



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**Social Services  
Inspectorate**

**A**

**CHILDREN'S RESIDENTIAL CENTRE**

**IN THE**

**HSE DUBLIN NORTH AREA**

***FINAL***

***INSPECTION REPORT ID NUMBER: 337***

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# 1. Introduction

The Health Information and Quality Authority (HIQA), Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Services Executive (HSE), Dublin North Central Area (DNC) under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Orla Murphy (co-inspector) carried out the inspection over a two day period from the 22<sup>rd</sup> – 23<sup>rd</sup> of July 2009.

On the first day of the inspection fieldwork, inspectors found that there were no young people living in the centre. One had been discharged to live independently and another had been placed in a special care unit just prior to inspection. One young person was in the process of being admitted. As such, inspectors paid particular attention to standards related to admissions, discharges, preparation for leaving care and aftercare. They inspected care files of the young people who had been discharged in the year prior to inspection. As part of the inspection fieldwork, inspectors got to meet with one ex-resident, the young person being admitted, one parent, and two young people who attended the centre as part of a family support service.

The centre was a three bed roomed detached house located in a mature housing estate in Dublin North Central. It had access to a host of local amenities that included schools, shops, churches, parks, hospitals, and public transport. The centre was not fully accepted by the neighbours, but continued to build positive relationships with them. This was found not to have adversely affected the young people who had lived in the centre. The house was comfortable, nicely decorated and had photographs of the young people who had lived there throughout. It blended in with the other houses in the area.

The centre was initially set up for a sibling group, and as they left, other young people were admitted. The last of that sibling group had been discharged just prior to inspection. It offered long-term residential care for three young people, the age of whom was not identified in the centre's statement of purpose and function, and provided emotional and practical support to many of the young people who had been discharged over the years. It also provided a family support service to two families whose children had never been resident in the centre. Two of these children visited the centre on planned days and staff ran specific programmes with them to assist them in areas such as self-esteem, behaviour and family relationships. This was termed *outreach*. There were two admissions and five discharges in the year prior to inspection. All discharges were conducted in a planned manner. One placement did not last as long as had been expected. One admission was an emergency admission.

The centre had previously been inspected by the SSI in 2007 (*see Inspection Report 188*), and inspectors found that many of the recommendations were met. Areas of improvement identified in this inspection (2009) include purpose and function, aftercare, supervision of staff, complaints, suitable placements and admissions, safety and fire safety. Other areas of improvement are highlighted in the report. There were no practices that did not meet in the required standard in this inspection.

### **1.1 Acknowledgements**

Inspectors were well received in the centre and wish to thank the young people, one parent, staff members and other professionals for their assistance during this inspection.

### **1.2 Methodology**

The judgements of inspectors in this inspection are based on an analysis of findings verified from more than one source of evidence gathered through observation of practice, examination of records and documentation, an inspection of accommodation, an interview with one ex-resident, one young person being admitted and two children of a family receiving family support. Inspectors also interviewed the centre manager, two child care workers, the HSE monitoring officer and the acting alternative care manager. The following documents were available to inspectors during this inspection:

- The centre's statement of purpose and function
- The centre's policies and procedures
- Young people's care plans and care files
- Information on staff
- Information on young people
- One completed parent's questionnaire
- Social work questionnaires
- Personnel files
- Administrative records
- Previous SSI inspection report
- The centre's health and safety documents.

### **1.3 Management structure**

The centre manager reported to the acting alternative care manager, who in turn reported to the general manager and local health office manager (LHM).

### **1.4 Data on young people**

There were no young people living in the centre at the time of the inspection fieldwork.

## **2. Summary of Findings**

Overall, inspectors found this centre operated to a good standard, with a high value placed on the needs of the young people, positive relationships, and education. The centre had a long-standing, experienced and competent staff team. It provided a diverse range of services to both the young people and the HSE area.

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

#### *Register*

This standard was met. The centre register was structured in a way that captured all of the information required by regulations.

### *Management*

This standard was met. The centre was managed by a qualified and experienced manager. Inspectors found good evidence of the centre manager ensuring effective practice in the centre. She had developed a system that ensured all documents/reports generated by the centre were signed off by her. She had also developed systems that provided accountability and communication between staff, including good communicative and problem solving between key workers. This empowered staff to make decisions and provided them with opportunities to challenge each others practice. The centre manager was line managed by the acting alternative care manager with whom she had regular contact, and who provided guidance in relation to centre practices.

### *Staffing*

This standard was met. The centre had an allocation of 10.5 staff and there were no vacancies at the time of inspection. Agency staff were used on occasion. Inspectors found that all staff had been appropriately vetted and that included agency staff. There was one ongoing IR (internal relations) issue with a staff member, and inspectors advise that this is resolved as a matter of priority.

### *Notification of significant events*

This standard was met. The centre had a clear system for the notification of significant events, and inspectors found that all significant events in the year prior to inspection had been notified in accordance with centre policy. This was confirmed by one parent and professionals external to the centre. Inspectors found that one ex-resident had a baby five months before leaving the centre. She was over 18 years of age on discharge. The centre continued to have regular contact with this young person and had concerns about her and her capacity to safely care for the baby. Inspectors found that the social work department was notified about these concerns. These notifications were submitted in respect of the young person and not the baby. Inspectors advise that future notifications are made in respect of the baby.

### *Monitoring*

This standard was met. The HSE monitoring officer had visited the centre in the year prior to inspection and was know to the young people interviewed. One young person told inspectors what the role of the HSE monitoring officer was. The HSE monitoring officer had written draft report. He informed inspectors of his findings, and inspectors found that many of his recommendations had been implemented, while others were in the process of being implemented. Inspectors advise the HSE monitoring officer to submit his recommendations to the LHM whilst his report is being finalised.

### *Consultation*

This standard was met. Centre records showed that young people were consulted with regularly about house routines, use of sanctions, meals and activities. This was confirmed by one young person.

### *Access to information*

This standard was met. Inspectors found that young people read their daily records from time to time. Care files were accessible to them, and staff made a conscious effort to include young people in writing reports about themselves. Staff worked with social workers to ensure that information held on a young person's file was made accessible to them before discharge (where appropriate).

#### *Statutory Care Plans and reviews*

This standard was met. Inspectors reviewed care plans for young people in the year prior to inspection. All had up to date care plans on file and care plan reviews were held within the statutory timescales.

#### *Contact with families*

This standard was met. Centre records showed that young people had access to their families in accordance with their care plans. One young person told inspectors that he/she had regular access to family members when he/she had lived in the centre.

#### *Emotional and specialist support*

This standard was met. Centre records showed that emotional and specialist support was made available to the young people as they required such interventions. One young person had been placed in a special care unit and was due to return to the centre at the end of that placement. The staff had arranged for a psychological assessment for this young person, and it was envisaged that this psychologist would liaise with them on the young person's return, providing a continuum for him/her. This was good practice. Other young people had had access to psychological and educational input. The centre also provided emotional support to the young people, particularly those leaving care. This was confirmed by three young people.

#### *Preparation for leaving care*

This standard was met. The centre had prepared young people for leaving care by addressing areas such as budgeting, self-care skills, coping with loneliness, education, building social networks and health care. One young person told inspectors that the advice and support the staff had given them was very valuable to them when they had left care. When asked if they had any suggestions as to how the centre could have better prepared them for leaving care, they said no, that what the centre had done was enough and they appreciated it. This was good practice.

#### *Discharges*

This standard was met. All discharges were planned. One young person was discharged to live with a family member earlier than envisaged, when it was highlighted by the centre that the placement was breaking down. The discharge was conducted in a planned manner with social work.

#### *Children's care records*

This standard was met. Each young person had a care file that was divided into relevant sections. Each young person's file held all information required in the regulations. These files were accessible. Inspectors advise the HSE (DNC) to consider maintaining a register of all documents and reports placed on the master file for each young person.

Inspectors found that the centre had a good system of archiving. Files were archived with a storage company contracted by the HSE. Archived files had an identification number that corresponded with a record held in the centre of what was archived. This was good practice. The centre stored files waiting to be archived in the attic of the house, and inspectors advise that all files are archived promptly. Inspectors also suggest that the HSE (DNC) considers recording where files are archived and their ID number on the centre register.

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

This standard was met. From accounts of individual work conducted with young people and interviews, inspectors found that the centre addressed race, culture and religion with young people of different backgrounds in the context of *difference*. Inspectors were of the view that this was a sensitive and effective way to address such issues.

### *Managing behaviour*

This standard was met. The centre had a policy on sanctions and used them only when necessary. Centre records and interviews showed that some sanctions used did not work, and when their use was reviewed it ceased and other methods of managing behaviour were considered. Centre staff and young people told inspectors that a relationship model was used in the centre, and the young people said that this was effective.

Two of the young people displayed high risk behaviours. One was placed in special care and the other discharged to what was deemed by social work to be a more suitable environment. Inspectors found that the centre recognised behaviours that they could not safely deal with and included social workers in finding alternative methods of managing risks these behaviours presented.

### *Absence without authority*

This standard was met. The centre had a classification system in relation to absences that allowed the centre identify if the young person was absent without permission or absent at risk. Only those absences that were classified as an absence at risk were notified to the Gardai and an agreed list of professionals and family.

There were 69 absences from the centre in the year prior to inspection. Forty four of these were absences at risk, 42 of which related to two young people. Inspectors found that these were notified appropriately and that one young person was reported to the Gardai as a missing person. On return from being absent, this young person was placed in special care.

### *Safeguarding*

This standard was met. The centre had a policy on safeguarding and this was understood by staff. (See restraint)

### *Child protection*

This standard was met. Inspectors found no outstanding child protection issues in the centre. Child protection concerns made by the centre in the year prior to inspection to social work had been responded to, and one issue was being monitored by social work on an ongoing basis (see notification of significant events).

### *Health*

This standard was met. Centre records showed that the young people received medical attention when they required it. The staff ran various programmes with young people on an individual basis in accordance with health issues that arose for them, such as managing specific health problems, sexual health and healthy eating.

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

### *Purpose and function*

This standard was partly met. The centre had a statement of purpose and function. Inspectors found that it did not reflect current practice and required updating. It was found to be too general, and did not specify the age and range of needs of young people for whom the centre could adequately care. In order to meet this standard, inspectors recommend that the statement of purpose and function is reviewed and amended to reflect:

- current practice
- the age and range of young people the centre caters for
- the type of placements offered (emergency etc).

### *Supervision and support*

This standard was mostly met. The centre had good systems for supporting staff. The centre roster facilitated good communication and working across the team. Team meetings were regular and had a focus on the young people, centre policies and practices. The centre manager provided support to the staff on a daily basis and had an open door policy. The value of this was acknowledged by the staff.

Centre records showed that supervision held staff accountable for their work with young people however, it was not as frequent as specified in centre policy. Inspectors found that the centre manager met with the acting alternative care manager on a monthly basis and provided a monthly report on the centre and the young people living there. These meetings were not classed as supervision or recorded. Inspectors recommend that supervision is brought in line with centre policy for all staff, including the centre manager.

### *Training and development*

This standard was partly met. Centre records showed that training in the centre was ongoing. An audit of training needs was carried out by the centre, and staff were in need of refreshers in therapeutic crisis intervention (TCI) and some required fire safety training. The centre manager and child care leader provided supervision for the centre staff and required supervision training. Inspectors recommend that the HSE (DNC) ensures that staff are trained to a satisfactory level in TCI, fire safety and supervision.

### *Administrative files*

This standard was mostly met. The centre had reformed its administrative systems in accordance with the recommendations of the HSE monitoring officer. These were found by inspectors to support good communication and information gathering in the centre. Personnel records held all the appropriate information but were disorganised. Inspectors advise the centre manager to re-arrange these files. Inspectors found that the centre policy document, which was known as the *Green Book* (a set of standard policies developed for the region), did not have a policy related to computer generated information, and recommend that the HSE (DNE) ensures that the centre has a policy on computer generated information that is in keeping with legislation and best practice.

### *Restraint*

This standard was partly met. There was one restraint in the centre in the year prior to inspection. This was conducted by staff of another centre, during a visit by a

young person as part of their admission process. When asked to assist, staff from the centre refused as they were dissatisfied about the reason and nature of the restraint. As a result, the Gardai were called to assist. This restraint was found to have been reported appropriately by the centre. The HSE monitoring officer conducted a local review of the incident. The acting alternative care manager discussed the outcomes of the review with the centre manager, and provided guidance on future practice.

The HSE monitoring officer reported this incident to the director of the other centre involved, but the young person's care file did not contain adequate information on this incident being reviewed by them. This matter was dealt with by inspectors by writing to the centre for clarification and further information.

Inspectors found that a young person was told by the centre, before he/she was admitted that they would never restrain him. Although this decision was based on a risk assessment, this was found to be inappropriate. Inspectors recommend that physical restraint is carried out in accordance with HSE policy, and that the young person's file is updated to include the outcome of all reviews held in relation to one restraint.

#### *Complaints*

This standard was partly met. The centre had a policy on complaints and accompanying processes for notifying and recording complaints made. There was also a central register for complaints. There were no complaints recorded in the centre files. Inspectors found that young people had made complaints to centre staff and that these had been dealt with appropriately, but not recorded in accordance with centre policy. Inspectors recommend that the HSE (DNC) ensures that complaints by young people are recorded appropriately.

#### *Education*

This standard was mostly met. Centre records and interviews showed that the centre staff placed a high value on education. One young person had not gone to school during his/her placement in the centre. A report on an educational assessment carried out on a young person was not forwarded to the centre by his/her previous placement. The centre reported to inspectors that this contributed to his difficulty obtaining an educational placement (see suitable placements and admissions). One young person who left the centre told inspectors that getting back into education was his/her goal for this year, and that the centre was supportive to them (see suitable placements and admissions). Inspectors recommend that the HSE (DNC) ensures that all educational reports are provided to the central panel for admissions.

#### *Social work role*

This standard was partly met. Centre records showed that social workers visited young people regularly, read care files from time to time and care plan reviews were held within the statutory timescales. All files contained care plans for the young people. One social worker remained allocated to a young person following their discharge, and the young person valued this contact and support.

Inspectors found that young people were not referred to HSE aftercare services within appropriate timescales (see aftercare), and that the role of the social worker when a young person reached 18, had been discharged from the centre and had not aftercare worker was unclear. One young person's social worker left a month before

his/her discharge from care and was not replaced (see aftercare). Inspectors recommend that the HE (DNC) ensures that the role of social workers following the discharge of young people over 18 is made clear to the young people and the centre.

#### *Suitable placements and admissions*

This standard was partly met. There were two admissions to the centre in the year prior to inspection and a third was being admitted during the time of the inspection fieldwork.

The young person being admitted told inspectors that the admission process was good, and that the centre had allowed him/her time to get to know them before they came to live there. This was of value to him/her, as he/she said he/she had difficulty trusting adults. He/she told inspectors that the centre had provided an information pack to them that answered all of the questions they had. This was good practice.

One young person was admitted on an emergency basis, with little information available to the admissions panel, as the young person had lived in the UK for some time and when in Ireland, had been involved with social work from two LHO areas. The impact on the placement was that the centre knew very little about this young person, and although they risk assessed the placement, were ill prepared for the high risk behaviours the young person displayed. Following considerable periods of absence and at risk, and being reported as a missing person to the Gardai, this young person was placed in special care. The centre visited this young person regularly in an attempt to build a relationship with him/her before his/her return to the centre. This was good practice.

Another young person was admitted in the year prior to inspection, following a 15 month placement in special care. The admissions panel that reviews referrals for the region had questioned the appropriateness of this placement, but all reports from social workers and other professionals indicated that the young person was prepared for living in a mainstream residential centre. The special care unit did not respond to requests by the centre or social workers for a completed assessment of the young person's needs. This placement began to break down shortly after the young person was admitted, and in partnership with social workers, the young person was discharged and placed with a family member.

Inspectors recommend that the HSE (DNC) ensures that:

- gate-keeping for the centre is robust and all placements are adequately risk assessed
- all information required by and/or available to a social work department on young people is provided to the admission panel at the time of referral.

#### *Aftercare*

This standard was partly met. There had been four discharges from the centre in the year prior to inspection.

One young person was discharged from the centre at 19 years of age, following a 13 year placement there. He/she was part of a sibling group placed in the centre. He/she was not referred to the HSE aftercare service following his/her 16<sup>th</sup> birthday. The centre brought aftercare workers in from Focus Ireland to meet with him/her, but no official referral was made. Centre records and interviews showed that this young person refused contact with social work and did not want aftercare

involvement after he/she left the centre. Inspectors were of the view that had this young person been referred following his/her 16<sup>th</sup> birthday, positive relationships with an aftercare worker may have been formed. Centre records showed that this young person went on to private rented accommodation, with continued support from, and contact with, the centre, and received a leaving care grant.

A second young person left the centre following a short placement to live with a family member. It was unclear from centre records the level of support he received after his discharge. He was 15.9 years on discharge.

A third young person left the centre after their 18<sup>th</sup> birthday to live in private rented accommodation, following a 10 year placement there. He/she was referred to the HSE aftercare services several months before his/her discharge. He/she had no allocated social worker for one month prior to his discharge. This young person remained without an allocated aftercare worker, but inspectors found that the HSE aftercare services respond to queries and requests made by the centre on behalf of the young person. This young person received a leaving care grant.

The fourth young person was 18 when she left the centre in mid- July 2009. She had given birth to a baby five months before leaving the centre. She had lived there for 13 years as part of a sibling group. She was not referred to HSE aftercare services following her 16<sup>th</sup> birthday, but was referred several months prior to her discharge. She remained without an allocated aftercare worker. This young person told inspectors that she wants an aftercare worker, was unaware of many of her entitlements and needed the support and guidance an aftercare worker would provide her with. This young person had continued social work support, but was unclear if the social worker was allocated to her or her baby.

Centre records showed that aftercare was discussed for three of these young people at their statutory reviews, but that there were no written aftercare plans for them. None of the young people were referred to the HSE aftercare services following their 16<sup>th</sup> birthday, as required by the standards, and none of them had an allocated aftercare worker. The provision of an aftercare service following discharge was found to be provided mostly by the centre, particularly in relation to ongoing contact, emotional support, financial advice and assistance (for certain young people) and dealing with health concerns. One young person told inspectors that the ongoing friendship, contact and support of the centre were invaluable to them, but that they wanted an aftercare worker.

Inspectors found that there was confusion amongst staff in relation to what constituted aftercare and what constituted outreach, as provided by the centre, and how it differed in service provision from HSE aftercare services for the region. Alongside the aftercare services they described, the centre also provided what it termed *outreach* for two families in the region. Two children (both under nine years of age) visited the centre on planned days. The purpose of this was to support a mother who cared for three children, one of whom had a disability. Centre staff engaged the children in work related to self-esteem, relationships and appropriate behaviour. The children and the mother involved had no idea how long this arrangement was to last. The children told inspectors that they liked coming to the centre, felt safe there, and appreciated time to themselves away from home. Centre staff also told inspectors that *outreach* was provided to ex-residents who had left the centre some time ago and now had their own families to care for. Outreach was also

provided to the child of one ex-resident. Staff described *aftercare* as the service they offered to young people who had left the centre recently and needed a more intensive intervention.

The blur in boundaries between what was provided by the centre staff and the HSE aftercare service was acknowledged by the acting alternative care manager and the centre manager, as were the difficulties this presented the centre and young people with. Both managers told inspectors that a working group had been established by the general manager for the area, in order to address aftercare provision in the area.

To meet this standard the HSE (DNC) should ensure that:

- roles, responsibilities and services provided by the HSE aftercare services in the area are made clear
- all young people are referred to the HSE aftercare service following their 16<sup>th</sup> birthday
- young people have an allocated social worker during times of transition
- aftercare workers are provided to the young people who require them
- outreach for one family is risk assessed and provided within a stated timescale
- terms of reference are developed by the centre for aftercare and outreach services should the centre continue to provide them, with a view to evaluating these services at a later stage

#### *Maintenance and repairs*

This standard was mostly met. The centre was maintained to a good standard, but required some maintenance work. For example, the washing line was broken and a bath panel required replacing. The centre staff told inspectors that responses to maintenance requests were slow. Inspectors recommend that the HSE (DNC) ensures that the centre's maintenance requirements are responded to in a timely fashion and that outstanding requirements are dealt with promptly.

#### *Accommodation*

This standard was mostly met. The house was nicely decorated, well laid out and comfortable. There was a kitchen and two living areas that could be opened up to make one large room. It had three bed rooms, two of which were of a good size and one that had been divided to provide a sleep over room for staff and a bedroom for a young person. Inspectors were of the view that the young person's bed room was too small and not suitable for a young person living in the centre for a long period. Inspectors recommend that the HSE (DNC) ensures that the house provides adequate accommodation for young people as required by the standards, by addressing how all bedroom accommodation is allocated.

#### *Safety*

This standard was partly met. The centre had a health and safety statement that had been revised just prior to inspection. This was to be signed by all staff members. The centre did not have an up to date health and safety audit. Inspectors recommend that the HSE (DNC) ensures that the centre carries out a health and safety audit as a matter of priority and that all staff sign the health and safety statement.

### *Fire safety*

This standard was partly met. The centre had an allocated fire officer. It had a fire safety register and checks of equipment and evacuations were carried out in the year prior to inspection. Fire fighting equipment did not reflect dates on which they were last checked by an external fire officer. There was no fire extinguisher at the front exit of the house. 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 (DNC) should ensure that the centre:

- gets written confirmation from a qualified architect/ certified engineer stating the centre was compliant with standard 10.19.
- fire equipment is checked regularly and this is noted on fire fighting equipment.

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

There were no practices that did not meet the required standard.

### 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		√	

##### Recommendation:

- The HSE (DNC) should ensure that the centre's statement of purpose and function is reviewed and amended to reflect:
  - current practice
  - the age and range of young people the centre caters for
  - the type of placements offered (emergency etc).

#### 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

2. The HSE (DNC) should ensure that supervision is brought in line with centre policy for all staff, including the centre manager.
3. The HSE (DNC) should ensure that staff are trained to a satisfactory level in TCI, fire safety and supervision.
4. The HSE (DNC) should ensure that the centre has a policy on computer generated information that is in keeping with legislation and best practice.

### 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:

5. The HSE (DNC) should ensure that complaints by young people are recorded appropriately.

## 5. Planning for children and young people

### Standard

**There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.**

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

### Recommendations:

6. The HSE (DNC) should ensure that:
  - gate-keeping for the centre is robust and all placements are adequately risk assessed
  - all information required by and/or available to social work on young people is provided to the admission panel at the time of referral.
  
7. The HSE (DNC) should ensure that the role of social workers following the discharge of young people over 18 is made clear to the young people and the centre.
  
8. The HSE (DNC) should ensure that:
  - roles, responsibilities and services provided by the HSE aftercare services in the area are made clear
  - all young people are referred to the HSE aftercare service following their 16<sup>th</sup> birthday
  - young people have an allocated social worker during times of transition
  - aftercare workers are provided to the young people who require them
  - outreach for one family is risk assessed and provided within a stated timescale
  - terms of reference are developed by the centre for aftercare and outreach should the centre continue to provide them, with a view to evaluating these services at a later stage

## 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	√		

### Recommendation:

- The HSE (DNC) should ensure that physical restraint is carried out by the centre in accordance with HSE policy, and that one young person's file is updated to include the outcome of all reviews held in relation to one restraint.

## 7. Safeguarding and Child Protection

### Standard

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

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

### Recommendations

(See restraint)

## 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		√	

### Recommendations

(See suitable placements and admissions)

## 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	√		

## 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:**

10. The HSE (DNC) should ensure that the centre's maintenance requirements are responded to in a timely fashion and that outstanding requirements are dealt with promptly.
11. The HSE (DNC) should ensure that the house provides adequate accommodation for young people as required by the standards, by addressing how all bedroom accommodation is allocated.
12. The HSE (DNC) should ensure that the centre carries out a health and safety audit as a matter of priority and that all staff sign the health and safety statement.
13. The HSE (DNC) should ensure that the centre:
  - has written confirmation from a qualified architect/ certified engineer stating the centre was compliant with standard 10.19.
  - fire equipment is checked regularly and this is noted on fire fighting equipment.

## 4. Summary of recommendations

1. The HSE (DNC) should ensure that the centre's statement of purpose and function is reviewed and amended to reflect:
  - current practice
  - the age and range of young people the centre caters for
  - the type of placements offered (emergency etc).
2. The HSE (DNC) should ensure that supervision is brought in line with centre policy for all staff, including the centre manager.
3. The HSE (DNC) should ensure that staff are trained to a satisfactory level in TCI, fire safety and supervision.
4. The HSE (DNC) should ensure that the centre has a policy on computer generated information that is in keeping with legislation and best practice.
5. The HSE (DNC) should ensure that complaints by young people are recorded appropriately.
6. The HSE (DNC) should ensure that:
  - gate-keeping for the centre is robust and all placements are adequately risk assessed
  - all information required by and/or available to social work on young people is provided to the admission panel at the time of referral.
7. The HSE (DNC) should ensure that the role of social workers following the discharge of young people over 18 is made clear to the young people and the centre.
8. The HSE (DNC) should ensure that:
  - roles, responsibilities and services provided by the HSE aftercare services in the area are made clear
  - all young people are referred to the HSE aftercare service following their 16<sup>th</sup> birthday
  - young people have an allocated social worker during times of transition
  - aftercare workers are provided to the young people who require them
  - outreach for one family is risk assessed and provided within a stated timescale
  - terms of reference are developed by the centre for aftercare and outreach should the centre continue to provide them, with a view to evaluating these services at a later stage
9. The HSE (DNC) should ensure that physical restraint is carried out by the centre in accordance with HSE policy, and that the young person's file is updated to include the outcome of all reviews held in relation to one restraint.
10. The HSE (DNC) should ensure that the centre's maintenance requirements are responded to in a timely fashion and that outstanding requirements are dealt with promptly

11. The HSE (DNC) should ensure that the house provides adequate accommodation for young people as required by the standards, by addressing how all bedroom accommodation is allocated.
12. The HSE (DNC) should ensure that the centre carries out a health and safety audit as a matter of priority and that all staff sign the health and safety statement.
13. The HSE (DNC) should ensure that the centre:
  - has written confirmation from a qualified architect/ certified engineer stating the centre was compliant with standard 10.19.
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