



**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 Report

INSPECTION REPORT ID NUMBER: 364

Fieldwork Date: 23rd – 24th June 2009

Publication Date: 17th August 2009

SSI Inspection Period: 11

Centre ID Number: 21

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

Contents

1. Introduction

1.1 Methodology

1.2 Acknowledgements

1.3 Management structure

1.4 Data on young people

2. Summary of findings

3. Findings

4. Summary of recommendations

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 East Area (DNE) under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Patrick Bergin (co-inspector) carried out the inspection over a two day period from the 23rd - 24th of June 2009.

The centre was a five bed-roomed semi-detached house 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 had successfully established itself with the local community, and had positive relationships with the neighbours. This was a busy centre, with the young people and staff engaged in various activities. It was welcoming and comfortable, and blended in with the other houses in the area.

The centre provided medium to long-term care for up to five young people, including those with specific needs, for example, those with a moderate learning disability or an eating disorder. At the time of inspection there were three girls and one boy living in the centre. Their ages ranged between 13 and 16 years. There had been three admissions and five discharges in the year prior to inspection. All discharges were planned and one admission was an emergency placement.

Overall, inspectors found this centre to operate to a good standard, with the needs of the young people taking precedence. It had an experienced and competent staff team that had good relationships with the young people, parents, and other professionals. Inspectors found that primary care (attending to health and everyday needs of young people) in the centre was of a good standard, and that the centre placed an emphasis on education, health and positive relationships, all of which resulted in the young people presenting as confident and assertive. Each young person was treated as an individual, and this approach was a key component of the work carried out there.

1.1 Acknowledgements

Inspectors were well received in the centre and wish to thank the young people, their parents, staff members and other professionals for their co-operation 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 seven young people (three of whom were ex-residents), three parents, four social workers, the centre manager, two child care leaders, one child care worker, the HSE monitoring officer and the 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 from a GP
- Information from a consultant psychiatrist
- Information on staff
- Information on young people
- Personnel files
- Administrative records
- HSE monitoring officer report
- Previous SSI inspection report
- The centre's health and safety documents.

1.3 Management structure

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

1.4 Data on young people

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

Listed in order of length of placement

Young Person	Age	Legal Status	Length of Placement	No. of previous placements
# 1	15.6 years	Full Care Order	6.2 years	Two foster care One residential care
#2	13.8 years	Voluntary Care	2.5 years	One high support residential care
#3	13.10 years	Voluntary Care	Six months	None
#4	15.9 years	Voluntary Care	Three months	One relative foster care

2. Summary of Findings

The centre had previously been inspected by the SSI in 2007 (*see Inspection Report 185*), and inspectors found that most of the recommendations were met. Those not met included the centre having an up to date health and safety audit, and obtaining written confirmation from a qualified architect/engineer that the centre complied with standard 10.19. Other areas identified in this inspection (2009) as requiring some improvement included care planning, safeguarding, purpose and function and suitability of placements. Other areas of improvement are highlighted in the report. There were no practices that did not meet in the required standard in this inspection.

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 well 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 signed off on various documents/records generated by the centre staff and met with staff member regularly to discuss various practice issues. Records showed that the centre manager made good use of staff meetings to discuss and evaluate specific practices. Professionals external to the centre and parents interviewed confirmed the findings of inspectors. The centre manager was line managed by the alternative care manager with whom she had regular contact, and who provided guidance in relation to centre practices. Inspectors found that systems in place in the centre ensured staff and the centre manager were accountable for their work with the young people.

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 parents and professionals interviewed during the inspection.

Monitoring

This standard was well met. The HSE monitoring officer had visited the centre in the year prior to inspection, was familiar to the young people and had reported on the centre in March 2009. Most of the recommendations made in this report had been implemented and the HSE monitoring officer was working in partnership with the centre to ensure that those outstanding were being addressed.

Children's rights

This standard was met. Inspectors found that the centre policies and practices ensured the rights of young people were promoted. There was a booklet that provided all information on the centre in a version accessible to the young people. Copies of the national standards were available in the centre. Some of the young people were familiar with the Irish Association of Young People in Care. The young people in the centre told inspectors they knew their rights, including who they could/would complain to if they had an issue. One young person said he/she would

like to know more about his/her rights and inspectors advise that the centre provide a general information session for the young people living there.

Consultation: Young people's meetings were held regularly, and inspectors saw good evidence of young people attending and taking part in these meetings. Inspectors found that young people were engaged in a consultative manner in relation to centre routines, rules and practices. This was confirmed by the young people. Requests by young people were well documented and decisions about them recorded. Individual work records showed that issues raised by young people were addressed on a one to one basis as well as a group basis. Several young people told inspectors that they had read their care files and had ready access to their daily records. Inspectors saw good evidence of this in centre records.

Contact with families

This standard was well met. The centre placed a considerable emphasis on contact and working with families. Parents of two ex-residents and one resident met with inspectors during field work and said that the work carried out by the centre in this regard was crucial to the success of the placement of their children and their return to the family home. This was confirmed by social workers. Parents told inspectors that they felt consulted by the centre in every aspect of their child's care and decisions made in relation to it. They told inspectors that the centre operated an open door policy to parents of residents and in some cases, ex-residents, and that they were available to them whenever they needed support or assistance. Inspectors acknowledge that continued contact and visiting of ex-residents' parents to the centre had its merits, and suggest that the centre review the impact of these visits on the privacy of the young people living in the house, considering the limited living space available. 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.

Emotional and specialist support

This standard was met. Inspectors found evidence of specialist supports such as psychology, psychiatry, educational support and disability services being provided for those young people that required such interventions. The centre had a brief history of working with young people with mild to moderate learning disabilities and eating disorders, and inspectors found that they had built positive and fruitful relationships with services specific to the needs of these young people. Inspectors also found that the specialist services provided day to day programmes for the centre when working with young people with specific needs and that these were included in placement planning by the centre. Care plan reviews were attended by consultants (psychologists) and other professionals involved with the young people. This was good practice.

Inspectors found from centre records and interviews with young people, that the staff team provided emotional support to those both living in and discharged from the centre. Several ex-residents met with inspectors during the field work and said that the emotional support they had received from the centre was invaluable. For them the transition from care to independent living or living at home was a difficult time, and the staff had helped them greatly. To them, the friendship that the centre staff provided held the most value. One ex-resident told inspectors the '..they are great, they are always there for you. It's so important'. The youngest resident in the house told inspectors that 'they are my new family'. The young people living in the

centre told inspectors that they trusted the staff, and felt respected and valued there. Inspectors found them to be confident and assertive young people, albeit that they were also vulnerable in their own way.

Provision of food and cooking facilities

This standard was met. The young people told inspectors that the food was good and plentiful. Inspectors found that the young people were consulted with about the weekly menu and that they cooked regularly. Inspectors found that the centre worked closely with the young people with eating disorders and other food related difficulties on the variety and portions of food available to them, and with all of the young people on healthy eating generally. Every effort was made to provide for the various needs of the young people.

Race, culture, religion, gender and disability

This standard was met. Care plans identified the religion of the young people. Every effort was made to encourage young people to attend religious ceremonies, and two young people went to Mass regularly accompanied by staff members.

Managing behaviour

This standard was met. Inspectors found that the centre had managed behaviours by the young people on an individual basis. The use of sanctions was limited, with the centre opting for a relationship based model instead. Inspectors did however find that sanctions when used were proportionate and appropriate. Risk assessments were used to determine potential and immediate risks associated with the young people's behaviours and individual crisis management plans indicated how these risks were to be dealt with. One young person had a mild-moderate learning disability and their challenging and risky behaviour was reported to inspectors by those interviewed, to be getting more difficult to manage. Inspectors found that there were several specialists involved with this young person who were consulted from time to time by the centre on the best way to help them, and inspectors advise that this consultation continues.

Absences without authority

This standard was met. The centre had a classification system in relation to absences that allowed the centre identify if it 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 mailing list of professionals and family. There was one absent at risk notified in the year prior to inspection.

Inspectors found that one vulnerable young person regularly left the centre and placed himself/herself at risk. On these occasions staff followed the young person. These were not recorded as absences. Inspectors advise that the centre record all absences from the centre, and that the centre considers risk assessing the absences by one young person to include the impact on centre resources.

Complaints

This standard was met. Inspectors found that the centre had a classification system in place regarding complaints that distinguished between those that could be dealt with on a day to day basis by the staff team and those that should be notified to professionals outside of the centre. Some of the complaints dealt with by staff were recorded on individual work sheets in the young people's files. Inspectors found that others were not, and advise that all grades of complaint are recorded. Inspectors

found that serious complaints were notified in accordance with centre policy and this was confirmed by the young people, family members and professionals interviewed. One young person told inspectors that they were unhappy with issues related to their care plan (see care planning).

Education

This standard was well met. All of the young people went to school. Their educational needs were being met, and supports were in place where required. One young person told inspectors that they had a poor relationship with their school and that they wanted to change school next term. This was being addressed by the centre (see care planning). Centre records had an education section that held good information on the young people's education and exam results.

Accommodation

This standard was met. The centre was a five bed-roomed house situated in a mature and well established housing estate. It had its own front driveway and a good sized back garden that was well maintained. The young people each had their own bedroom, and these were decorated to a good standard. At a point in the year prior to inspection, two young people had shared a room and when this was brought to the attention of the centre manager by the HSE monitoring officer, this practice ended. The house had limited living space considering the number of young people living there, but the young people said they liked it, that it felt homely and that they had lots of privacy in their bedrooms. Considering the level of contact with young people and families, there was no visiting room area, and inspectors suggest that the HSE (DNE) explore the possibility of using other available space in the house with the landlord. Although the house had limited living space, the staff had made the best use of all of the areas available, and this made the house bright, lived in and comfortable. The house was in need of some minor decoration and inspectors suggest that this be addressed by the centre manager.

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 that stated it catered for children younger than 12 when necessary, with no reference to this being in exceptional circumstances, and for a short time only, as established in national policy (Department of Health and Children, Homelessness Strategy, 2007). This statement described the centre as providing an aftercare and outreach services to the young people and their families, even though the centre staff were not clear about the difference between the two and the provision of aftercare by the HSE at regional level. Inspectors recommend that the purpose and function be amended to reflect national policy on the placement of under 12's in residential care and centre practices and parameters in relation to the provision of aftercare and outreach services when these are revised (see aftercare).

According to the statement, the centre catered for young people with moderate learning disabilities and young people with eating disorders. There had been one young person with a moderate learning disability, and another with a mild-moderate learning disability, admitted to the centre in the year prior to inspection. Both of these young people had a high level of need due to their dependency and vulnerability. One young person living in the centre had an eating disorder and

required a high level of supervision. These were complex cases, requiring complex functions. Inspectors recommend that the HSE (DNE) ensures that the statement of purpose and function is reviewed and amended to:

- reflect the role of the disability services in the provision of residential care for young people with an acknowledged disability (see suitable placements)
- protect the viability of the centre as a mainstream residential service.

Staffing and vetting

This standard was partly met. Inspectors found that the centre was staffed by a competent, long-standing and experienced staff team. The centre had an allocation of 11.5 staff including the centre manager, and had no vacancies at the time of inspection. The staff team included child care leaders, which were placed on every shift in order to ensure continuity of care and co-ordination across shifts. Inspectors found this to be a stable and cohesive staff team that shared common values and were confident and comfortable with the ethos and aims of the centre. The centre employed relief staff only in extreme circumstances.

Inspectors found that of the staff files sampled, all had Garda clearance. According to the staff census provided by the centre, the centre manager did not have three references on file. Inspectors found no evidence that the centre manager had satisfied herself that all relief and agency staff had been vetted appropriately. Inspectors recommend that the HSE (DNE) ensures that deficiencies in staff vetting are addressed and that the centre manager is satisfied that all relief/agency staff are appropriately vetted and that this is reflected in centre files.

There were some deficiencies in the qualifications of the staff team, and every effort was being made to rectify this. Despite this, the staff provided a good level of care to the young people.

Supervision and support

This standard was mostly met. Records showed that supervision in the centre had improved since the last inspection. Supervision was provided by the centre manager, the deputy centre manager and a child care leader. The child care leader had not received training in supervision. Supervision was not held in the timescales outlined in centre policy for some staff. Supervision records were held in the same cabinet as the young people's care files. This was found to be a filing cabinet accessed by all staff. The lock was broken on this cabinet at the time of inspection. Inspectors recommend that the HSE (DNE) ensures that the child care leader receives supervision training, that supervision is held frequently for all staff and that supervision notes are stored in a safe secure area of the centre.

Training and development

This standard was partly met. Centre records showed that training in the centre was ongoing. An audit of training needs had been carried out and presented to the alternative care manager. Staff had received training on nutrition and teenage sexual health. Staff were in need of Children First and fire safety training. Inspectors recommend that the HSE (DNE) ensures that staff receive core training immediately.

Administrative files

This standard was mostly met. The centre had some good systems of communication and recording, which inspectors found supported good communication and information gathering in the centre. Some of the systems depended on cross

referencing across records and these were not evident to inspectors. The team meeting minutes were typed documents, and inspectors found that they had not been kept up to date. Handwritten notes were available, although some were illegible and not chronological. This impaired staff's capacity to look back over decisions made in relation to the young people in a prompt and effective manner. This system did not work for the centre. Inspectors recommend that the centre review its system of recording to make them effective. 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.

Safeguarding

This standard was partly met. The centre had a safeguarding policy. Staff interviewed were aware of this policy and had an understanding of what safeguarding meant. Inspectors found that several staff had given young people their personal mobile phone numbers and had been contacted by the young people outside of work hours. Inspectors recommend that staff personal phone numbers are not given to young people and that all contact made by young people is to be made to the centre directly.

The young people told inspectors that they had an adult external to the centre with whom they could talk if they had a problem or a complaint. All of the young people told inspectors that they felt safe in the centre as did the parents interviewed.

Child protection

This standard was mostly met. Inspectors found that child protection practices were of a good standard. The centre had a child protection policy. There had been one child protection notification in the year prior to inspection and this was found by inspectors to have been notified in accordance with Children First: National Guidelines on the Protection of Children. The response by social workers was prompt and inspectors found that this concern, although ongoing, was being dealt with appropriately.

When interviewed, one young person made an allegation of assault by another resident to inspectors. This was reported to the centre manager at the time of inspection, and inspectors recommend that this is dealt with in accordance with the standards and centre policies.

Suitable placements and admissions

This standard was partly met. All of the young people admitted to the centre met the centre criteria. One had been an emergency admission and the placement was risk assessed. Parents, young people and social workers were satisfied that the young people were appropriately placed. Inspectors found that one young person admitted in the year prior to inspection had an acknowledged moderate learning disability and another with a mild-moderate learning disability. The young person with a moderate learning disability was receiving a disability allowance. Having consulted the family and the young person, it was decided that this was the most suitable placement for this young person, and all of those interviewed were satisfied with the progress this young person made during their time there. This young person required a high level of supervision due to their vulnerability, and had a high level of dependency. Despite

the good level of care this young person received and the benefit of the placement for them, inspectors were of the view, that the HSE nationally should review the provision of residential services to young people with acknowledged disabilities and a high level of need, paying specific attention to the role of mainstream residential care in the provision of such services.

Another young person residing in the centre had a mild learning disability that was described to inspectors as borderline moderate. This placement was presenting challenges to the staff in terms of the young person's ability to relate to the other young people, keep themselves safe. His/her behaviour was challenging at times and was associated with trauma and their learning disability. Inspectors advise that this placement is reviewed regularly. Another young person was admitted to the centre due to difficulties associated with the management of an eating disorder. This placement was extended to prepare the family for this young person's return home to facilitate further progress for the young person. Considering the age of this young person, and their reason for coming in to State care, inspectors advise that this placement be a focussed one, with the young person returning home as soon as possible as its main goal.

Social Work Role

This standard was partly met. Three of the young people in the centre had an allocated social worker who visited regularly, held care plan reviews within the statutory time scales and met with the young people. The young people told inspectors that they could and did talk to their social workers about concerns and had a good relationship with them. The social workers told inspectors that they were satisfied with the care the young people received and that this was 'one of the centre's you look for when you want to place a child in residential care'. Inspectors found from centre records that most social workers read care files from time to time.

One young person did not have an allocated social worker. The case was being held by a social work team leader, and those interviewed told inspectors that contact was mostly at the time of crisis or annual care plan reviews. This was a social work team (three social workers and one social work team leader) responsible for 243 children in care (including children in residential and foster care). The young person told inspectors that he/she had not been visited by a social worker in some time. Inspectors found that this had a negative impact on planning and the management of information for this young person (see care planning). Centre staff, the young person and his/her mother also told inspectors that there had been several social workers allocated to this case over the past few years and that this had had a negative impact on the relationships between the family and the social work department. Inspectors recommend that this young person is allocated a social worker immediately and that every effort is made to build and maintain relationships between this young person and his/her social worker.

Care planning and reviews

Each young person had an up to date care plan on file. These reflected the current placements. Care plan reviews were held within the statutory time scales, and more regularly if the needs of the young person required this.

One young person had made a complaint to their key worker and again to inspectors about their elements of their care plan. This young person did not have an allocated social worker and had not had a social work visit in some time. The young person

had had a care plan review in November 2008 and an updated care plan was received by the centre just prior to inspection. The young person had read their care plan in the week prior to inspection. This young person alleged that:

- he/she had not been consulted in its development by a social worker
- he/she was not prepared for some of the information contained in the care plan relating to information that was restricted to him/her prior to this
- issues reported about his/her behaviour in school was not discussed with him/her prior to the review.

Inspectors recommend that the HSE (DNE) ensures that this complaint and all related issues are addressed as a matter of priority.

Health

This standard was met. The young people had a named GP and they could choose a different GP if they wished to. The centre held good records of any health concerns and also the administration of medication. Medical histories and immunisation records were not found on care files for three of the young people, and inspectors recommend these be provided by social workers to the centre (see care files).

The centre worked closely with the young people in relation to sexual health and healthy eating programmes and the young people and professionals involved with them said these were effective. One doctor reported to inspectors that although they had limited contact with the centre, any advice they had 'provided to the centre in relation to medical care had been carried out effectively'.

Children's care records

This standard was mostly met. Each young person had a folder that was divided into sections. They also had separate logs that detailed sanctions applied, medication given and absences from the centre. This made care files accessible to inspectors. Inspectors found that the care files did not have a confidential/restricted section that could hold reports or other information that were not accessible to some young people. Inspectors recommend that the HSE (DNE) ensures that care files have a confidential section. Care files held records of visits to the young people, family access, individual work and educational achievements. Each young person had a care plan on file, as well as care plan review minutes, care orders (where applicable) and birth certificates. Great efforts had been made to obtain immunisation records for the young people and inspectors advise that this continue. Care files were found to provide accountability for the work being done with the young people and centre practices generally.

Files for the young people living in the centre were stored in a filing cabinet that was broken and could not be locked. Files for ex-residents and old centre documents were found to be stored in the attic of the house. There were two points of access to the attic, one in the staff office and another in the ceiling of the upstairs landing. Inspectors recommend that the HSE (DNE) ensures that all files are stored and/or archived in a safe, secure manner.

Restraint

This standard was partly met. There had been no physical restraints recorded in the centre in the year prior to inspection. Inspectors found that there had been several incidents where young people's movement (for example in and out of bedrooms; leaving the house) had been restricted but not classified or recorded as physical

interventions. Inspectors recommend that the HSE (DNE) ensures that all physical interventions are recorded and notified as per centre policy.

Preparation for leaving care and aftercare

This standard was mostly met. Inspectors found that practices in relation to planning for leaving care and aftercare provision were good. Each young person over 16 years was referred to the HSE aftercare service unless this was being provided by the disability sector. The centre also provided aftercare services to young people once they were discharged, including visits, support in securing accommodation, and finance for education. The emotional support was one element of this that the young told inspectors they valued most. Ex-residents were welcomed back to the centre whenever they wished, and provided an informal mentoring role for the current residents. Inspectors suggest that this be reviewed with a view to becoming a formal process in the centre. The centre also provided an outreach service to one young person who refused to remain in the centre. A shared care arrangement was developed between the centre and the family. The young person lived at home with frequent contact from the centre, and this was monitored by social workers.

Inspectors found that there was confusion amongst staff and social workers in relation to what was aftercare and what was outreach, as provided by the centre, and how it differed in service provision from HSE aftercare services for the region. Inspectors recommend that terms of reference be developed by the centre for aftercare and outreach services they provided, with a view to evaluating these services at a later stage.

Safety

This standard was partly met. The centre had a member of staff designated as the health and safety representative. There was a health and safety statement dated January 2008. This was signed by the staff team. The centre did not have an up to date health and safety audit. On a walk around the premises, inspectors found a loose electrical cable hanging into the centre garden from an ESB sub-station that was next door. Inspectors also found that the decking at the rear of the centre had not been treated (as it was a trip hazard) as recommended in a previous health and safety audit. This was planned for a date after the inspection. The keys of the centre car were left in areas accessible to young people throughout the inspection period and the medication box was not secured to a wall, despite containing potentially harmful medication. Inspectors recommend that the HSE (DNE) ensures that a full health and safety audit is carried out as a matter of priority, and identified hazards are dealt with immediately.

Maintenance and repairs

This standard was mostly met. Generally, the centre was maintained to a good standard. It was clean and tidy. It was in need of some re-decoration. The shower in one young person's bedroom was faulty. Inspectors recommend that the centre manager identify all areas requiring maintenance and that these be dealt with promptly.

Fire safety

This standard was partly met. The centre had a fire register that was up to date. Fire drills were carried out during the year prior to inspection. One staff member was the designated fire safety representative. There had been no fire training for staff for several years prior to inspection. There was no indication of where fire extinguishers

were stored on the top floor of the centre. 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 (DNE) should ensure that:

- All staff receive fire training
- Storage areas for all fire extinguishers are clearly marked
- The centre gets written confirmation from a qualified architect/certified engineer stating the centre was compliant with standard 10.19.

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		√	

Recommendations:

- The HSE (DNE) should ensure that the purpose and function is amended to reflect national policy on the placement of under 12's in residential care, and centre practices and parameters in relation to the provision of aftercare and outreach services.
- The HSE (DNE) should ensure that the purpose and function is reviewed and amended to:
 - reflect the role of the disability services in the provision of residential care for young people with an acknowledged disability (see suitable placements)
 - protect the viability of the centre as a mainstream residential 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:

- The HSE (DNE) should ensure that all deficiencies in staff vetting are addressed and that the centre manager is satisfied that all relief/agency staff are appropriately vetted and that this is reflected in centre files.

4. The HSE (DNE) should ensure that the child care leader receives supervision training, that supervision is held frequently for all staff and that supervision notes are stored in a safe secure area of the centre.
5. The HSE (DNE) should ensure that staff receive core training immediately.
6. The HSE (DNE) should ensure that the centre reviews its systems of recording to make them effective and easy to maintain.
7. The HSE (DNE) should ensure that the centre has a policy on computer generated information that is in keeping with legislation.

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	√		

Recommendations:
 (See care planning)

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:

8. HSE nationally should review the provision of residential services to young people with acknowledged disabilities and a high level of need, paying specific attention to the role of mainstream residential care in the provision of such services.
9. The HSE (DNE) should ensure that one young person is allocated a social worker immediately and that every effort is made to build and maintain relationships between this young person and his/her social worker.
10. The HSE (DNE) should ensure that one young person's complaint about their care plan and all related issues are addressed as a matter of priority.

11. The HSE (DNE) should ensure that care files have a confidential section.
12. The HSE (DNE) should ensure that all files are stored and/or archived in a safe, secure manner.
13. The HSE (DNE) should ensure that terms of reference be developed by the centre for aftercare and outreach services they provided, 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:

14. The HSE (DNE) should ensure that all physical interventions are recorded and notified as per centre policy.

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:

15. The HSE (DNE) should ensure that staff personal phone numbers are not given to young people and that all contact made by young people is to be made to the centre directly.
16. The HSE (DNE) should ensure that one young person's allegation is dealt with promptly and in accordance with centre policies.

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:

17. The HSE (DNE) should ensure that all young people have a medical history and immunisation record on their care file.

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:

18. The HSE (DNE) should ensure that a full health and safety audit is carried out by the centre as a matter of priority, and identified hazards are dealt with immediately.
19. The HSE (DNE) should ensure that the centre manager identifies all areas requiring maintenance and that these be dealt with promptly.
20. The HSE (DNE) should ensure that:
 - All staff receive fire training
 - Storage areas for all fire extinguishers are clearly marked
 - The centre 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 (DNE) should ensure that the purpose and function is amended to reflect national policy on the placement of under 12's in residential care, and centre practices and parameters in relation to the provision of aftercare and outreach services.
2. The HSE (DNE) should ensure that the purpose and function is reviewed and amended to:
 - reflect the role of the disability services in the provision of residential care for young people with an acknowledged disability (see suitable placements)
 - protect the viability of the centre as a mainstream residential centre.
3. The HSE (DNE) should ensure that all deficiencies in staff vetting are addressed and that the centre manager is satisfied that all relief/agency staff are appropriately vetted and that this is reflected in centre files.
4. The HSE (DNE) should ensure that the child care leader receives supervision training, that supervision is held frequently for all staff and that supervision notes are stored in a safe secure area of the centre.
5. The HSE (DNE) should ensure that staff receive core training immediately.
6. The HSE (DNE) should ensure that the centre reviews its systems of recording to make them effective and easy to maintain.
7. The HSE (DNE) should ensure that the centre has a policy on computer generated information that is in keeping with legislation.
8. HSE nationally should review the provision of residential services to young people with acknowledged disabilities and a high level of need, paying specific attention to the role of mainstream residential care in the provision of such services.
9. The HSE (DNE) should ensure that one young person is allocated a social worker immediately and that every effort is made to build and maintain relationships between this young person and his/her social worker.
10. The HSE (DNE) should ensure that one young person's complaint about their care plan and all related issues are addressed as a matter of priority.
11. The HSE (DNE) should ensure that care files have a confidential section.
12. The HSE (DNE) should ensure that all files are stored and/or archived in a safe, secure manner.
13. The HSE (DNE) should ensure that terms of reference be developed by the centre for aftercare and outreach services they provided, with a view to evaluating these services at a later stage.

14. The HSE (DNE) should ensure that all physical interventions are recorded and notified as per centre policy.
15. The HSE (DNE) should ensure that staff personal phone numbers are not given to young people and that all contact made by young people is to be made to the centre directly.
16. The HSE (DNE) should ensure that one young person's allegation is dealt with promptly and in accordance with centre policies.
17. The HSE (DNE) should ensure that all young people have a medical history and immunisation record on their care file.
18. The HSE (DNE) should ensure that a full health and safety audit is carried out by the centre as a matter of priority, and identified hazards are dealt with immediately.
19. The HSE (DNE) should ensure that the centre manager identifies all areas requiring maintenance and that these be dealt with promptly.
20. The HSE (DNE) should ensure that:
 - All staff receive fire training
 - Storage areas for all fire extinguishers are clearly marked
 - The centre gets written confirmation from a qualified architect/certified engineer stating the centre was compliant with standard 10.19.