



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**Social Services  
Inspectorate**

**A**

**CHILDREN'S RESIDENTIAL CENTRE**

**IN THE**

**HSE SOUTH AREA**

**FINAL REPORT**

***INSPECTION REPORT ID NUMBER: 325***

**Fieldwork Date: 30<sup>th</sup> June to 2<sup>nd</sup> July 2009**

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**SSI Inspection Period: 11**

**Centre ID Number: 38**

ADDRESS: Health Information & Quality Authority, Social Services Inspectorate,  
George's Court, George's Lane,  
Smithfield, Dublin 7

PHONE: 01-8147400 FAX: 01-8147499

WEB: [www.hiqa.ie](http://www.hiqa.ie)

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# 1. Introduction

The Health Information and Quality Authority (HIQA), Social Services Inspectorate (SSI) carried out an unannounced inspection of a children's residential centre in the Health Services Executive (HSE), South Area (SA) under Section 69 (2) of the Child Care Act 1991. Patrick Bergin (lead inspector) and Orla Murphy (co inspector) carried out the inspection over a three day period from the 30<sup>th</sup> of June to the 2<sup>nd</sup> of July 2009.

The centre was part of the children's residential services in the HSE South Area (HSE SA). It was a detached building on the outskirts of the local town. It had the capacity to accommodate five young people. It provided short to medium to long-term care and at the time of inspection there were four young people living in the centre (1 girl and 3 boys). One of these young person stayed in the centre every weekend on a shared care arrangement. The young people living in the centre at the time of the inspection ranged in age between 12 and 18 years.

## 1.1 Methodology

The judgements of inspectors are based on an analysis of findings verified from more than one source of evidence gathered through observation of practice, interviews with young people, relevant HSE staff members and managers, examination of records and documentation and a viewing of accommodation.

The following documents were available to inspectors during this inspection:

- statement of purpose and function
- policy and procedure documents
- young people's care plans and care files
- census forms on management and staff
- young people census forms
- administrative records
- HSE monitoring reports
- previous inspection reports and follow-up report
- young person questionnaires
- fire safety certificate
- staff supervision records
- staff training records
- centre register
- health and safety audit and statement 2009

During the course of this inspection the following people were interviewed,

- 2 young people in residence,
- acting centre manager,
- 2 child care leaders
- 2 social care workers
- child care manager (with responsibility for residential services)
- coordinator of children's residential services
- 2 social workers
- 2 principal social workers
- 1 social work team leader
- HSE monitoring officer,
- 1 foster carer

## **1.2 Acknowledgements**

Inspectors wish to thank the young people in the centre for meeting with inspectors and sharing their experiences of living in the centre. Inspectors wish to acknowledge the assistance and cooperation of the foster carer and HSE personnel who participated in this inspection.

## **1.3 Management structure**

The centre was managed by an acting centre manager who was supported by three child care leaders. One of the child care leaders was on maternity leave at the time of the inspection. The centre had 10 child care workers assigned to the centre with six relief staff available to cover annual leave and sick leave. The acting centre manager reported to the child care manager with responsibility for children's residential services who in turn reported to the local health manager with responsibility for children's residential centres.

## **1.4 Data on young people**

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

<b>Young Person</b>	<b>Age</b>	<b>Legal Status</b>	<b>Length of Placement</b>	<b>No. of previous placements</b>
# 1 Female	18	*	11 months	2 foster care placements
# 2 Male	17	Care Order	11 months	2 foster care placements
# 3 Male	12	Care order	14 months	1 foster care placement
# 4 Male	14	Care order	8 months (Shared Care)	None

(\*)The young person had reached her 18<sup>th</sup> birthday prior to the inspection but continued to reside in the centre until she had completed her leaving certificate.

## **2. Summary of Findings**

The centre was last inspected in November 2006 and a follow up inspection took place in August 2008. Sixteen recommendations were made in 2006 by the inspectorate and in 2008, all but one recommendation were deemed met. The unmet recommendation related to a new employee starting without a third reference.

In this inspection, the inspectors found the care of the young people to be good. There was a good balance of gender and experience amongst the team which assisted in maintaining stability within the centre.

There were systems in place to respond to significant events, complaints and keep parents and social workers informed of issues pertaining to young people. The HSE monitoring office was actively involved in the centre and was familiar with the young people and the practices within the centre. He had identified a number of issues which were being addressed by the acting centre manager.

Inspectors found a number of standards which were not met in full. These related to the purpose and function of the centre, suitable placement and care planning. Relationships between the acting centre manager and one social work department were strained and this did not lend itself to resolving problems as they presented. These concerns were known to the HSE senior management prior to the inspection and inspectors were told a forum to address these concerns was in place.

Standards in regard to fire safety and safety were not met and specific actions were required to address these deficits.

### ***Practices that met the required standard***

#### *Management and staffing*

The centre was managed by a qualified and experienced manager in an acting capacity. She reported to the child care manager with responsibility for children's residential centres in the HSE area. She met with the child care manager formally on a monthly basis to review operational aspects of the centre. The acting centre manager was supported by three child care leaders (one on maternity leave) who provided supervision to care staff.

Ten care staff formed the core staff team with 6 relief care staff available to provide cover for annual leave and sick leave. The manager and two child care leaders completed the staff complement for the centre. One care staff slept in the centre each night on a rotating basis with another care staff on duty throughout the night.

Inspectors noted there was five male staff working in the centre. There was a consensus amongst the staff team, young people and external professional that the gender balance had a positive impact on the functioning of the centre.

Inspectors undertook a random check of staff files. Garda vetting and references were in place for staff employed since the last inspection. Inspectors held this standard was met.

#### *Notification of significant events*

The centre had a system for the notification of significant events, and inspectors found that significant events were notified in accordance with centre policy. The HSE

monitoring office told inspectors that he was notified of significant events in a timely and appropriate manner. Inspectors were told by one social worker that she previously had some concerns that information was not circulated to her in a timely manner. She had raised the matter with the acting centre manager and the concerns were addressed and she was now satisfied with the practice in the centre.

#### *Monitoring*

The HSE monitoring officer had visited the centre six times in the year prior to inspection, and had issued reports on each the visits. Most of the recommendations made in the reports had been implemented and the HSE monitoring officer was working with the acting centre manager to ensure that outstanding recommendations were being addressed.

The HSE monitoring officer highlighted that practices relating to sanctions and searches of young people required review. Policies relating to these areas were being updated so that practices were appropriate and of a high standard.

#### *Restraint*

The acting centre manager reported that there were no restraints in the 12 months prior to the inspection. This was verified in interviews with care staff and young people.

#### *Complaints*

The centre had a complaints policy. Inspectors were told that there was one written complaint made by a young person in the 12 months prior to the inspection. The complaint was about his social worker and the amount of access he would receive subject to his behaviour. Inspectors viewed the complaint documentation and noted the matter was notified to the social work department. The social work team leader dealt with the complaint and records highlighted the process used. The young person was not satisfied with the outcome of the investigation however he told inspectors he did not wish to proceed with the matter further.

Inspectors were told by centre staff and the acting centre manager that concerns or complaints made by young people were dealt with at source and concluded quickly. Young people did not have to put these concerns or complaints in writing. Actions taken were recorded in young person's daily logs. It was not easy to retrieve this information and inspectors advise that a reference log is maintained to cross reference that concerns/ complaints were addressed.

#### *Contact with families*

The centre placed a considerable emphasis on contact and working with families. Inspectors found evidence of one parent having regular contact with the centre staff. The acting centre manager had supported the training of a staff member in sign language to assist in the communication with one young person's parents. Inspectors saw evidence of ongoing contact between the centre staff and a foster carer to develop a relationship with the aim of reuniting them. The young people told inspectors that they had as much family contact as they wanted and that they valued this. The centre held clear records of contact and communications with families.

### *Supervision and support*

Supervision was provided by the centre manager and child care leaders. One child care leader was in need of training. Supervision was held within the timescales outlined in centre policy. Inspectors were not able to view supervision records maintained by the child care leaders as access to the storage cabinet was not possible. Inspectors viewed supervision notes held by the acting centre manager and found them to be of a high standard. Care practices, team functioning, training and key working were explored during supervision meetings.

### *Provision of food and cooking facilities*

The young people told inspectors that the food was good and plentiful. Inspectors found that the young people were consulted about the weekly menu and that they cooked regularly. Inspectors found that the centre staff worked closely with the young people who were preparing to leave the centre in food preparation and budgeting. Every effort was made to provide for the various needs of the young people.

### *Race, culture, religion, gender and disability*

Care plans identified the religion of the young people. There was evidence of centre staff encouraging young people to attend religious ceremonies with care staff. There was a good awareness amongst care staff about disabilities. Inspectors found evidence where centre staff had been trained in sign language to communicate with a young person's parents.

### *Safeguarding and Child protection*

The centre had a draft policy on safeguarding which had been circulated to care staff as part of a consultation process. The draft policy was developed for the residential services in the area and was due to be approved by HSE SA management.

Care staff had a good understanding of professional boundaries and were familiar with the need to safeguard children through their interactions with them.

The centre used the Children First Guidelines 1999 as the child protection policy in the centre. There had been no child protection reports in the year prior to inspection. The acting centre manager was aware of her role and responsibility within the process and inspectors found that care staff understood the policy. Inspectors noted that care staff had attended training on child protection and there was further training planned.

### *Education*

All of the young people attended school. Their educational needs were being met, and supports were in place where required. One young person told inspectors that he had not attending school prior to his admission to the centre however he was now attending on a regular basis. Centre records had an education section that held information on the young people's education and exam results.

### *Social Work Role*

Inspectors met with the social worker of three young people and spoke with the principal social worker regarding the fourth young person. All four young people had a named social worker. Inspectors were told by the young person who was 18 that she retained her allocated social worker and an aftercare social worker was actively

involved in supporting the young person move to independent accommodation. This was a positive approach in attempting to meet the young person's needs.

The young people had care plans. The acting centre manager, a social worker, team leader, principal social worker and the HSE monitoring officer told inspectors of problems in the relationships between the residential care setting and a social work department. Differences of opinions about the time frame for holding a particular care plan meeting and the composition of the written plan exacerbated strained relationships. Inspectors raised these difficulties with HSE SA external residential care managers. They were aware of the difficulties and told inspectors that meetings had taken place to explore the broader relationship between the residential care centres and social work departments in the area.

Inspectors sought assurances that the specific difficulties would be addressed and requested a report on the outcome of the meetings. Inspectors recommend the HSE SA ensure there is an appropriate working relationship between the residential services and the social work departments and that outstanding difficulties are addressed.

### ***Practices that met the required standard in some respects only***

#### *Purpose and Function*

The centre had a statement of purpose and function which was dated June 2009. It stated the centre catered for young people of mixed gender between the ages of 12 and 18. The document also stated that the centre accepted referrals in the age range of 14 to 16 years. It also stated that from time to time, the H.S.E. may place a young person in the centre whose needs require residential placement but may fall outside the general remit of the unit.

The HSE SA had placed an 11 year old boy in the centre fourteen months prior to the inspection. This was determined to be an emergency placement initially however it extended to a medium term placement. The national policy (Department of Health and Children, Homeless Strategy, 2007) states that children younger than 12 years of age should only be placed in residential care in exceptional circumstances and for the shortest time only. Inspectors recommend that the purpose and function be amended to reflect national policy on the placement of under 12's in residential centre and outline a clear purpose and function of the centre in line with the National Standards for children's residential centres.

Inspectors found the statement and purpose document was unclear and they recommend the HSE SA should provide clarity as to the age profile of referrals accepted in the centre.

#### *Register*

The centre had a pre-printed hard back register containing information about admissions and discharges from the centre. The centre register did not indicate the gender of young people or the address of where young people moved to on discharge. Inspectors recommend that amendments should be made to the register to rectify these matters.

### *Children's rights*

The centre had policies in respect to children's rights which included complaints, consultation and access to information. Young people's meetings were held regularly, and inspectors saw evidence of young people attending and taking part in these meetings. Inspectors found that while a process was evident there were deficits in the engagement between centre staff and young people. Inspectors found that issues raised by young people were not brought to a satisfactory conclusion and one young person stated there was no point in raising issues anymore. Inspectors recommend that practices associated with consultation are revisited by centre and external managers and young people. A culture of open communication in a consultative manner in relation to centre routines, rules and practices should be fostered.

### *Access to Information*

Young people were asked monthly if they wished to read their files and their responses were well documented. Each young person had a confidential section in their care file. Young people told inspectors that had ready access to their daily logs and viewed these.

Inspectors were told by the centre manager that third party documentation received by the centre was placed in the confidential section. Inspectors were concerned about the practice of automatically restricting access to information. They recommended that the policy on access to information should be revisited and practices developed to support young people access information. Guidance should be provided to care staff on what young people cannot have access to however inspectors recommend that where possible young people reaching adulthood should be familiar with the majority of information retained on centre files about them.

### *Emotional and specialist support*

Inspectors were told that recent changes in the psychologist post for the residential services had resulted in the HSE SA been unable to fill this position. The psychologist worked directly with young people living there. Inspectors were told by care staff, centre and external managers that the failure to fill the post would have a negative impact on the service. The ability of the care staff to care for and manage young people with difficult behaviour was underpinned by the role of the psychologist to assist staff understand factors contributing to the behaviours. The option for the psychologist to engage with young people in their own environment at times where maximum benefit could be achieved was also cited as important to the success of the centre.

HSE SA senior management told inspectors that they did not have approval to fill the psychologist post. Interim measures were being established however it was acknowledged by senior HSE SA managers that the temporary arrangement could not meet the demands of the centre. Inspectors recommend the HSE nationally revisit the approval of the psychologist post for the residential services in the HSE SA.

### *Managing behaviour*

The centre had experienced difficulties in managing challenging behaviour of young people in the two years prior to the inspection. The difficulties experienced included displays of violence, refusal to adhere to house rules and misuse of alcohol. The situation had abated as young people had moved from the centre.

The centre used therapeutic crisis intervention as the approved method of managing behaviour. Sanctions were used on a limited basis within the centre. The withdrawal of pocket money from young people was the main sanction used. Searches of young people had also occurred a few occasions. This measure was introduced to reduce the possibility of alcohol been brought into the centre by young people. The HSE monitoring officer had raised concerns as to the level and extent of fines used and the practice of searches. The concerns were acknowledged by the acting centre manager and practices amended.

Inspectors concurred with the HSE monitoring officer's recommendations on these areas. The use of fines as a method of managing behaviour can be appropriate however the extent of the fines must be managed within an agreed frame work outlined within the policy of the centre and managed by the centre manager.

The introduction of personal searches was a concern to inspectors. Whilst inspectors understood the reasoning for the action, they were concerned that insufficient consideration was given to the impact this measure would have on young people, the operations of such the centre and alternative measures to address concerns.

Young people had individual crisis management plans however inspectors advise that consultation with all professionals involved in the young persons life should be considered when developing the plan. This approach would lend itself to best practice and create an informed basis for managing difficult situations. Inspectors recommend the HSE SA review the centre policy on sanctions and searches and that practice in the centre reflect best practice.

#### *Health*

The young people had a named General Practitioner (GP) and they could choose a different GP if they wished to. The centre held good records of health concerns and the administration of medication. Inspectors advise that immunisation records are sourced by the centre staff and available to young people.

Inspectors were concerned that there was lack of clarity for care staff in how to address medical concerns associated with the young person over 18 years of age. Centre staff highlighted health risks associated with the young person's behaviour and their uncertainty in how to address these risks.

Inspectors advised the acting centre manager that discussion should take place amongst professionals involved with the young person and a strategy agreed with her to address these concerns. Following the field work, inspectors were told that a meeting of professionals involved with the young person had taken place and a strategy was agreed to support the young person. Inspectors recommend the HSE SA ensure that centre staff have clear policies and procedures to address the medical needs of young people living in the centre including those over 18 years of age.

#### *Accommodation*

The centre was a five bed-roomed house situated on the outskirts of the local town with the capacity to accommodate five young people. It had its own front driveway and a good sized back garden that was well maintained. Each young person had their own bedroom.

The building was in need of decorating and painting. There was little evidence of soft furnishings and common areas were sparse. There was graffiti evident on walls and doors and bedrooms were bare. The kitchen which was the focal point in the centre required some remedial works to the kitchen units. In particular the work top needed replacing due to damage incurred.

The acting centre manager had submitted a schedule of works which included painting the centre to the HSE SA managers at their request. This schedule included costs. A decision to approve the expenditure was pending. Inspectors recommend that the HSE SA undertake decorative works to the centre and maintain the building at an appropriate level reflective of its purpose and function.

#### *Training and development*

The acting centre manager maintained records of training undertaken by care staff including records of therapeutic crisis intervention, first aid, manual handling, fire extinguisher use and child protection. Records were also maintained of other training provided including programs on sexual health, report writing and team facilitation. Some deficits were highlighted by the acting centre manager which included first aid training. The acting centre manager stated she intended to address this training need.

Records indicated that three staff did not have relevant qualifications. Two care staff were currently undertaking training. The acting centre manager told inspectors the third person was unable to proceed with his training as she understood there was no support available from the HSE due to current financial constraints. Inspectors recommend the HSE SA explore what options are available to support the staff member acquire relevant qualifications and a plan agreed to achieve this.

#### *Administrative files*

The inspectors reviewed the administrative and care files. Inspectors found that the systems needed to be revisited to streamline the amount of information recorded, where it was recorded and the cross referencing of information. Inspectors found that it was difficult to source some material from the files and that there was no clarity why other recording mechanisms were in place. Care staff created monthly log books at the beginning of each month. These contained sections to record absences, sanctions, significant events however they were not used and alternative separate recording mechanism were in place.

Young peoples care files contained confidential sections however it was difficult to separate what documents were accessible to young people. There was a working file which contained documents and reports for all young people. This was to facilitate easy access for care staff on the most relevant information received in the centre. While the inspectors noted the concept of the system, there was a range of information on file which needed to be transferred to the young people's main files.

Inspectors recommend the HSE SA develop a record system which lends itself to retaining relevant information, access to records by young people and maintains information in perpetuity.

#### *Absences without authority*

Inspectors were told that there were 10 unauthorised absences by four young people from the centre in the 12 months prior to the inspection. Four of these related to one

young person who was discharged in June 2008. All other absences were for short periods of time. These were appropriately notified to social workers and HSE monitoring officer

The acting centre manager told inspectors she was aware of the children missing from care joint protocol between the Gardai Siochana and the HSE. Policies and practices within the centre had not been adjusted to reflect the agreed protocol. Inspectors recommend the HSE SA review the policies and procedures of the centre to take account of the *Children Missing from Care, A joint protocol between the Gardai Siochana and the HSE, December 2008*.

#### *Suitable placements and admissions*

Three of the young people were placed in the centre following breakdowns of long term foster placements. There was a general consensus that their placements in the centre were suitable. Concerns were raised about one young person who was placed in the centre when he was 11 years old. Initially the placement was deemed a short term arrangement however he was in the centre 14 months at the time of the inspection. It was evident that plans to reunite him with his foster carer were being explored. During the inspection he was told this was not a viable option in the medium term and he was moving to another residential centre. This was to facilitate him attending school and he would be closer to his foster family.

One of a sibling group in the centre had reached her 18<sup>th</sup> birthday and was in the process of securing independent accommodation. She had remained in the placement to complete her leaving certificate. Concerns were expressed about the preparation and ability of this person to manage independently however this is explored under the standard aftercare.

#### *Care planning and reviews*

Inspectors reviewed the care plans of the three young people and the aftercare plan for the young person who had reached her 18<sup>th</sup> birthday. Inspectors found evidence that where possible family members attended or were consulted about the care of their children. Young people were invited to the care plan and care plan review meetings but did not always attend however their views were also sought prior to these meetings.

Inspectors were told by the acting centre manager and a social worker, a team leader and a principal social worker of challenges in completing care plans within required time frames. Inspectors were of the opinion these difficulties were compounded by unresolved conflict between the residential and social work personnel. Standard 5.7 highlights that the supervising social worker is responsible for the development of a statutory comprehensive written care plan in consultation with others.

Inspectors were concerned about the care planning in respect of one young person. While agreement was reached to extend the young person's placement in the centre to facilitate her completing her leaving certificate, inspectors were concerned about the details and time frame of the plan for her to secure independent accommodation. The young person was referred to the aftercare service and was allocated a social worker. Inspectors found there was difference amongst professionals in the understanding of the young person's capacity to manage independently and the role of different services in supporting her following her discharge from the centre.

Inspectors recommend the HSE SA ensure there is a clear plan to support the young person which includes the responsibility of various professionals involved with the young person.

#### *Preparation for leaving care and aftercare*

Inspectors were told by centre staff that they attempt to prepare young people for leaving care. Direct work was undertaken in keyworker sessions and strategies were included in the placement plans. Preparatory plans were designed to reflect the capacity of the young person. One example given to inspectors was that one young person would be allowed remain in the centre on their own without staff however another would not due to safety concerns. No young people were provided with a key to the front door to allow access to the building.

Two young people were referred to the after-care service which, was based in a different local health area. These referral were seen as appropriate as it was envisaged that the young people would return to that area on their discharge from the centre. Inspectors found that the relationship between the aftercare service and the residential centre was good. There was an agreement in the roles that they would play in meeting young people's needs.

Inspectors were told by senior HSE SA managers that an aftercare worker had worked in the area providing support to young people who were due to leave care and who had left care. Due to the moratorium on the recruitment of care staff the aftercare post was subsumed into the core complement of residential care staff to fill a vacancy.

Inspectors noted that the remaining young people did not need to be referred to an after care service however young people may be placed in the centre that require aftercare in the area. Inspectors recommend the HSE SA ensure the availability of an after care service for young people leaving care.

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

##### *Safety*

The centre had a safety statement dated April 2009. This was written by the acting centre manager and the centre safety representative. It outlined the policies, responsibilities and risks associated with the centre. A health and safety audit undertaken in February 2009 identified risks to young people falling from the garage roof which is accessible from a bedroom window. It was highlighted that if the bedroom was to be used in the future funding should be sourced to move the window.

Inspectors were told the bedroom was now used and a risk assessment had not been undertaken. Inspectors were also concerned that the audit undertaken in April 2009 did not include this risk in the hazard identification process. Also this audit did not identify the hazard of young people not cooperating with fire drill exercise.

Inspectors recommend the HSE SA complete a new safety statement including all hazards and the controls and actions required to manage the risk.

### *Fire safety*

The centre had a fire register that was up to date. Fire drills were carried out during the year prior to inspection. Inspectors were concerned as two young people refused to cooperate with the fire drill evacuation on two occasions. The risks associated with this behaviour were shared with the young people by the acting centre manager.

The care staff had attended training in the use of fire extinguishers. The centre did not have written confirmation from a qualified architect/ certified engineer stating the centre was compliant with standard 10.19. To meet this standard the HSE SA should ensure that:

- All young people participate in fire drills
- The centre gets written confirmation from a qualified architect/certified engineer stating the centre was compliant with standard 10.19.

### 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		√	

**Recommendations:**

1. The HSE SA should ensure that the purpose and function be amended to reflect national policy on the placement of under 12's in residential centre.
2. The HSE SA should ensure there is consistency in the statement of the purpose and function of the centre.

#### 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:**

3. The HSE SA should amend the centre register to include gender and discharge addresses.

4. The HSE SA should explore the options available to support staff acquire relevant qualifications.
5. The HSE SA should develop a record system which lends itself to retaining relevant information, access to records by young people and maintain information in perpetuity.

### 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	√		

### 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		√	

**Recommendation:**

6. The HSE SA should ensure that policies and practices on consultation and access to information for young people are in place.

## 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	√		
Social work role		√	
Emotional and specialist support		√	
Preparation for leaving care		√	
Aftercare		√	

### Recommendations:

7. The HSE SA should ensure that psychology services are available to support the centre.
8. The HSE SA should ensure there is a clear plan to support the young person leaving care including how aftercare will remain involved with young people.

## 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		√	

### Recommendations:

**9.** The HSE SA should ensure the centre policies on sanctions and personal searches are in place.

**10.** The HSE SA should ensure the *Children Missing from Care, A joint protocol between the Gardai Siochana and the HSE, December 2008* is in place.

## 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	√		

## 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	√		

## 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:

11. The HSE SA should ensure that medical needs of young people living in the centre including those over 18 years of age are addressed.

## 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			√

### Recommendations:

12. The HSE SA should undertake decorative works to the centre and maintain the building at an appropriate level reflective of its purpose and function.
13. The HSE SA should complete a safety statement including all hazards and the controls and actions required to manage the risks.
14. The HSE SA should ensure that:
  - all young people participate in fire drills
  - the HSE SA gets written confirmation from a qualified architect/certified engineer stating the centre was compliant with standard 10.19.

## 4. Summary of recommendations

1. The HSE SA should ensure that the purpose and function be amended to reflect national policy on the placement of under 12's in residential centre.
2. The HSE SA should ensure there is consistency in the statement of the purpose and function of the centre.
3. The HSE SA should amend the centre register to include gender and discharge addresses.
4. The HSE SA should explore the options available to support staff acquire relevant qualifications.
5. The HSE SA should develop a record system which lends itself to retaining relevant information, access to records by young people and maintain information in perpetuity.
6. The HSE SA should ensure that policies and practices on consultation and access to information for young people are in place.
7. The HSE SA should ensure that psychology services are available to support the centre.
8. The HSE SA should ensure there is a clear plan to support the young person leaving care including how aftercare will remain involved with young people.
9. The HSE SA should ensure the centre policies on sanctions and personal searches are in place.
10. The HSE SA should ensure the *Children Missing from Care, A joint protocol between the Gardai Siochana and the HSE, December 2008* is in place.
11. The HSE SA should ensure that medical needs of young people living in the centre including those over 18 years of age are addressed.
12. The HSE SA should undertake decorative works to the centre and maintain the building at an appropriate level reflective of its purpose and function.
13. The HSE SA should complete a safety statement including all hazards and the controls and actions required to manage the risks.
14. HSE SA should ensure that:
  - all young people participate in fire drills
  - the HSE SA gets written confirmation from a qualified architect/certified engineer stating the centre was compliant with standard 10.19.