



**SOCIAL SERVICES
INSPECTORATE**

**GLEANN ALAINN SPECIAL CARE UNIT
IN THE
SOUTHERN HEALTH BOARD**

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ADDRESS: Social Services Inspectorate, Floor 3, 94 St. Stephens Green, Dublin 2
PHONE: 01-4180588 FAX: 01-4180829
WEB: www.issi.ie

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1. Executive Summary

Gleann Alainn Special Care Unit is a locked children's residential centre where girls are detained for their own care and protection. It can accommodate up to 7 girls aged between 12 and 16. Managed by the Southern Health Board (SHB), it is a regional resource, taking referrals from the Southern Eastern Health Board (SEHB), Mid Western Health Board (MWHB) and the Southern Health Board. At the time of inspection there were 4 girls resident in the unit. One girl had recently been discharged home; another had gone to an open children's residential centre, which acts as a step down unit for Gleann Alainn. One girl had recently been admitted and another was due to be admitted shortly. There were another 4 girls on the waiting list.

Gleann Alainn was previously inspected in April, 2000. In line with SSI policy of inspecting, on an annual basis, centres where young people are detained, it was inspected for a second time in July 2001. The first inspection report made 35 recommendations. The majority of these recommendations were implemented in full or are in the process of being implemented. Inspectors were particularly pleased to note major improvements in the physical environment and in reducing the number of unauthorised absences. A small number of recommendations were not implemented. In some case, this was due to factors beyond the control of the staff of Gleann Alainn and the Southern Health Board. A number of matters still require to be attended to and these are highlighted in this report.

Gleann Alainn offers a good service. This service has been developed and improved since the first inspection, just over a year ago. For instance, there is now agreement when girls are admitted how long their placement will last. The policy and procedure document was updated in 2001.

There is a good staff team in Gleann Alainn. Staff members are positive and focused. There are an excellent range of supports available to staff aimed at enhancing their capacity to care for the children including team supervision and development, in service training and support with external training. There is a very good management structure and standards of care are being monitored. However, not all members of staff receive individual supervision and this needs to be rectified.

Staff in Gleann Alainn have, on the whole, achieved a good balance between caring for the young people and exercising control over their behaviour. The physical, emotional and educational needs of the girls are being addressed in a thorough manner. Inspectors had some concerns about the level of searching of young people, about staff sometimes entering the girls' rooms without first knocking and about the lack of privacy resulting from having glass panels on the bedroom doors. This last problem had been recognised by staff and managers who were looking at ways of overcoming it. On the other hand, inspectors were encouraged to find minimal reliance on the use of physical restraint and isolation of young people.

Care staff in Gleann Alainn work in 3 teams of 6 each with its own co-ordinator. There was evidence of some problems in communication between teams, for instance, important pieces of information not being passed on. This was a source of frustration to the girls and their social workers. Despite this, there was generally good partnership working between social workers and staff in Gleann Alainn.

There was a positive approach to behaviour management which aimed to encourage good behaviour and to view difficult behaviour as an opportunity to promote learning. There was also a token economy system where girls earned points for good behaviour that determined the amount of their pocket money at the end of the week. Inspectors consider that this was inconsistent with other aspects of the therapeutic regime. It was also too general in its application to be of much value in helping the girls to learn new ways to behave.

Inspectors noted a number of improvements in policy and practice in relation to children's rights. This area requires some further development. Some of the young people, for example, expressed frustration with the operation of the complaints procedure.

There was good contact with the families of the young people, except where this was expressly forbidden by the court. Where appropriate, parents were invited to attend reviews and were assisted with transport. Given the sometimes considerable distances involved, this was particularly important. Most parents spoke of good communication with members of the staff team and of being made feel welcome on visiting the unit.

There were care plans in place for 3 of the 4 girls. What were described as statutory reviews were taking place monthly. However inspectors found evidence that reviews tended to focus of placement plans rather than care plans. This matter needs to be clarified. There must be care plans for all of the young people as required by the Child Care Regulations, 1995.

Overall, there were good care practices in place. There were good systems of placement planning and review. Care staff were involved in preparing the young people for moving to their next placement. However, some young people were being detained longer than necessary because of lack of suitable post special care placements.

There have been major improvements in the physical environment since the first inspection. The unit is bright, attractively decorated and furnished.

The second inspection of Gleann Alainn Special Care Unit indicates a good service that has been developed and improved over the last year. Good quality care is delivered by skilled and dedicated staff supported by informed and involved internal and external managers.

2. Introduction

2.1 Methodology

The inspection of Gleann Alainn Special Care Unit was carried out under Section 69 of the Child Care Act, 1991. Mike Lindsay and Andrew Fagan of the Social Services Inspectorate conducted the inspection on the 3rd, 4th and 5th of July, 2001. Andrew Fagan, lead inspector, met with staff and young people on the 28th of June to explain

the purpose and process of inspection. Ann Ryan, inspector, met with the young people on July 4th.

Interviews were conducted with young people, parents, social workers, two teachers, a psychiatrist and two counsellors who had worked with girls placed in Gleann Alainn. Inspectors met with a number of staff members, with the unit manager, the child care manager and the acting general manager.

The following documents were examined:

- Policy and procedures document
- Census forms for young people
- Census forms for staff
- Young people's case files
- Records of complaints, physical restraints, unauthorised absences, sanctions and isolations
- Incident forms
- Life space interview (LSI) record forms
- Daily logs
- Questionnaires completed by social workers and parents
- Register
- Record of monitoring visits
- Referrals book.

Inspectors observed the daily routines of the unit at various times over the 3 days of the inspection.

The inspection followed an earlier one in April 2000. It is SSI policy to inspect, on an annual basis, those centres where children are detained. Inspectors compared current policy and practice in Gleann Alainn with the recommendations of the first report and found that the majority of the 35 recommendations had been implemented. Most had been implemented in full, some in part. Of the remainder, it was apparent that efforts had been made to implement other recommendations but without success, to date. Some matters remain to be attended to and these are dealt with in the report.

2.2 Acknowledgements

The inspectors wish to acknowledge the contribution of all who participated in this inspection. We wish to express our gratitude in particular to the young people and staff of Gleann Alainn.

3. Setting the scene: background, the centre and its population

3.1 Background

Gleann Alainn was established in 1995 as a special care unit in the grounds of St Stephen's Hospital in Glanmire, Co Cork. It has since developed into a regional

resource serving the Southern Health Board (SHB) which manages the unit, the Mid Western Health Board (MWHB) and the South Eastern Health Board (SEHB). At the time of the first inspection it could accommodate up to 5 young people but this complement has now been increased to 7. The Southern Health Board has a formal reciprocal arrangement whereby it can access special care places for boys in a unit soon to be opened and run by the Mid Western Health Board.

3.2 Details of current and previous placements

Two of the 4 girls resident in Gleann Alainn at the time of inspection were aged 14; the other two were 15 years old. Two girls had recently left the unit but their places were being held for them for a period to determine their progress in their new placements. They were both aged 16.

The girls had been in Gleann Alainn between 1 month and 9 months. The two girls who had recently left had been there 6 months and 9 months respectively. Four of the girls were wards of court; the other two were subjects of high court orders.

All of the girls had been in care prior to placement in Gleann Alainn.

3.3 Management structure

Although Gleann Alainn is a regional resource the Southern Health Board manages it.

4. Standards: the findings

4.1 Purpose and Function

4.1.1 Role of unit

The unit's role in relation to the wider child care services (including regional and national) is clear and set out by the Health Board or Area Health Authority.

The role of Gleann Alainn is to provide secure residential child care for girls from the southern region of the country who must be detained for their own care and protection. Referrals come from three health boards: the Southern, Southern Eastern and Mid Western Health Board.

The Gleann Alainn policy and procedure document does not refer to the role of the unit (as distinct from its purpose) nor does it refer to its regional remit. Inspectors consider that it should do so.

4.1.2 *Statement of purpose and function*

The unit has a written statement of purpose and function that accurately describes what the unit sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

According to the policy and procedures document, the purpose of Gleann Alainn is to provide a safe and controlled environment for girls for whom such provision is considered necessary by the court. This safe environment involves the deprivation of the girls' liberty and the policy and procedure document sets out in admirable detail what this deprivation of liberty means in practice, that is, locking of external doors, locking of internal doors in particular circumstances etc. The objective is to enable the children in Gleann Alainn to move to open care situations.

The policy and procedure document is divided into 6 chapters under the following titles: "the care process", "contact with family, other relatives and friends and trips outside the unit", "policies and procedures", "routines, monies and religious observance", "staff duties and responsibilities" and "meetings, report keeping and confidentiality". There are a number of appendices, mainly forms to be used in particular situations such as use of physical restraint.

The document is admirable in many ways and conveys a sense of the workings of the unit. It is, according to managers, under constant review. Inspectors believe that the section on the purpose of Gleann Alainn should state that it is a short term unit. Inspectors acknowledge and welcome improvements in practice over the last year to try to ensure that girls are not detained longer than necessary. A post special care placement is identified at the time of placement in Gleann Alainn and a time put on the girls' stay in the unit, usually of 3 to 6 months. These are welcome developments that ought to be reflected in the policy document.

Recommendations

- The policy and procedure document should state the role of Gleann Alainn and its regional remit.
- The policy and procedure document should state that Gleann Alainn is a short term unit.

4.2 Management and staffing

4.2.1 Staffing

There is an adequate number of staff who are sufficiently experienced and qualified to enable the unit to achieve its purpose and function and meet the needs of the young people.

The staff complement for Gleann Alainn is 28 full time staff. At the time of inspection there were 33 care staff employed in the unit. However, two of these were on career breaks, a third was on maternity leave and a number worked part time.

The deputy unit manager has been acting unit manager for approximately one year. The person he was filling in for recently took up a new post and there will be a competition shortly for the post of manager. An acting deputy manager has been in post during this period.

For the last year there have been 4 team co-ordinators. These posts were established on an experimental basis to provide a more solid management structure. Managers indicated that this experiment has been deemed a success and that it is likely that co-ordinators will be appointed on a full time basis. Three of the 4 co-ordinators lead a team of 6. The fourth covers for the others when they are away and supervises new staff and those doing night duty.

One of the child care workers is currently acting as home care co-ordinator. There is also a clerical officer.

4.2.2 Staff Checks

SHB's personnel department recruits permanent staff centrally.

Temporary staff are recruited locally. All staff are interviewed, references taken up and Garda clearance obtained. Agency records confirm that references and Garda clearance are obtained prior to people taking up post.

4.2.3 Length of service of staff

Staff/Employment status	Length of service in Gleann Alainn
Acting manager (permanent)	1 year
Acting deputy manager (permanent)	4 years
Acting team co-ordinator (permanent)	18 months
Acting team co-ordinator (permanent)	2 years
Acting team co-ordinator (permanent)	8 months
Child care worker (permanent)	15 months
Child care worker (permanent)	3 years 5 months
Child care worker (permanent)	8 months
Child care worker (permanent)	1 year
Child care worker (permanent)	4 years
Child care worker (permanent)	14 months
Child care worker (permanent)	3 years and 6 months
Child care worker (permanent)	7 months
Child care worker (permanent)	3 years and 8 months
Acting team co-ordinator (permanent)	12 months
Child care worker (temporary, full time)	3 months
Child care worker (temporary, full time)	3 years
Child care worker (temporary, full time)	6 months
Child care worker (temporary, full time)	20 months
Child care worker (temporary, full time)	4 months
Child care worker (temporary, full time)	4 months
Child care worker (temporary, part time)	1 year
Child care worker (temporary, part time)	17 months
Child care worker (temporary, part time)	3 months
Child care worker (temporary, part time)	3 months
Child care worker (temporary, part time)	4 years 8 months
Child care worker (temporary, part time)	2 weeks
Child care worker (permanent) (currently on career break)	3 years
Child care worker (permanent) (currently on career break)	3 years
Child care worker (permanent) (currently on maternity leave)	9 months
Child care worker (temporary, part time)	3 years
Child care worker (temporary, part time)	3 months
Child care worker (temporary, part time)	7 months

The average length of time spent working in Gleann Alainn was under 2 years. Eight staff members had worked in the unit for 3 years or more but this included two currently on career breaks. Eight staff were in post less than 12 months but during this period the complement of staff increased from 18 to 28. Therefore, the relatively large number of new staff reflects the expansion of the staff team rather than a high turnover of staff.

4.2.4 Staff rota

There are 3 shifts; 8am to 2pm, 1pm to 11pm and 9pm to 8am. A full team (co-ordinator plus 5) comes on duty at 8am. Another team replaces this team at 2pm, after a handover. The second team works until 11pm and two members of the team sleep over. In addition, two night waking staff come on at 9pm and work through the night, checking on the girls at regular intervals. All staff members do night duty in rotation.

4.2.5 Qualifications of staff

Staff	Qualification
Acting manager (permanent)	B.A. Applied Social Studies
Acting deputy manager (permanent)	B.A. (Psychology and Sociology)
Acting team co-ordinator (permanent)	B.A. H.Dip in Ed
Acting team co-ordinator (permanent)	NCVA in Community Health Care
Acting team co-ordinator (permanent)	B.A. (Psychology and Sociology)
Child care worker (permanent)	Montessori teaching
Child care worker (permanent)	B. Sc. Dip. Business Studies. Cert in Childcare
Child care worker (permanent)	Diploma in Social Care
Child care worker (permanent)	Studying for B.Soc. Sc.
Child care worker (permanent)	National Diploma in Applied Social Studies in Social Care
Child care worker (permanent)	No qualifications
Child care worker (permanent)	N.Q.S.W.
Child care worker (permanent)	National Diploma in Applied Social Studies in Social Care
Child care worker (permanent)	Registered Psychiatric Nurse
Acting team co-ordinator (permanent)	B.A. (Psychology and Sociology)
Child care worker (temporary, full time)	No qualifications
Child care worker (temporary, full time)	B.Soc. Sc.
Child care worker (temporary, full time)	B.A.
Child care worker (temporary, full time)	National Diploma in Applied Social Studies in Social Care
Child care worker (temporary, full time)	B. Soc. Sc.
Child care worker (temporary, full time)	Diploma in Applied Social Studies in Social Care
Child care worker (temporary, part time)	M.S.W.
Child care worker (temporary, part time)	Cert. Applied Psychology and Social Studies
Child care worker (temporary, part time)	No qualifications
Child care worker (temporary, part time)	B. Soc. Sc.
Child care worker (temporary, part time)	Paediatric Nursing
Child care worker (temporary, part time)	B.A. Applied Care in Social Care
Child care worker (permanent)	Diploma in Applied Social Studies in Social Care
Child care worker (permanent)	Diploma in Applied Social Studies in Social Care
Child care worker (permanent)	M. Phil (psychology)
Child care worker (temporary, part time)	Studying for B.Sc.
Child care worker (temporary, part time)	M.A. (psychotherapy)
Child care worker (temporary, part time)	Nursing qualifications

The staff team in Gleann Alainn are a very well educated group of people. Twenty nine of the 33 have either a third level or a professional qualification or both. Of the remaining 4, two are currently doing degrees. Nine people have a professional child care qualification as compared with 4 out of 21 at the time of last year's inspection. Other people have professional qualifications in nursing, social work, youth work and psychotherapy.

All the current staff were awarded the recent pay increase for child care workers. The staff, apart from managers, were graded as houseparents. However, under the recently negotiated grading structures newly appointed staff will henceforth be graded according to whether or not they have a recognised child care qualification. It is

important therefore, that some body is identified to decide what qualifications are to be accepted as equivalent to the current professional child care qualifications.

4.2.6 Staff support and supervision

Each staff member has a supervisor and the intention is that they receive individual supervision once a month. The acting manager and acting deputy manager divide the team between them for the purposes of individual supervision. In addition, team coordinators offer individual supervision to a small number of newly appointed staff. All of these have undergone training in supervision. Further training is being organised.

Inspectors found evidence that most senior staff members are doing individual supervision. However, one member of the management team said that he had difficulty getting the time to do this. Inspectors interviewed one staff member who had no formal individual supervision session since she had taken up post one year earlier. The staff member was involved in group supervisions with colleagues and was able to access informal supervision and support but she also identified a lack of clarity in relation to a number of issues that could well have been addressed in individual supervision.

Group supervision of the 6 person staff teams takes place regularly every one to two weeks. The acting deputy manager takes responsibility for this. The team are given an opportunity to review their practice and discuss their handling of particular situations. The acting deputy makes a record of the sessions which is available to the team. Staff members spoke very positively of team supervision. They saw it as an opportunity to ask questions, to raise concerns, to learn and to avail of the support of colleagues.

All staff members interviewed spoke of the ready availability of informal support from colleagues and managers.

4.2.7 Staff training and development

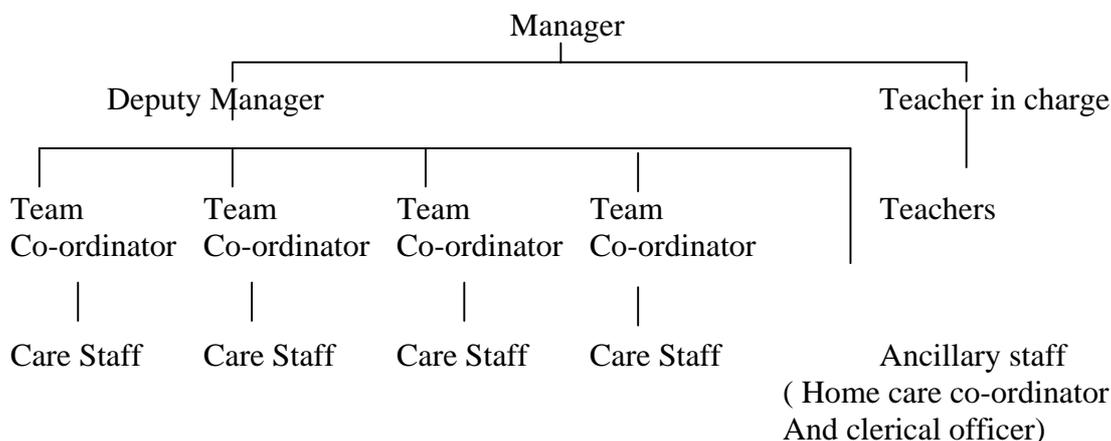
Two external facilitators meet with the whole staff group on a monthly basis. These sessions take place in a local hotel, to minimise the chance that sessions will be disrupted. It is intended that sessions alternate, half consider team development, half are training sessions. Recent training sessions have looked at self harm and group work skills. However, there is no strict alternation of sessions. For a time it was considered necessary to focus on team development and this issue was dealt with on consecutive sessions over a period of months. More recently it was judged appropriate to look at training issues again. Staff members were positive about team development and the role of outside facilitators.

The health board is prepared to help people to attend training courses run by outside agencies. One person was assisted to do a social work course, another to do a part time counselling course. Two members of the team have applied to do professional training in child care. Both will be supported if they get a place, including the cost of relief staff to cover for them when they attend class.

4.2.8 Unit Management

The unit is effectively managed and staff are organised and deployed so as to operate the unit effectively and efficiently to the required standard.

Organisation Chart



The acting manager is responsible for the day to day running of the unit. The acting deputy manager deputises for the acting manager in his absence. They take it in turns to provide an 'on call' service at weekends and divide out various management tasks between them.

The team co-ordinators take responsibility for the organisation of the shift, for ensuring that each member co-operates with the others. Each co-ordinator also offers individual supervision to the newer members of his or her team. There are 4 team co-ordinators for 3 six person teams to allow for annual leave and supervision of night staff.

The acting manager reports to the child care manager for North Lee. They meet for formal supervision monthly in Gleann Alainn. The acting unit manager gives a verbal report on each of the girls. He reports on staff morale and functioning. They discuss whatever issues are current. There is also frequent, sometimes daily, telephone contact between the unit manager and child care manager. The child care manager is routinely informed of unauthorised absences, restraints, isolations and other incidents.

The unit managers for the 4 children's residential centres in Cork, North Lee meet together with the child care manager on a monthly basis. They discuss issues of common concern such as recruitment, retention and training of staff and devise common approaches to apply across all residential services in their area.

The child care manager reports to the general manager.

The manager, child care manager and a group of external professionals form a management committee whose primary function is in relation to policy formulation.

Management structure and management practice are very good.

4.2.9 Monitoring

The child care manager acts as monitor. Monitoring visits consist of a tour of the building and meetings with the manager and young people. A separate book is kept in the unit for recording monitoring visits. The book recorded three such visits: in October 2000, and in February and May 2001. The entries for these dates record that the records in relation to physical restraints, unauthorised absences, complaints and isolation were checked. The book recording issues raised by the young people at their meetings was also examined. For instance, the child care manager noted a request that the girls be allowed smoke in the unit. The issues raised in discussion with the unit manager were enumerated and a general comment added about the overall functioning of the unit. Each entry was signed.

The child care manager informed inspectors that he meets with one or more of the girls each time he visits the unit for supervision with the acting unit manager.

The support, supervision, training and staff development in Gleann Alainn are of a very high standard. The lack of individual supervision of some staff members has been noted. Inspectors consider that this should be rectified.

Recommendations

- The Department of Health and Children should identify a suitable body to adjudicate on the issue of what other professional qualifications are to be regarded as equivalent to professional child care ones.
- The acting unit manager should ensure that each member of the staff team receives regular formal individual supervision.

4.3 Planning for young people

There is a written care plan to promote the welfare of each young person, which is subject to regular review. This stress and practically supports contact with families, preparation for adulthood, promotes education and health needs and addresses the emotional and psychological needs of the young people.

4.3.1 Referral and placement of young people

Referrals are usually initiated by a phone call from a social worker to the unit manager, enquiring about the possibility of placement. The manager explains the criteria for admission and, if the girl meets the criteria, invites the social worker to make a formal application. A referrals committee, made up of the manager, deputy manager, a clinical psychologist, a principal social worker and the acting manager from Lough Mahon, the step down unit for Gleann Alainn, all from SHB, considers all applications. If an application is accepted the manager writes to the social worker

informing him or her of this. A pre admission meeting is set up, to which parents are invited, where appropriate. At this meeting a discharge date is agreed, within 3 to 6 months of admission.

Application has to be made to the court for placement in Gleann Alainn. In the SHB region this is done by the board applying to the Circuit Court to have the girl in question made a ward of court. For the MWHB and SEHB application is to the High Court for an order detaining the girl in Gleann Alainn. In either case, the girls have their own separate legal representation.

The situation with regard to referrals and admissions will, of course, change when the Children Act 2001 comes into operation. Referrals will be processed through the Special Residential Services Board and applications will have to be made for Secure Care Orders to place children in Gleann Alainn.

4.3.2 Care Plans

The policy and procedure document states that once an application has been accepted a meeting is held to formulate a care plan in accordance with Article 23 of the Child Care Regulations (1995). This meeting is preferably held before admission and is attended by the case management team and the girl's parents. The case management team comprises the principal social worker or social work team leader, the child's social worker, the unit manager and the girl's keyworker. The document states that the care plan should be informed by a multi-disciplinary assessment of the girl's needs without stating which particular disciplines should be involved in making the assessment.

The policy and procedure document sets out the functions of the case management team as follows:

- To formulate a placement plan
- To clarify the objectives of that plan
- To set out the manner in which those objectives will be achieved
- To carry out monthly statutory child care reviews
- To decide on future care plans and discharge.

However, the principal social worker retains overall responsibility for the management of the case.

There is some confusion evident here. Initially it appears as though the case management team produce a care plan but then reference is made to placement plans and future care plans. The evidence suggests that it is, in fact, placement plans that are being produced by the case management teams. While these may consider future options for the girls they fall short of being fully developed care plans.

It is clear from the Child Care Regulations (1995) that overall responsibility for formulating care plans rests with the social work department. Best practice emphasises the process of care planning. It should be consultative and take account of the wishes as well as the needs of the young person and of the parents/ guardians.

Of the 4 girls resident in Gleann Alainn at the time of inspection, 3 had care plans. One care plan had been completed within about a fortnight of the young person's

admission. Another was dated July, 2001, though the young person in question had been in the unit for 9 months. The social worker said that there had been an earlier care plan but there was no copy of it on the Gleann Alainn case file. The purpose and aim of the placement was stated on both of these plans. The supports to be made available to the child were set out. There was some consideration of the girls developmental needs, though this was very slight on one of the plans. Access arrangements and arrangements for the review of the care plan were included. There was evidence that the child and her parents had been consulted and their wishes taken into account. However, it was unclear in one case whether they had seen a copy of the completed care plan. The third care plan had been produced about one month after admission but lacked certain essential elements. There was no evidence of consultation with the child or her parents and the purpose and aim of the placement was inadequately stated. There was no care plan on the other girl's case file. The social worker stated that she believed that a care plan had been formulated the previous year but inspectors did not see it.

Inspectors found detailed placement plans for the girls in Gleann Alainn. These were based on comprehensive needs assessments and gave focus and direction to the work of the staff with the young people.

Practice in relation to placement planning is good. However, the standard of care planning is not always acceptable. All of the young people placed in Gleann Alainn should have care plans and should be consulted about their content. Given that the young people are generally admitted to Gleann Alainn on a planned, rather than emergency, basis there is no reason why care plans cannot be completed prior to admission.

4.3.3 Reviews

Monthly reviews are being held on the young people in Gleann Alainn. The young people attend all of the review unless there are particular reasons for them not to do so. Parents are also involved, where appropriate, and assistance is given with transport. The young people are prepared for their reviews by their keyworkers who help them to complete a form that is then considered at the review. The keyworker submits a written report. The social worker and social work team leader or principal social worker as well as unit staff attends the review. Minutes of meetings are taken and distributed to all participants.

All of this is very good up to a point. These reviews are referred to as statutory reviews. This may be intended to signify that the social work department is responsible for convening these reviews and the attendance at reviews of social work managers. However, inspectors understand that the term statutory review refers to a review of a care plan. Since there was no care plan in evidence for one girl and another's had been produced 9 months after admission the reviews on these girls could not have reviewed their care plans. Rather, the placement of the girls was being reviewed.

Under the Child Care Regulations (1995) the care plan of a young person must be reviewed within 2 months of admission to a residential facility and at 6 monthly intervals after that.

4.3.4 Contact with families

Parents interviewed by inspectors were positive about the service offered at Gleann Alainn. They felt that their children had done well at Gleann Alainn. The parents who attended reviews stated that their views were taken into account at these meetings. They spoke of finding the staff friendly and welcoming and of being kept informed of the progress of their children.

One of the parents said that, while her daughter is now at home with her, staff in Gleann Alainn are still available for support. She said that she had benefited from her daughter being in Gleann Alainn. She described the staff as 'brilliant' and expressed gratitude for the care offered to her daughter.

One parent spoke of making a complaint about her daughter being bullied by other girls. However, her concerns were heard and acted on to the satisfaction of herself and her daughter.

The parent of one of the girls expressed some dissatisfaction in relation to the level of contact between herself and the unit. However, she added that the staff are genuinely interested in her daughter and that her needs were being met in Gleann Alainn.

Practice in this area is of a high standard.

4.3.5 Legal and court work

Inspectors commend the fact that all of the girls resident in Gleann Alainn had their own solicitors. One girl used her solicitor as an advocate, particularly in relation to alleged bullying. The solicitor brought this matter to the attention of the judge who reached a determination in relation to the matter. The court, in this instance, acted as an independent tribunal for the resolution of a contentious issue. This was, perhaps, an expensive and time consuming way to resolve a dispute but it did bring a resolution to a problem that had been a source of contention between various members of the girl's professional network over a period of a number of months. Once resolved the energies of all concerned were available to concentrate on planning the future care of the young person.

4.3.6 Supervision and visiting of young people

Social workers are allocated to all of the young people in Gleann Alainn.

Young people placed in Gleann Alainn by the Southern Health Board are visited by their social workers approximately fortnightly which is commendable. The social worker of one young person from another health board was attending the monthly reviews in Gleann Alainn and visiting his client between reviews. Given the distances involved inspectors consider this commendable. However, one of the young people had minimal contact with her social worker since admission. The deputy manager raised this issue on the girl's behalf at a review. She was informed that the social worker had been out a lot on sick leave and had then gone from sick leave to annual leave. The social work team leader attended all the reviews. Given the central role of

the social worker in post placement planning and support it is unsatisfactory that a young person in Gleann Alainn should be left without a social worker. The placement is a short term one. Where a social worker appears likely to be unavailable for a number of months social work managers ought to consider reallocating the case.

Social workers are informed of events such as unauthorised absences and physical restraints. Inspectors commend this and suggest that, in addition, they be invited to read the young person's daily logs to get a clear sense of what is happening in the young person's life. This would inform the social workers in relation to both their safeguarding and their advocacy roles.

Communication between social workers and care staff is generally good. There is a sense of a real working partnership between social work teams and Gleann Alainn staff. Three social workers described their working relationship with the unit as 'excellent'. However, some difficulties were brought to the attention of inspectors.

There was sometimes a lack of clarity in relation to roles and responsibilities. One social worker raised a concern about the practice of searching young people on return from visits out of the unit. This issue is considered in more detail later in this report. The social worker explained that she sometimes takes her client out for a coffee. If the girl has been out of her sight at all, e.g. if she uses the toilet, then staff search her on her return. Inspectors understand that this is standard practice in Gleann Alainn. The social worker objected to this but was told that it was the policy of the unit, as decided by the management committee. When this girl receives letters from people not on her contact list the matter is referred to her social worker for a decision as to whether or not she should be given the letter. The social worker pointed to the inconsistency in the two situations. In the first she has no input into the decision about whether her not her client is to be searched. In the second, whether or not the girl receives a letter is totally at her discretion. This is an area that the management committee ought to consider. Clarity in relation to roles and responsibilities is needed.

Decisions made in consultation with social workers are sometimes not made known to all of the care staff. A social worker described a situation where Gleann Alainn staff asked her line manager whether or not a girl could be allowed out of the unit. This caused irritation to the social worker and frustration to the girl because this matter had previously been discussed and agreed at a meeting attended by Gleann Alainn staff. The outcome of this had clearly not been conveyed to the rest of the Gleann Alainn staff team. In a staff group of 33 it is always going to be difficult to ensure that each person is aware of all decisions in relation to each of the girls. Managers ought to ensure that key information is passed on at handover. However, from time to time, certain matters may be overlooked. Senior staff should be empowered to take decisions in these situations.

4.3.7 Preparation for moving on

This report has referred to the practice of identifying a discharge date and post special care placement at or before admission to Gleann Alainn. There are problems in putting these plans into operation. There have been difficulties getting sufficient staff for the step down unit and some girls who were placed there did not do well. This

does not invalidate the practice of discharge planning and inspectors commend managers for their efforts in this regard.

Staff in Gleann Alainn work with the young people in preparing them for their next placement. Discharges are carefully planned and gradual. A girl moving to another unit spends first a day there, then a second, followed by an overnight and so on. When she moves her bed is held for her in Gleann Alainn until it becomes apparent that the transition has become successful. Staff members maintain contact with the young people for a time post discharge. Managers are conscious of the need to strike a balance here between providing a safety net for girls when things go wrong and being so available that the girls will always wish to return when difficulties are encountered.

Practice in this area is good.

4.3.8 Emotional and specialist support

Reference has been made earlier in this report to the support, supervision and training of staff. The aim of this is to equip the staff group to understand and respond to the needs of the young people. It is particularly important in situations where young people sometimes behave in unacceptable ways that staff can see beyond this and respond to the young people's needs and not just their behaviour. Inspectors were impressed that in Gleann Alainn staff members engage positively with the young people and that there is only minimal reliance on controlling interventions such as physical restraint and isolation. Much use is made of life space interviewing as a technique for helping the young people learn more appropriate ways of behaving and responding to others.

Each young person has two keyworkers. Keyworkers co-ordinate the care of the young people and ensure that their various needs are met. In doing this, a relationship is formed within which young people can find a space to talk about difficult and traumatic events. One keyworker talked of how sharing a significant life event with a young person laid the basis for a relationship of trust and support.

For young people who require a specialist service there are a number of options. A psychologist working with a community care team has a brief to provide a service to Gleann Alainn and this person works with both the staff and young people. Inspectors met with two counsellors who had worked with young people from Gleann Alainn. Both worked in the private sector and the girls were referred for counselling by their social workers while they were in Gleann Alainn.

The two counsellors had contrasting perspectives on the care offered to the young people in Gleann Alainn. One felt that staff in Gleann Alainn did not take her concerns for her client seriously enough. She was not invited to reviews and felt that she ought to have been. The other counsellor was positive about the care offered to the young people with whom she had worked. She was not invited to reviews either but saw this as positive. Indeed she praised staff for being very respectful of the boundaries between her work and their work. She saw the young people in her office and insisted that the staff members not wait for them in her waiting room. She believed that this would give the young people insufficient space in which to engage with the therapeutic process. She accepted that there was a risk of absconding by

having the staff member accompanying the young person leave the building for the duration of the session. However, she could not see the young people engaging with her in any other circumstances. Staff accepted her judgement. There were no unauthorised absences associated with these sessions.

The situation in relation to psychiatric input was less satisfactory. Children from SHB will receive a child psychiatric service from the board, if required. However, if the children are from another health board area this service is not available to them from SHB. This contradicts the whole idea of a regional service. The difficulty is somewhat mitigated by virtue of the availability to Gleann Alainn of the services of a clinical psychologist but this is not a complete solution. Inspectors were not made aware of unmet treatment needs among the young people resident in Gleann Alainn at the time of inspection. However, situations may arise from time to time that require a psychiatric intervention and it is important that there is clarity about who is responsible for delivering that service.

With the exception of the situation in relation to psychiatric services, the provision of emotional and specialist support in Gleann Alainn is good.

4.3.9 Young people's case files

The young person's case files are divided into 4 folders. The first folder contains sections for legal documents and for social work, psychology, education and psychiatric reports. Care and placement plans, reviews, keyworker and incident reports are filed in the second folder. A third folder contains the daily logs. There is a medical folder containing medical reports and a detailed record of the administration of medication.

Each file has a front sheet with a description and basic information on the young person, including age, dates of birth and of admission, legal status and so on.

There are standard forms, filed in the second folder for unauthorised absences, life space interviews, sanctions, violent incidents, use of restraint, use of isolation, complaints, weekly reports, record of clothing and property, reviews, day and night logs (including information on contact with families, social workers etc).

The use of the front sheet, the division of the files into folders, the use of standard forms and the thorough manner in which the records are kept make information on the young people clear and easily accessible.

A register is maintained in Gleann Alainn. It records the young person's name, date of birth and of admission, names and addresses of both parents, the health board area from which the young person comes and the date of discharge, where applicable.

Practice in this area is good.

Recommendations

- Principal social workers should ensure that a social work service is available to the young people in Gleann Alainn throughout their placement.

- Principal social workers should ensure that care plans are prepared for the young people in Gleann Alainn, preferably prior to admission.
- Principal social workers should ensure the young people's care plans are reviewed within two months of admission and every 6 months after that.
- The management committee should clarify the roles and responsibilities of the young people's social workers in relation to those of care staff.
- The management committee should, in consultation with colleagues from MWHB and SEHB, clarify who is responsible for providing a psychiatric service to the young people in Gleann Alainn.

4.4 Care of young people

4.4.1 Relationships between staff and young people

Young people are cared for by staff who can relate effectively to them.

Inspectors observed staff and young people relating in a relaxed but purposeful manner. Staff used everyday situations to convey positive messages to the young people in keeping with the aim of raising their self esteem. There was a lot of humour in the interactions, and a deal of banter from the young people towards the staff. Staff members accepted this in good part. Inspectors were encouraged to observe staff members responding generously and appropriately to the young people's expressed need for physical affection.

4.4.2 Quality of care

Day to day care is of good quality and provided in a way that takes account of the individual needs of young people in relation to age, race, culture, religion, gender and disability.

The girls were all around the same age and came from similar social backgrounds. None of them had a disability. One girl came from a Traveller background and there was little to suggest her care was influenced by her cultural identity. However, she was new to the unit and it would be unfair to reach a conclusion so early in her placement.

The approach to the spiritual needs of the young people was commendable. The young people were facilitated to attend religious services if they wished to do so. However, in general, they did not. Instead a school chaplain acted as chaplain to the unit. She was available to the girls on request and, according to the manager, was particularly sensitive to and skilled in her dealings with the girls. She had a broad understanding of her role, it was not confined to a denominational focus. Unfortunately this person is no longer available. It would be desirable to make a similar arrangement with another, suitably qualified person.

4.4.3 *Rights of young people*

Young people are cared for in a manner that safeguards and actively promotes their legal and civil rights.

Inspectors commend the fact, referred to earlier, that each of the girls had her own solicitor. This is an important safeguard for the rights of the young people.

Practice in relation to children's rights has improved since the last inspection though inspectors consider that there is room for further development in the area of dealing with complaints.

4.4.3.1 *Access to information*

Young people are given information about Gleann Alainn prior to admission. Pre admission visits are organised where the young people have an opportunity to meet with some members of staff and find out about the running of the unit. A brochure was recently produced for distribution among the young people. It is attractively presented, with lots of colour photographs. The brochure explains what the unit is for and discusses unit routines. There are sections on safety and security, reviews, activities and other issues. Consultation and complaints are dealt with and there is a list of rights and responsibilities. The brochure concludes with a useful section where the young person can fill in the names and numbers of her social worker and solicitor and the name of her keyworker.

The brochure is good and likely to be helpful to the young people. Inspectors have a reservation about listing rights and responsibilities one after the other. This suggests that the exercise of rights depends on discharging responsibilities which introduces a note of conditionality alien to the concept of rights. Since rights are universal, inspectors suggest that an alternative way to put across the idea that young people have responsibilities is to point out that everyone has rights that must be respected.

4.4.3.2 *Consultation*

Reference has been made to the young people's attendance at their reviews. Most of the young people interviewed were positive about this, stating that their views were taken into account.

Young people are consulted by means of a weekly young people's meeting. A young person chairs the meeting and both a young person and a member of staff take minutes of the meeting. Matters raised are brought to the attention of and considered at the team meeting. The young people are given feed back immediately after the team meeting and the outcome is noted in a young people's meetings book which is kept in the staff office and is available to the young people on request.

4.4.3.3 *Complaints*

There is a complaints procedure in place. It takes a commendable common sense approach to the issue of complaints. However, it does not always operate as intended.

The intention is that expressions of concern or unhappiness by the young people are dealt with quickly and at the lowest level possible. Thus, if a young person is unhappy about the way a certain situation is dealt with an attempt will be made to resolve the matter that day by the staff on duty. If this does not resolve the situation, the matter is referred to the manager. He discusses the issue with all concerned and tries to arrive at an acceptable solution. If he does not succeed, the young person can fill up a complaint form that then goes to the child care manager and the young person's social worker.

The difficulty lies in the decision that attempts to resolve the matter at one level have or have not been successful. The perception of the young people is that staff members make this decision and that sometimes the staff act as though a problem has been resolved when, for the young person, it has not. The young people see the staff as exercising a veto over access to the complaints forms. The staff, on the other hand, do not see it this way. They want the young people to feel they have free access to the complaints forms. It may be that the efforts of staff to resolve things quickly and simply is understood by the young people as a way of steering them clear of a more formal procedure activated by a complaint form.

The other difficulty concerns the independence of the complaints procedure. When a complaint reaches the child care manager, by way of a complaint form, he involves people from outside of the unit in progressing the complaint. If a young person made a complaint about a member of staff, the child care manager would ask the young person's social worker to interview the child. The manager would interview the staff member concerned. The child care manager would then reach a determination based on the respective reports. However, he added that he would only invoke this procedure if the complaint involved an allegation against a member of staff, if, in other words, it involved a child protection issue. This implies that complaints that do not involve an allegation of abuse and / or neglect will not be dealt with in any way except by staff of Gleann Alainn.

The board is aware of these difficulties and is actively considering the appointment of an independent complaints officer in conjunction with SEHB and MWHB. This officer would be employed by all 3 boards but would be independent of each of them. Inspectors endorse this suggestion.

Only a very small minority of cases will ever need to be referred to an independent complaints officer and inspectors consider that, at a lower level, practice could be improved. The manager suggested leaving complaints forms out in the unit so young people can take one whenever they wish to do so. This is a worthwhile suggestion. Another possibility would be to record all complaints on the complaints form. This would take away some of the mystique that currently appears to surround this form. The practice of trying to resolve the issue quickly and at the lowest level possible should continue. Recording these efforts on the complaint form would convey a message to the young people that the things they say are always heard and taken seriously.

4.4.4 Discipline

Young people whose conduct is unacceptable are dealt with in accordance with positive disciplinary measures approved by the health board.

Staff in Gleann Alainn work through the medium of relationships and bring their influence to bear to ensure that the young people co-operate with their attempts to help them. They identify and praise the girls for good behaviour rather than focusing on negative behaviours. While sanctions are used, they are used sparingly and sanctions are usually linked to the behaviour deemed unacceptable so that the one is seen as a consequence of the other. For example, if a girl makes a mess in the kitchen, she is asked to clean it up. If she breaks something maliciously she is required to make a contribution from her pocket money towards the cost of replacement. This approach is sensible and appropriate.

The unit operates a points system. Girls can earn a certain number of points every day for acceptable behaviour and these points are exchanged at the end of the week for pocket money. If they earn the maximum number of points they get in the region of £10.

Inspectors had a number of concerns about the points system. Staff were not trained in this form of behaviour modification. While there were some examples of programmes being designed around the particular needs of individual girls, for the most part the regime was the same for all the girls. Although each girl received pocket money every week the underlying message was that pocket money is not a right but something that has to be earned. This seems to run counter to the aim of promoting the girls self esteem. Inspectors suggest that the staff team reconsider the points system.

4.4.4.2 Restraint and single separation

All staff in Gleann Alainn have been trained in Therapeutic Crisis Intervention (TCI). Refresher training is provided at intervals not exceeding 6 months. The board employs a TCI trainer in a full time capacity and this person is available to staff teams who are experiencing difficulty or want to review their use of physical restraint. The use of TCI is under constant review and inspectors were told of a proposal only to use restraint to prevent injury to persons and not to prevent damage to property.

In a period of 11 months up to the end of May 2001 there were no physical restraints in Gleann Alainn. Up to and including the time of inspection 7 restraints were carried out on one particular young person who had come from particularly difficult circumstances and was finding it hard to trust staff in Gleann Alainn. Inspectors were impressed by the attitude of staff to this situation. They saw it as a stage in her placement and were confident they could help her through it. There was some evidence that the use of restraint was beginning to tail off by the end of the inspection.

While practice in relation to the use of physical restraint was very good inspectors found that the recording of these incidents did not always identify clearly the reason for the restraint. In one instance, the record indicated that a young person was removed from the kitchen because she 'was not supposed to be there'. In fact,

inspectors learned later, the young person had threatened to attack a member of staff with a knife. Given that restraint is only acceptable in very well defined circumstances the record must state accurately the reason for the use of restraint in every case. Managers should ensure that this happens.

In Gleann Alainn there is a quiet room and an isolation room. The quiet room usually has some furniture in it and is normally kept unlocked. It is a bright airy room. The isolation room is small, dark and empty of furniture. When young people are put in it the door is locked. During the inspection the question of whether or not there was a need for a separate isolation room was being considered by managers. The quiet room can be cleared of furniture and locked if necessary. It has a less forbidding appearance than the quiet room. It is on the same corridor as the isolation room and the corridor can be locked preventing access to other parts of the unit. Inspectors consider that it should be possible to dispense with the isolation room.

Single separation had also been used very sparingly. As with physical restraint it was not used at all for 11 months up to the end of May 2001. Since then it has been used on a number of occasions lasting between a few minutes and 3 hours. The latter occurred after an assault on two members of staff during which one of them sustained a serious injury. This was exceptional. The usual length of time girls remain in single separation is no more than 10 to 20 minutes. Members of staff constantly observe girls in isolation.

The use of physical restraint and of isolation is recorded on forms, copies of which are sent to the young person's social worker. The child care manager is also informed

Policy and practice on physical restraint and isolation are very good.

4.4.4.3 Unauthorised absences

The last inspection report highlighted problems in relation to unauthorised absences. For the 12 months up to the time of the last inspection there had been 28 unauthorised absences. In the 12 months up to the current inspection there were 16 unauthorised absences. This represents a considerable reduction. In addition, when the girls went missing they did so for shorter periods. Some absences were of between 1 and 2 hours duration, some were overnight and one was of 5 days duration. Last year's report noted that one girl had been missing for 79 days and two girls had gone missing and had not returned.

Gleann Alainn management and staff are to be congratulated for the progress achieved in reducing unauthorised absences

4.4.5 Safeguarding and child protection

Staff members demonstrated an awareness of safeguarding practices. They are conscious of the need to monitor each other's practice. With a large staff team, each member is in constant contact with at least one other member of the staff team.

Staff members spoke of an ethos within the team of questioning and self evaluation. The team constantly reviews its approach to handling particular situations. Team supervision provided a forum for the discussion of such issues. Some team members also said they would raise concerns about the practice of individual colleagues but others expressed concern about the possibility that raising such concerns could lead to the suspension without pay of a colleague.

In the last inspection report reference was made to the suspension without pay of a member of the Gleann Alainn team. This arose in relation to alleged incidents in a unit the staff member worked in before he came to Gleann Alainn. The matter came to court and the man was acquitted. The man had been suspended without pay for 3 years on foot of an unproven allegation. Inspectors were informed that the board acted on legal advice and do not wish to question its handling of this particular case. However, it has implications for current practice in relation to safeguarding and child protection. A situation where staff members are inhibited from raising concerns about the practice of colleagues for fear that the person whose practice is questioned could be unfairly treated does not make for good safeguarding. Health board managers are aware of this difficulty but believe that they must act in accordance with the legal advice given to them.

There have been no allegations of abuse or inappropriate behaviour by staff members in the period under inspection. Such allegations would be referred to the child care manager who would involve personnel from outside the unit in the investigation.

Reference was made earlier in this report to complaints about bullying. These were dealt with under the complaints procedure. However, inspectors consider that bullying is a child protection issue. Had child protection procedures been invoked in relation to the allegations it might have helped convince those disputing the handling of the allegations that they had been taken seriously. The policy and procedure document makes allowance for situations where one child making an allegation against another can be dealt with under child protection procedures. However this only happens if the unit manager considers the allegation serious. No criteria for deciding on seriousness are offered.

The specific allegations made by the young person were investigated by the unit manager and were not confirmed. However, agency records around this time made references to bullying behaviour by the young person against whom the allegations were made. One report referred to an undercurrent of bullying and manipulation. Bullying can be insidious and hard to detect. Young people can feel threatened without there being any overt sign of assault. The fact that one child appears to get on well with another is not proof that she is not being bullied by this other child.

There is no separate policy on bullying in Gleann Alainn. Inspectors believe that there should be. Staff need to be more aware of the possibility of bullying and devise strategies to deal with it.

4.4.6 Health

A general practitioner works closely with Gleann Alainn. He examines the children on admission and after a physical restraint. He is contacted if a young person is kept in isolation for more than 3 hours in any 24 hour period.

Each of the girls has a medical file that records medical consultations and the taking of medication.

The last inspection report recommended that Gleann Alainn acquire the services of a female doctor. Inspectors accept that managers have made great efforts in this respect, to date unsuccessfully. At the time of inspection, managers were due to meet with another doctor who may be willing to take on this role. In the meantime, girls can keep their own G.P.s. This has happened for one of the current residents in Gleann Alainn. However, geographical factors mean this is not an option for every girl.

Health education programmes have been developed for the girls in Gleann Alainn. Considerable work has been done with some of the girls in relation to sexual health issues.

Inspectors commend the anti smoking policy in Gleann Alainn. Neither staff nor young people are permitted to smoke in the unit.

4.4.7 Privacy dignity and individuality

The balance between privacy and security can be difficult to achieve in a special care unit. Staff in Gleann Alainn were aware of the dilemmas and were attempting to achieve a better balance.

Each young person has a contact list and can only receive visits, calls and letters from persons on that list. However, for one girl who received letters from people not on her list, the letters were referred to her social worker who invariably said that she should have them. The girl questioned the point of this if the response is always going to be the same.

Staff do not read young people's letters but the young people are requested to open them in the presence of a member of staff. Girls can phone family, friends, social workers, solicitors etc in private but staff members dial the number for them first.

Inspectors question the need for contact lists. As one member of the staff team argued, it would make more sense to maintain a list of those people with whom and from whom contact is forbidden for a particular reason. The current system severely limits the young people's range of social contacts on the grounds that some such contacts could be harmful.

The bedroom doors have a glass panel in them. This means that the girls are clearly visible from the corridor. One girl gets changed for bed in the bathroom for this reason. All of them objected to the lack of privacy in their bedrooms. Managers recognise this is a problem and are considering putting curtains on the inside of the

glass panels. It is possible to get glass panels that can be open and shut. There are a number of options available for putting this right. The current situation is not acceptable. It must be rectified at the earliest opportunity.

The girls reported that some (not all) staff members enter their rooms without knocking. This is a gross invasion of their privacy. Staff must knock and enter the girl's rooms only when given permission to do so. They should only enter a girl's room without permission where there are clear grounds for believing that not to do so would jeopardise the girl's health or safety.

The girls also expressed concerns about searching. There are two types of personal search. A full admissions search involves the girl in removing all her clothes and putting on a dressing gown. Her clothes are searched and returned to her. There is no physical contact between the staff member and girl. Pat searches involve a female member of staff patting the girl's body through her clothes. Room searches are carried out in the young people's bedrooms every night. The policy and procedures document and the young person's brochure contain a list of restricted items. These are mainly items young people could use to physically harm themselves or others but also include mobile phones, cigarettes and pornographic material.

There are very serious issues involved here and clearly steps have to be taken to ensure that young people with a history of self harm do not have access to razor blades, for example. However, effectiveness and proportionality also need to be considered. One staff member told inspectors that the young people are expert at concealing restricted items and that searching their rooms is therefore ineffective. Items have been concealed in pot plants, for example. Young people used to be pat searched on return from outings. However, recently full admission searches have been carried out, even on girls who were out in the company of staff members or their social workers. The rule is that once they go out of sight of their minders, even momentarily, they are searched. Reference was made earlier to the concerns expressed by a social worker in relation to the searching of her client. The social worker felt that some discretion should be used in deciding when her client needs to be searched, rather than it being done as a matter of routine. Inspectors believe that this is a matter that warrants further consideration by the management committee.

4.4.8 Aspects of daily living

Staff attempt to engage the girls in the daily routines of the unit. Each girl is expected to participate in cleaning up after meals.

Birthdays are celebrated with a party in the unit, if the young person so wishes. Family, friends and the girl's social worker are invited. Alternatively, a group might go out for a meal. For Christmas there is a party before the day, a Christmas dinner on the day as well as an exchange of gifts.

Placement plans address gaps in the girl's social and life skills in preparation for moving on from Gleann Alainn.

4.4.9 Personal appearance

The young people had a monthly clothing allowance and chose their clothes with members of staff. They had an allowance for toiletries, though there were some restrictions on what they were allowed to keep in their rooms. Some of these purchases are made with order forms. This is an unacceptable, stigmatising practice.

4.4.10 Leisure activities

There are a range of leisure activities available to the young people, both inside and outside the unit.

There is a games room in the centre and the computers belonging to the school are available for leisure use in the evenings. There is a television and video although inspectors were informed that the girls do not watch much television. The first inspection report recommended increasing the range of in house activities available to the girls and in this context two developments are significant. A beautician attended the unit on a weekly basis and helped the girls to learn about caring for their hair, skin and so on. A number of the girls had planted up containers that decorated the entrance to the unit. One girl in particular was very interested in gardening and members of staff were encouraging this interest.

Recommendations

- The management committee should amend the current complaints procedure to ensure that the girls have free access to the complaints forms.
- The management committee, in consultation with colleagues from SEHB and MWHB, should continue to explore how to introduce an independent element to the complaints procedure.
- Managers and staff should reconsider the points system in Gleann Alainn.
- The manager should ensure that the reason for using physical restraint is accurately recorded on the relevant recording forms.
- The manager, in consultation with the management committee and staff, should formulate an anti bullying policy. The policy should treat the issue as a child protection one.
- The management committee should review the policy on contact lists.
- The manager should arrange for the glass panels in the bedroom doors to be altered or replaced in order to ensure privacy.
- The manager should ensure that staff members respect the young people's privacy by knocking on their bedroom doors before entering.
- The policy and practice in relation to searching should be kept under constant review by the management committee. It should be discussed with the girls, their parents, social workers and other interested parties.
- The general manager should ensure that the young people can shop with cash.

4.5 Premises, safety and security

The premises and associated outdoor areas are designed to prevent unauthorised entry or exit. They should facilitate supervision and minimise opportunities for self harm while providing accommodation that is, in so far as practicable, appropriate to its designation as a children's home. It must also be properly maintained and furnished.

4.5.1 Risk Assessment

All of the young people admitted to Gleann Alainn are required to stay in the unit for the first week or two weeks, as decided by the case management team. There is a 5 stage programme for the introduction of excursions outside of the unit. Stage one involves being allowed out in the grounds of the unit accompanied by 2 staff members. Stage 5 involves being allowed to go to Cork city with one member of staff. The case management team decides how much time out of the unit a young person is to be allowed at the monthly review meeting.

4.5.2 Location and design

Gleann Alainn is located in the grounds of St Stephen's Hospital. Access to the unit is via the grounds of the hospital. Visitors to the unit are in no doubt that they are visiting an institution. There are mature trees growing around the unit and fields at the back. The other hospital buildings are some distance from the unit and not visible from some parts of it.

The building is a single storey, flat roofed one. It has one long central corridor with another, shorter one at right angles to it. There is an open area at the back of the unit surrounded by a wire fence. The girls referred to this as 'the cage'. This has been planted blue and green and some climbing plants are growing up through it.

The enclosed area has a hard playing surface and an area given over to the growing of shrubs and plants.

4.5.3 Accommodation – general

There have been considerable improvements in relation to the physical environment since the inspection of 2000.

The unit is pleasantly decorated and furnished. The long central corridor has been painted in different colours which provides a visual break. There were plenty of pot plants around the unit. The kitchen cum dining area had plenty of storage units. The table and chairs in this area were secured to the floor. The chairs were insufficient in number to allow all of the staff and children to eat together.

There were an adequate number of toilets and showers. The girls complained that the showers flood. One of the bathroom doors needed to be repaired.

There were adequate catering and laundry facilities.

4.5.4 Accommodation for individual young people

Each girl has her own bedroom. These are furnished with a bed and a built-in wardrobe. Each room has its own bean bag and stereo system. The young people are allowed to decorate and personalise their own rooms. Problems in relation to privacy have been referred to earlier in this report. The bedrooms are not locked.

4.5.5 Maintenance and repairs

The maintenance department of the hospital services the unit. Emergency repairs are carried out quickly (broken windows are replaced within 20 minutes). Non essential repairs can take longer.

4.5.6 Safety and fire precautions

Cork County Council granted a fire certificate to the Southern Health Board in respect of Gleann Alainn subject to 5 conditions that have to do with compliance with building standards. Inspectors were given a letter signed by an architect confirming compliance with these conditions.

There is a fire alarm system and this is checked weekly by staff and quarterly by the service contractors. The fire extinguishers are stored in locked cupboards and are checked regularly. There are smoke detectors in all the rooms and corridors. Fire exits are clearly marked and unencumbered.

The staff team have had some training in fire safety. This included the showing of a video and follow up discussion with the board's fire safety officer. Staff members also practised using fire extinguishers. This training takes place bi-annually.

The manager was advised that due to the high level of fire safety features in the building doing fire drills is not necessary. Despite this, fire drills are done monthly on the advice of the child care manager.

Medicines and cleaning materials are safely stored.

No member of staff has had training in first aid in the last 12 months. Inspectors suggest that this be organised soon.

A health and safety audit was carried out by the board's fire and safety officer two months prior to inspection. There was just one recommendation which was implemented in May 2001.

4.5.7 Security

The arrangements for the security of the building are reasonable. The windows cannot be opened wide enough to allow egress. Entry to or exit from the unit is through at least two doors that are kept locked and never opened simultaneously.

Parts of the unit can be closed off from the rest, if necessary. For instance, the corridor containing the quiet and isolation rooms is accessed from a door within the unit that is kept locked. All staff members carry personal alarms so that they can summon assistance if required.

4.5.8 Insurance

The Southern Health Board has insured Gleann Alainn as required by section 14 of the Child Care Regulations.

4.6. Education

Education should be seen as an integral part of the care of the young person. The education of all young people should be actively promoted by all involved. In so far as it is practicable, units should aim to provide for those of school age, a broad and balanced curriculum appropriate to their age, ability and level of attainment with a view to continuing in open conditions or a return to mainstream school. Where appropriate young people over the age of sixteen should be offered a programme of vocational preparation, training and work experience or transition to further education.

The educational arrangements in Gleann Alainn are due to change shortly and this will improve educational provision for the young people. The current arrangement is that there is a teacher in charge who works in the unit full time. There are a number of part time teachers also (usually 3). All the teachers are provided by the VEC. They are all on temporary contracts. This does not constitute a school as the Department of Education understands that term. A principal must head a school.

A special school is being established and a principal will be shortly appointed. The school will have 22 places in 4 centres, one of which will be in Gleann Alainn. Another centre will be in the new high support unit for boys due to open at the end of August 2001 and located on the same hospital campus as Gleann Alainn. This high support unit will have class room accommodation for a greater number of young people than will be resident in the high support unit and school places will be available to other children in the care of the SHB. It may be that girls from Gleann Alainn will attend classes in this unit but this has not been decided yet.

At the time of inspection all classes, except art classes, had stopped for the summer break. The beauty therapist who was attached to the education unit was also working through the summer.

4.6.1 Attainment and progress

Some of the young people prepare for the Junior Certificate. There were 4 one year. This year there were 2 and both sat examinations in 8 subjects. Both are expected to do well.

Some other young people follow the primary curriculum.

4.6.2 Attitudes, behaviour and personal development

One teacher reported that maintaining order in the class room can be difficult. Given that the teachers do not meet as a group there is no opportunity to develop common approaches or strategies.

The approach of the teacher in charge to behaviour problems is to try to understand what is causing difficulty for the young person and resolve the underlying problem. In exceptional circumstances, a girl might be asked to stay out of the classroom for a number of hours if her behaviour was very disruptive.

4.6.3 Attendance

All of the girls in Gleann Alainn attend school each day unless there is some reason for non attendance such as illness. However, court appearances and reviews can also disrupt the school day.

4.6.4 Quality of education provided

The girls are offered a varied curriculum tailored to their particular needs with opportunities for individual and small group tuition.

4.6.5 Curriculum

Teaching staff try to build a programme around the individual needs of the children. The subjects taught vary from year to year and from one young person to another. The teacher in charge aims to provide a broad and balanced education for the young people.

The teacher in charge in Gleann Alainn teaches English, Maths, History, Geography, Religion and Civil, Social and Political Education (CSPE). A part time teacher teaches Art and Irish and other part time teachers teach home economics and information technology. A science teacher had been employed but left recently. As mentioned, a beauty therapist did sessions with the young people. A resource teacher came in to do individual tuition in literacy and numeracy on a one to one basis with one girl this year.

Classes run from 9.20am to 3.30pm with one half day per week.

4.6.6 Support, guidance and welfare

The teacher in charge liaises with the deputy manager on a daily basis and tries to meet formally with the manager every week. These meetings provide opportunities for the teacher in charge to be informed of what is happening for each of the girls and how that is likely to impact on their capacity to learn and deal with the demands of a classroom situation.

The part time teachers have little formal contact with the care staff. They fill up forms for review meetings and the teacher in charge attends these. While this allows for limited integration of care and education one teacher remarked that it meant that she took the girls as she found them and that things that were causing upset in the unit were not necessarily brought into the classroom situation. This teacher had been working in Gleann Alainn for 5 years. Although there were no formal channels of communication with care staff, she had a lot of informal contact with them and found them helpful and co-operative.

The teacher in charge works with the young people to help prepare them for a return to normal schooling. He liaises with the schools that they will attend post Gleann Alainn.

4.6.7 The educational management of the unit

4.6.7.1 Management and leadership

The teacher in charge is the co-ordinator of the educational unit. The teachers report to him. The teacher in charge meets with new teachers before they start to prepare them for the demands and challenges of working in Gleann Alainn. He also meets with them on a monthly basis to offer support and guidance. However, since they are part time and they have only a few hours each week in the unit, time spent in supervision is time away from teaching. This imposes a limit on the amount of time that can be devoted to supervision.

As all but the teacher in charge are part time and are coming into the unit at different times they do not meet as a group. There is no opportunity for developing a group identity and approach to problems.

In current circumstances there is little scope for anything other than operating from one year to the next. Future planning is impossible because teachers do not know if their contracts will be renewed the following year.

4.6.7.2 Staffing, accommodation and learning resources

The resources are inadequate. The art room, for instance, has no sink so girls have to leave it to get water for painting. Ensuring that they return within a reasonable length of time can be difficult. The art room also lacks storage space. The young people can get at each other's work outside of school hours. This has led to problems where one young person's art work needed for evaluation for the junior certificate had been sabotaged by another young person.

There is one other classroom and a smaller information technology room which is due to be converted into a classroom soon.

Two computers were purchased with money from the VEC but the teacher in charge has been attempting, unsuccessfully to date, to arrange access to the internet for the last 2 years.

4.6.7.3 Efficiency of unit

Inspectors believe that the education unit is doing a good job with the resources at its disposal. Two girls sat did a full Junior Certificate programme this year despite missing out a lot of school prior to admission to Gleann Alainn. They are now well placed to resume normal schooling. Another girl, while not yet at that standard, will also be able to attend a normal school in the community as a consequence of work done with her in Gleann Alainn. However, the difficulties involved in having a part time temporary group of teachers have been referred to above. The situation is not satisfactory but will be rectified with the establishment of the special school.

5 Summary of recommendations

1. The policy and procedure document should state the role of Gleann Alainn and its regional remit.
2. The policy and procedure document should state that Gleann Alainn is a short term unit.
3. The acting unit manager should ensure that each member of the staff team receives regular formal individual supervision.
4. The Department of Health and Children should identify a suitable body to adjudicate on the issue of what other professional qualifications are to be regarded as equivalent to professional child care ones.
5. Principal social workers should ensure that a social work service is available to the young people in Gleann Alainn throughout their placement.
6. Principal social workers should ensure that care plans are prepared for the young people in Gleann Alainn, preferably prior to admission.
7. Principal social workers should ensure the young people's care plans are reviewed within two months of admission and every 6 months after that.
8. The management committee should clarify the roles and responsibilities of the young people's social workers in relation to those of care staff.
9. The management committee should, in consultation with colleagues from MWHB and SEHB, clarify who is responsible for providing a psychiatric service to the young people in Gleann Alainn.
10. The management committee should amend the current complaints procedure to ensure that the girls have free access to the complaints forms.
11. The management committee, in consultation with colleagues from SEHB and MWHB, should continue to explore how to introduce an independent element to the complaints procedure.
12. Managers and staff should reconsider the points system in Gleann Alainn.
13. The manager should ensure that the reason for using physical restraint is accurately recorded on the relevant recording forms.
14. The manager, in consultation with the management committee and staff, should formulate an anti bullying policy. The policy should treat the issue as a child protection one.
15. The management committee should review the policy on contact lists.
16. The manager should arrange for the glass panels in the bedroom doors to be altered or replaced in order to ensure privacy.
17. The manager should ensure that staff members respect the young people's privacy by knocking on their bedroom doors before entering.
18. The policy and practice in relation to searching should be kept under constant review by the management committee. It should be discussed with the girls, their parents, social workers and other interested parties.
19. The general manager should ensure that the young people can shop with cash.