by the Student Council in meetings with the SLT

**35.2 LOOP 2024/25 Improvement Plan (from the 2023/24 report)**

The Vice Principal Safeguarding and Pastoral Care presented an update report on the LOOP 2024/25 Improvement Plan (circulated, document March 25/6).

The report covered three broad themes:

- Teaching and Learning
- Aspirations and the World of Work
- Safety and well-being

Detail was included on actions taken to address the identified key areas for improvement.

Discussion points included:

Staff input to the process, particularly any influence on learner responses.

It was reported that the survey / process was well established. Previously completion of the survey had been led by the company, but this had been the responsibility of the College for some time. Training had been provided for staff relating to this, they were now well experienced with oversight of the process provided by the Curriculum Managers.

It was advocated that the process was fair and supported learners to provide their responses. It was suggested that this was evidenced by similar themes and responses being provided year on year, whilst also recognising that the responses reflected the year in question, e.g., use of agency staff.

This was supported by reference to missed opportunities on behalf of the college regarding issues such as the experience of the workplace and employment opportunities which learners were critical of. There was more that staff could do to signpost learners to relating to this.

It was confirmed that it was not an area for concern, the point had been raised in terms of allowing learners to respond / process whilst acknowledging natural tendencies to 'fill the silence'.

It was commented that there were some insightful comments from the learners indicating that they were thinking about the organisation as well as themselves as individuals.

It was **RESOLVED THAT** the update reports on Learner Leadership and the LOOP 2024/25 Improvement Plan be noted and received.

**24/36 Termly Residential Report**

The Vice Principal Safeguarding & Pastoral Care presented a report on the Residential Provision (circulated, document March 25/6).

The report provided detail on:

- Residential audit compliance (term 1), where less than 100% narrative provided
- Service Improvement Plan
- Surveys and outcomes (staff, parent and students)
- Staffing
- Staff training

Discussion points included:

It was noted that there had been previous discussions regarding staff training (Sept 24) which had indicated that there were some issues with training and timings. An update was requested.

It was confirmed that some of the training had to be externally sourced e.g., Buccal, Oliver McGowan. Detail was provided, including restrictions on those staff that could administer medication and processes for observation.

It was suggested that detail be included in documentation as evidence for inspection, particularly the training that was mandatory.

It was commented that the report was detailed and concise. It was queried if providing a log of actions could be provided or if this would be too burdensome.

It was reported that the service improvement plan currently contained 94 actions. The larger document could be shared which was also RAG rated; however, it was a very granular working document (rather than strategic) the intention was that the report provided an overview of this.

It was suggested that the plan and audit cycle could be shared for information.

It was agreed that the full document should not be provided to the committee, rather a reminder of the intensity / robustness of the audit cycle.

It was suggested that the Vice Principal Safeguarding & Pastoral Care provide the cycle and snapshot outside of the meeting.

**[ACTION]\* JF**

\*attached to the end of the minutes.

It was **RESOLVED THAT** the report on the Residential Provision be noted and received.

**FOR DECISION**

**24/37 Minutes of the meeting held on 13<sup>th</sup> November 2024**

The minutes of the previous meeting (circulated, document March 25/8) held on 13<sup>th</sup> November 2024 were considered.

It was **RESOLVED THAT** the minutes of the meeting held on 13<sup>th</sup> November 2025 be approved.

**24/38 Matters Arising / Actions** (circulated, document March 25/9)

24/22 Matters Arising / Actions (Nov 24/3)

24/07 Deep Dive: ILS

**RECRUITMENT**

It was emphasised that the College continued to work through innovative solutions including the development of the Hereward Approach to ILS.

This was acknowledged and that it was included in other documentation. It was suggested that this was an area to be monitored.

**12.03.2025 Update:**

The Hereward Approach to ILS is schedule for launch after Easter. A report on early impact will be provided at the meeting scheduled 11 June 2025. **[ACTION]**

RH

It was noted that recent discussion indicated that although recruitment of ILS staff remained challenging it was improving.

24/25 Equalities Data Reporting 2023/24

The Equalities Data 2023/24 be updated to include Governor data

**12.03.2025 Update:****Complete**

24/27 Future Deep Dives

It previously been agreed (June 2024) that the format should be:

1. Where are we / current position?
2. Where do we want to be? (partly consultative with the Committee, led by the College)
3. How do we get there?

Format of the deep dive be expanded to include a 'development section'

**12.03.2025 Update:****Complete**

**There were no other matters arising.**

**24/39 Curriculum Strategy**

The Deputy Principal reported on the Curriculum Strategy (circulated, document March 25/10)

It was reported that the Curriculum Strategy 2024-2026 been reviewed and revised.

Areas to note included:

- the increased emphasis on green skills, net zero, sustainability, and AI
- required resources and the development of the 'college high street'
- the document followed the traditional format, towards the end of the document it included:
  - current programmes at Hereward, including some predicted number for 2025/26.
  - employer links within each vocational area.
  - the programmes of study, the anticipated learning numbers and notification of the resources now required for the development of those curriculum areas.

The engagement with a number of key local employers was highlighted and that there were others it was hoped the college would be able to engage with.

There were no discussion points.

It was commented that the development of the strategy had proved successful in getting the college to its current position. It was considered detailed and thorough and that the lack of discussion points evidenced this.

The anticipated changes to the Ofsted approach, e.g., scorecards, and the associated consultation was raised and the need for this to be included in any future iteration of the strategy.

This was acknowledged and it was confirmed that the results of the consultation would be considered carefully. It was expected that the next iteration would look different.

The reference to CPD and wellbeing (page 21) was raised

It was confirmed that this was considered critical to the College and was robust.

**It was suggested that this subject be held as in contention for a future deep dive.**

It was **RESOLVED THAT**

- i. the updated Curriculum Strategy be noted and received.
- ii. the Curriculum Strategy 2024 -26 be recommended for Board approval.

#### **24/40 Quality Improvement Plan 2024/25**

The Director of Quality reported on the Quality Improvement Plan 2024/25 (circulated, document March 25/11).

Points highlighted included:

- Green skills, including a Green Skills Working Group
- Promotion of 'International Women in Engineering Day'
- Introduction to Environmental Sustainability
- New employers
- Immersive room (it was acknowledged that the Committee Chair had contributed to this development)

It was commented that it was good to see that the impact column was being populated, whilst recognising that a cautious approach had been adopted previously.

Further updates to the June report would be welcome.

It was **RESOLVED THAT** update on the Quality Improvement Plan 2024/25 be noted and received.

#### **24/41 Interim Internal Quality Review**

The Director of Quality reported on the Interim Internal Quality Review Report via a PowerPoint presentation that identified highlights from the full report (circulated, document March 25/12).

It was reported that the Internal Quality Review process (IQR) had been revised this year to incorporate further scrutiny of curriculum intent, implementation, and impact and to encourage reflective practice amongst the teaching population. The report provided a summary of key judgments from Pathways (Explorer, Foundation, Discovery and Functional Skills) and Aspire.

Comparative data was provided on the number of observations meeting the required standard at first pass, the percentage of teachers observed to date, with commentary.

Highlights included:

- The number of observations that evidenced outstanding feature and those with areas for improvement.
- Data on observations assessed as meeting required standard, requiring observation or outstanding
- Age-appropriate materials for PMLD learners – teachers were looking to develop this resource

Discussion points included:

Not all the percentages equalled 100, this was queried.

It was confirmed that this was attributable to not all session being pertinent to that aspect of the reporting, e.g., ILS not always present.

It was commented that a considerable number of strengths were identified. Would any of the areas for improvement be included in the QuIP.

It was reported that this wouldn't be the case immediately as there was still some work to be completed, with detail provided.

The staff governor was invited to comment on the process.

It was reported that good support for the process was provided from the Director of Quality and Curriculum Heads. Although interesting it had been a 'baptism of fire' in terms of judging others, however it was believed that staff were supportive of the process as evidenced by the 100% feedback response.

It was **RESOLVED THAT** the Interim Internal Quality Review Report be noted and received.

#### **24/42 Projected Achievement and Pass Rates**

The Deputy Principal presented a report on the Projected Achievement and Pass Rates (circulated, document March 25/13).

The report included the following points:

- The report detailed current retention and predicted pass and achievement rates by Pathway.
- Retention and progress of learners, particularly in Functional Skills as identified in the QuIP continued to be monitored carefully.

Discussion points included:

There were no shocks, and that Functional Skills was showing an anticipated improvement.

It was commented that a lot of work had been completed relating to maths.

What had been learnt was queried.

Reference was made to the need for support for mental health the establishment of an identified Mental Health lead. It was now intended that a wider team be trained.

It was **RESOLVED THAT** report on the Projected Achievement and Pass Rates be noted and received.

#### **24/43 Equality and Diversity Inclusion Objectives**

The Director of Quality reported on the Equality and Diversity Inclusion Objectives (circulated, document March 25/14).

It was noted that the report contained a progress update for the actions and developments in place to meet the EDI objectives.

Highlights included:

- exploring the potential for utilising Every HR for a more integrated approach for the management of performance and development of staff. This will include:
  - Staff Appraisals
  - Probations
  - Classroom Observations
- Wellbeing month November 2024
  - Staff Absence was reviewed after this event and during December showed a reduction
- Hereward Approach to ILS – launch date for the end of the academic year during the training days
- Currently 1 Advanced Practitioner/1 ILS undertaking HTLA course to become FS Advanced Practitioner
- The EDI Committee the focus for spring / summer term would be cultural diversity

Discussion points included:

Looking at the sickness absence data reported for January 2025 (in the Data Dashboard, see minute 24/44) it showed a substantial increase on December – should consideration be given to scheduling the wellbeing month for January?

It was reported that it had been scheduled for November on the basis of data analysis of 2023 and recognition that the autumn term 2024/25 had been very long. The point was acknowledged, and this would be considered for next year.

The reduction in the sickness absence for December 2024 was commended.

The continued use of a consultant Ofsted inspector was queried based on the length of contract / engagement / familiarity with the college and continued challenge / value added.

This was acknowledged. It was reported that given that the individual had been involved in the development of the IQR process there might be a need to consider someone different for judgements / recommendations around observations of teaching practice in the future. However, the college would continue to engage their expertise were appropriate based on their SEND expertise.

It was **RESOLVED THAT** report on the Equality and Diversity Inclusion Objectives be noted and received.

#### **24/44 Data Dashboard**

The Deputy Principal presented Data Dashboard (circulated, document March 25/15).

It was reported that since the distribution of the report the data for Herward Training retention rates had improved, with data provided. However, it remained lower than would be liked.

Discussion points included:

Achievement rates - was it possible the College would see an increase in achievement rates in the latter part of the year which would be based on improvement in retention, given pass rates were already good.

This was confirmed as possible.

The increase in sickness absence was raised and the cause was queried.

It was confirmed that the detail would be confirmed following the meeting\*.

\*the Deputy Principal subsequently provided sickness absence data:

The main sickness absence reasons (based on occasions) in January

- Cold: 45%
- Gastro: 11%
- GUMP (Genito-urinary infection including menstrual problems): 9.5%

There were numerous other reasons which all equated to around 5% each, stress was only 2% for work related and 2% personal.

It was **RESOLVED THAT** the Data Dashboard be noted and received.

#### **24/45 Any Other Business**

There was no other business for consideration.

#### **24/46 Date of the next meeting**

The date of the next meeting was confirmed as 11<sup>th</sup> June 2025.

**Signed:**

Committee Chair

**Date:**

# COMBINED Audit/Work Schedule 2024/2025 - Cofa's Tree Lodge (Residential)

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| <p><b><u>September</u></b><br/> <b>Daily</b><br/> Managers Walk Round<br/> Medication Count Audit X2 (day and night staff)<br/> <b>Weekly</b><br/> Fire Alarm <i>(completed by Estates &amp; Registered Manager)</i><br/> Water Flushing and Temperature<br/> <b>Monthly</b><br/> Accidents &amp; Incidents Audit &amp; Statistics<br/> Complaints Audit<br/> Dignity &amp; Respect Audit<br/> Environmental Room Audit<br/> Fire Door Audit<br/> Hoists &amp; Lifts Audit<br/> Infection Prevention Control<br/> Kitchen Audits<br/> MAR Audit<br/> Mattress Audit<br/> Mealtime Audit<br/> Medication Overview Audit<br/> Staff Observations (Care, Moving &amp; Handling)<br/> Safeguarding Audit<br/> PPE Audit<br/> <i>Surgery Review (Audit Checks)</i><br/> <b>Termly</b><br/> Infection Control (Environmental Cleanliness Report)<br/> Staff Questionnaire<br/> <b>Yearly</b><br/> Fire Safety (Staff)</p> | <p><b><u>October</u></b><br/> <b>Daily</b><br/> Managers Walk Round<br/> Medication Count Audit X2 (day and night staff)<br/> <b>Weekly</b><br/> Fire Alarm <i>(completed by Estates &amp; Registered Manager)</i><br/> Water Flushing and Temperature<br/> <b>Monthly</b><br/> Accidents &amp; Incidents Audit &amp; Statistics<br/> Complaints Audit<br/> Dignity &amp; Respect Audit<br/> Environmental Room Audit<br/> Fire Door Audit<br/> Hoists &amp; Lifts Audit<br/> Infection Prevention Control<br/> Kitchen Audits<br/> MAR Audit<br/> Mattress Audit<br/> Mealtime Audit<br/> Medication Audit<br/> Staff Observations (Care, Moving &amp; Handling)<br/> Safeguarding Audit<br/> PPE Audit<br/> <i>Surgery Review</i><br/> <b>Termly</b><br/> Residential Managers Report</p> | <p><b><u>November</u></b><br/> <b>Daily</b><br/> Managers Walk Round<br/> Medication Count Audit X2 (day and night staff)<br/> <b>Weekly</b><br/> Fire Alarm <i>(completed by Estates &amp; Registered Manager)</i><br/> Water Flushing and Temperature<br/> <b>Monthly</b><br/> Accidents &amp; Incidents Audit &amp; Statistics<br/> Care Plan Audit<br/> Complaints Audit<br/> Dignity &amp; Respect Audit<br/> Environmental Room Audit<br/> Fire Door Audit<br/> Hoists &amp; Lifts Audit<br/> Infection Prevention Control<br/> Kitchen Audits<br/> MAR Audit<br/> Mattress Audit<br/> Mealtime Audit<br/> Medication Audit<br/> Staff Observations (Care, Moving &amp; Handling)<br/> Safeguarding Audit<br/> PPE Audit<br/> <i>Surgery Review</i></p> | <p><b><u>December</u></b><br/> <b>Daily</b><br/> Managers Walk Round<br/> Medication Count Audit X2 (day and night staff)<br/> <b>Weekly</b><br/> Fire Alarm <i>(completed by Estates &amp; Registered Manager)</i><br/> Water Flushing and Temperature<br/> <b>Monthly</b><br/> Accidents &amp; Incidents Audit &amp; Statistics<br/> Complaints Audit<br/> Dignity &amp; Respect Audit<br/> Environmental Room Audit<br/> Fire Door Audit<br/> Hoists &amp; Lifts Audit<br/> Infection Prevention Control<br/> Kitchen Audits<br/> MAR Audit<br/> Mattress Audit<br/> Mealtime Audit<br/> Medication Audit<br/> Staff Observations (Care, Moving &amp; Handling)<br/> Safeguarding Audit<br/> PPE Audit<br/> <i>Surgery Review</i><br/> <b>Termly</b><br/> Infection Control (Environmental Cleanliness Report)<br/> Student Questionnaire<br/> Parent Questionnaire<br/> Residential Managers Report</p> |
| <p><b><u>January</u></b><br/> <b>Daily</b><br/> Managers Walk Round<br/> Medication Count Audit X2 (day and night staff)<br/> <b>Weekly</b><br/> Fire Alarm <i>(completed by Estates &amp; Registered Manager)</i><br/> Water Flushing and Temperature<br/> <b>Monthly</b><br/> Accidents &amp; Incidents Audit &amp; Statistics<br/> Complaints Audit<br/> Dignity &amp; Respect Audit<br/> Environmental Room Audit<br/> Hoists &amp; Lifts Audit<br/> Fire Door Audit<br/> Infection Prevention Control</p>                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b><u>February</u></b><br/> <b>Daily</b><br/> Managers Walk Round<br/> Medication Count Audit X2 (day and night staff)<br/> <b>Weekly</b><br/> Fire Alarm <i>(completed by Estates &amp; Registered Manager)</i><br/> Water Flushing and Temperature<br/> <b>Monthly</b><br/> Accidents &amp; Incidents Audit &amp; Statistics<br/> Care Plan Audit<br/> Complaints Audit<br/> Dignity &amp; Respect Audit<br/> Environmental Room Audit<br/> Fire Door Audit<br/> Hoists &amp; Lifts Audit</p>                                                                                                                                                                                                                                                                                          | <p><b><u>March</u></b><br/> <b>Daily</b><br/> Managers Walk Round<br/> Medication Count Audit X2 (day and night staff)<br/> <b>Weekly</b><br/> Fire Alarm <i>(completed by Estates &amp; Registered Manager)</i><br/> Water Flushing and Temperature<br/> <b>Monthly</b><br/> Accidents &amp; Incidents Audit &amp; Statistics<br/> Complaints Audit<br/> Dignity &amp; Respect Audit<br/> Environmental Room Audit<br/> Fire Door Audit<br/> Hoists &amp; Lifts Audit<br/> Infection Prevention Control</p>                                                                                                                                                                                                                                                  | <p><b><u>April</u></b><br/> <b>Daily</b><br/> Managers Walk Round<br/> Medication Count Audit X2 (day and night staff)<br/> <b>Weekly</b><br/> Fire Alarm <i>(completed by Estates &amp; Registered Manager)</i><br/> Water Flushing and Temperature<br/> <b>Monthly</b><br/> Accidents &amp; Incidents Audit &amp; Statistics<br/> Complaints Audit<br/> Dignity &amp; Respect Audit<br/> Environmental Room Audit<br/> Fire Door Audit<br/> Hoists &amp; Lifts Audit<br/> Infection Prevention Control</p>                                                                                                                                                                                                                                                                                                                                                                                                |

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| Kitchen Audits<br>MAR Audit<br>Mattress Audit<br>Mealtime Audit<br>Medication Audit<br>Safeguarding Audit<br>PPE Audit<br>Staff Observations (Care, Moving & Handling)<br><i>Surgery Review</i><br><b>Termly</b><br>Infection Control (Environmental Cleanliness Report)<br>Student Questionnaires                                                                                                                                                                                                                                                                                                                                                                                                                      | Infection Prevention Control<br>Kitchen Audits<br>MAR Audit<br>Mattress Audit<br>Mealtime Audit<br>Medication Audit<br>Safeguarding Audit<br>PPE Audit<br>Staff Observations (Care, Moving & Handling)<br><i>Surgery Review</i><br><b>Termly</b><br>Infection Control (Environmental Cleanliness Report)<br>Residential Managers Report<br>Staff Questionnaires                                                                                                                                                                                                                                                                                                                                                                                                | Kitchen Audits<br>MAR Audit<br>Mattress Audit<br>Mealtime Audit<br>Medication Audit<br>Safeguarding Audit<br>PPE Audit<br>Staff Observations (Care, Moving & Handling)<br><i>Surgery Review</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Kitchen Audits<br>MAR Audit<br>Mattress Audit<br>Mealtime Audit<br>Medication Audit<br>Safeguarding Audit<br>PPE Audit<br>Staff Observations (Care, Moving & Handling)<br><i>Surgery Review</i><br><b>Termly</b><br>Infection Control (Environmental Cleanliness Report)<br>Residential Managers Report<br>Student Questionnaire                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <u><b>May</b></u><br><b>Daily</b><br>Managers Walk Round<br>Medication Count Audit X2 (day and night staff)<br><b>Weekly</b><br>Fire Alarm ( <i>completed by Estates &amp; Registered Manager</i> )<br>Water Flushing and Temperature<br><b>Monthly</b><br>Accidents & Incidents Audit & Statistics<br>Care Plan Audit<br>Complaints Audit<br>Dignity & Respect Audit<br>Environmental Room Audit<br>Fire Door Audit<br>Hoists & Lifts Audit<br>Infection Prevention Control<br>Kitchen Audits<br>MAR Audit<br>Mattress Audit<br>Mealtime Audit<br>Medication Audit<br>Safeguarding Audit<br>PPE Audit<br>Staff Observations (Care, Moving & Handling)<br><i>Surgery Review</i><br><b>Termly</b><br>Staff Questionnaire | <u><b>June</b></u><br><b>Daily</b><br>Managers Walk Round<br>Medication Count Audit X2 (day and night staff)<br><b>Weekly</b><br>Fire Alarm ( <i>completed by Estates &amp; Registered Manager</i> )<br>Water Flushing and Temperature<br><b>Monthly</b><br>Accidents & Incidents Audit & Statistics<br>Complaints Audit<br>Dignity & Respect Audit<br>Environmental Room Audit<br>Fire Door Audit<br>Hoists & Lifts Audit<br>Infection Prevention Control<br>Kitchen Audits<br>MAR Audit<br>Mattress Audit<br>Mealtime Audit<br>Medication Audit<br>Safeguarding Audit<br>PPE Audit<br>Staff Observations (Care, Moving & Handling)<br><i>Surgery Review</i><br><b>Termly</b><br>Infection Control (Environmental Cleanliness Report)<br>Parent Questionnaire | <u><b>July</b></u><br><b>Daily</b><br>Managers Walk Round<br>Medication Count Audit X2 (day and night staff)<br><b>Weekly</b><br>Fire Alarm ( <i>completed by Estates &amp; Registered Manager</i> )<br>Water Flushing and Temperature<br><b>Monthly</b><br>Accidents & Incidents Audit & Statistics<br>Complaints Audit<br>Dignity & Respect Audit<br>Environmental Room Audit<br>Fire Door Audit<br>Hoists & Lifts Audit<br>Infection Prevention Control<br>Kitchen Audits<br>MAR Audit<br>Mattress Audit<br>Mealtime Audit<br>Medication Audit<br>Staff Observations (Care, Moving & Handling)<br>Safeguarding Audit<br>PPE Audit<br><i>Surgery Review</i><br><b>Termly</b><br>Residential Managers Report | <u><b>August</b></u><br><b>Daily</b><br>Managers Walk Round<br>Medication Count Audit X2 (day and night staff)<br><b>Weekly</b><br>Fire Alarm ( <i>completed by Estates &amp; Registered Manager</i> )<br>Water Flushing and Temperature<br><b>Monthly</b><br>Accidents & Incidents Audit & Statistics<br>Care Plan Audit<br>Complaints Audit<br>Dignity & Respect Audit<br>Environmental Room Audit<br>Fire Door Audit<br>Hoists & Lifts Audit<br>Infection Prevention Control<br>Kitchen Audits<br>MAR Audit<br>Mattress Audit<br>Mealtime Audit<br>Medication Audit<br>Staff Observations (Care, Moving & Handling)<br>Safeguarding Audit<br>PPE Audit<br><i>Surgery Review</i><br><b>Yearly</b><br>PAT Testing<br>Staff Training Review<br>Residential Managers SAR |