



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

**A
SPECIAL ARRANGEMENT
IN
The HSE South Area**

INSPECTION REPORT ID NUMBER: 268

**Publication Date: 9th January 2009
SSI Inspection Period: 29th August 2008
Centre ID Number: 363**

ADDRESS: Health Information & Quality Authority, Social Services Inspectorate,
3rd Floor, Morrison Chambers,
32 Nassau Street, Dublin 2
PHONE: 01-604 1780 FAX: 01-604 1799
WEB: www.hiqa.ie

Contents

- 1.** Introduction
 - 1.1 Methodology*
 - 1.2 Acknowledgements*
 - 1.3 Management structure*
 - 1.4 Data on children*
- 2.** Analysis of findings
- 3.** Findings
- 4.** Summary of recommendations

1. Introduction

On 29th August 2008 the Health Information and Quality Authority Social Services Inspectorate (HIQA SSI) carried out an announced inspection of a special arrangement in the Health Services Executive (HSE) South area under *Section 69(2) of the Child Care Act 1991*. The inspection team consisted of Michael McNamara (lead inspector) and Sharron Austin (co-inspector).

1.1 Methodology

In this inspection, inspectors' judgements are based on analysis of findings verified from several sources of evidence gathered through: examination of relevant documentation, observations, an inspection of accommodation, and interviews with the acting centre manager, the supervising social worker, the young person, and a parent.

Sources of evidence included: the centre's statement of purpose and function, policies and procedures, a young person's care file, minutes of care plan reviews, a questionnaire completed by the supervising social worker, a young person census form, staff census forms, staff personnel files, administrative records, health and safety records, fire safety documentation, and confirmation of insurance.

1.2 Acknowledgements

Inspectors wish to acknowledge the co-operation of all those involved in this inspection.

1.3 Management structure

The acting centre manager held a post as deputy manager of a special care unit (SCU). She had been assigned to run the centre. At the time of the inspection she reported to the North Lee Local Health Area child care manager.

1.4 Data on child

Listed in order of length of placement

<i>Child</i>	<i>Legal status</i>	<i>Age</i>	<i>Length of placement</i>	<i>Number of previous placements</i>
#1 (girl)	Care Order	13 years 8 months	6 weeks	3 short term foster placements 4 special care placements 2 high support placements

2. Analysis of Findings

The centre was a special arrangement established in July 2008, six weeks prior to the inspection. It was the idea of a working group established by the child care manager in response to a High Court direction to provide a step down from special care for one particular child for whom placements in high support had failed and for whom moving on from special care had proved difficult. Its purpose and function were developed under the guidance of the senior clinical psychologist associated with the SCU, and a deputy manager and some of the SCU staff were seconded to run the centre. When it opened the court allowed the young person to be placed in the open setting while still under a detention order for the first two weeks. At the time of the inspection it was the consensus of the manager, staff, social worker, parent and young person herself that it had been a good decision.

The accommodation consisted of a semi-detached three-bedroom house centrally located in a small country town. Although it was described in the inspection as a 'singleton unit' operating as a satellite of the SCU, for inspection purposes it was treated as a separate operation and inspected as a special arrangement independent of the SCU.

Overall, inspectors found that the majority of standards were well met in the centre and the child was receiving good quality care that addressed her needs well. The day to day care of the child was meticulously planned, skilfully risk-assessed and frequently reviewed, with the involvement of a multidisciplinary team, the child herself and a parent. Practice was child-centred, and links with family, friends, and the community were strongly promoted. The management of behaviour and risk worked extremely well, and was based on an assessment and therapeutic model tailored to address protracted difficulties that in the past had resulted in the child being detained in an SCU four times in a period of less than two years. In the centre there was an atmosphere of calm which was an indication of the solid relationships that had been built up between the staff and the child prior to and during the placement.

Areas where practice needed to improve were under the standards of: vetting, and health and safety.

Practices that met the required standard

Purpose and Function

The standard on purpose and function was met. The centre had a statement of purpose and function that described it as mainstream community-based accommodation up to two young people for up to two years. It described the programme of care in the centre as an 'authoritative parenting model', which aims to balance the needs of the young person for warmth and nurturing, discipline and control and respect. With the statement were several brief policy statements including: children's rights, care planning, child protection, unauthorised absences and health. The document had been read and signed by all the centre staff.

Management and Staffing

The centre manager held the post of deputy manager of the special care unit. She was assigned to the centre until the plan for the individual child was fully implemented. With her were a team of seven staff. There were three child care leaders and four child care workers. Staff had been chosen for the arrangement because they related well to the child. Two staff were on duty each shift.

Records

The requirement of the regulations to keep a register was met. Administrative, care and personnel files and other records were all in good order.

Notification of Significant Events

There had been no significant events to report since the placement commenced.

Monitoring

The standard was met. The monitoring officer had visited once since the centre opened. He had made recommendations which were all met.

Children's Rights

The standard on children's rights was well met. Practice in consultation, complaints, and access to information was good. The child had been given a copy of the children's version of the standards. In interviewing her, inspectors found that she was aware of her rights. She was confident about how to make a complaint, and sure that it would be dealt with. While she was aware that she could see her file, the staff had offered opportunities but she had not taken them up.

Suitable placement

The standard on admissions was met. Although it was a special arrangement for one child the admissions criteria of standard five were met, and child had been assisted in understanding the expected length and reason for the placement, and future plans in accordance with standard 5.4. At the time of the inspection the placement was at an early stage, but those concerned

with running and supervising it believed that it was working. Inspectors are aware that a national review of high support is underway, but advise managers of the residential services in HSE South to assess the reasons for individual breakdowns in high support placements.

Statutory care planning

The standards on planning and care plan review were met. The child had an up-to-date care plan. It did not indicate that the child or her mother were consulted during its preparation. The supervising social worker explained to inspectors that this had not been an oversight but rather an agreed strategy in light of the potential for difficulties in achieving the placement. Central to the plan was the input of both of the senior clinical psychologists associated with residential care in the HSE South. The child was clear about where she was and knew what the short and longer-term plans were. The projected onward placement was to residential care, but she expressed a preference for foster care. Both options were being explored by the supervising social worker. The search for a suitable long-term mainstream residential placement had commenced in January 2008 when the child was in the SCU. The special arrangement was a 'stepping stone' to integration into mainstream care.

Care plan reviews, chaired by an independent reviewing office, took place monthly and were attended by all involved, including mother and the child, who attended for only part of the meeting. Copies of the minutes of the review meetings were sent to the child's mother. Placement plan reviewed every fortnight.

Contact with family

The standard on contact with family was well met. The child's mother visited the centre every week, and had stayed in the centre overnight on two occasions. The child also had regular contact and access with her siblings, aunts and grandmother. Contact was risk assessed and access visits supervised.

Social work role

The standard on the social work role was met. A supervising social worker was assigned to the case in March 2007. She visited the centre regularly at a frequency well within the statutory timescales. She attended the fortnightly placement planning meetings, and saw the child in private. She had also read the centre logs. There was a good standard of communication between the social worker and the centre staff, and she was of the view that the child was safe and her needs were well met in the centre.

Emotional and specialist support

The standard on emotional and specialist support was well met. The senior clinical psychologist's input was regarded by the social worker and centre manager as an important contribution to the stability of the placement. The young person has guaranteed time each day with the centre manager, which included walks and talks outside the centre, and she had two keyworkers who worked closely with her family and kept good records of their work.

Care of children

Practice in terms of day-to-day care was of a good quality. The centre manager believed that it worked because it was based on solid relationships and was within the framework of a model of intervention that addressed the child's current needs. The young person presented as calm and appropriately self-assured. However, she also found being on her own in the centre a marked contrast to the SCU because there was no daily peer company. She was encouraged to engage in the local community, and did voluntary work for a charity. She attended a local youth club twice a week, and was beginning to form friendships. Other activities included swimming, cinema, horseriding and trips out. As part of a risk management plan she was allowed to go to local shop for prescribed lengths of time, and she exercised freedom of choice about spending her pocket money and buying clothes. She was consulted about activities, food and aspects of the running of the house. Meals were formal and at regular times, and healthy options were provided. The child had a pet hamster, and a cat. She was also allowed to have a TV in her

bedroom. Inspectors were concerned about the use of vouchers, which were used to purchase groceries, and advise that managers eliminate this stigmatising practice.

Management of behaviour and risk

The standard on management of behaviour and risk was well met. There was a detailed risk assessment dated May 2008. It put an emphasis in the management of behaviour on 'authoritative care relationships'. It gave details of methods of improving social competence, and set out ten defined therapeutic objectives. The safety of the child was a priority. Measures to manage risk were detailed in the individual crisis management plan (ICMP), which was regularly reviewed. Staff were engaged with the child in building up trust when she was out in the community, and coached her on how to manage situations where there was a possible temptation to abscond. In the six weeks from placement to inspection there had been no sanctions, no use of physical restraint, and no unauthorised absences.

Safeguarding and child protection

The standards on safeguarding and child protection were well met. All the staff were aware of their role in safeguarding the child, and the supervising social worker commended them for placing a high priority on her safety. In accordance with the standard, she was being provided with practical assistance in developing self care and keeping herself safe.

Education

The standard on education was met. The inspection took place during the school holiday. Owing to the change in placement the child had yet to attend the local school she was enrolled in. Since placement in the centre had found a voluntary job with a charity.

Health

The standard on health was well met. The child had received a medical check up on admission to the SCU. After transferring to the centre, she was registered with a general practice where she could access a female GP. She had been given information about self care and sexual health by a full-time community-based advisor, and contact with her was maintained after the programme had been completed. She has also been offered advice and incentives to stop smoking.

Fire safety

The centre had been assessed by the HSE South fire safety officer and had a certificate confirming installation and service of the fire alarm system dated 12th August 2008. All recommendations of the HSE health and safety officer in respect of fire safety had been met. All staff had received training in fire safety.

Practices that met the standards in some respects only

Supervision and support

The staff all received regular formal supervision from the centre manager and records were kept in accordance with HSE policy, but inspectors did not find evidence that the centre manager was supervised. They were told by senior managers that frequent meetings, initially weekly, between the child care manager and the centre manager took place. Inspectors recommend that records of formal supervision of the centre manager be maintained.

Vetting of staff

In examining personnel files inspectors found some deficiencies in vetting. They recommend that these are attended to and that the HSE develops a system for ensuring that the requirements for recruitment of care staff issued by the Department of Health and Children in 1994 and 1995 are fully met in all future appointments.

Training

Training in therapeutic crisis intervention (TCI) had been provided. The principle training of staff consisted of detailed written and verbal direction from the senior clinical psychologist on

how to implement the authoritative parenting model. Staff had weekly consultation with him during the period of transition from the SCU to the centre. None of the staff are trained in First Aid or food hygiene. Inspectors advise that training in both of these is provided.

Premises and Safety

The centre had a health and safety statement as required by the standards. It clarified the responsibilities of the centre manager and the staff health and safety representative. It was comprehensive and listed potential hazards.

Inspectors found that the exterior of the centre needed some repair. The back garden in particular had uneven steps without a guard rail. Inspectors recommend that the steps are made safe. They also recommend that measures are taken to provide people living and working in the centre with some degree of privacy when using the back garden.

Inspectors found evidence of smoking outside the building. They recommend that the HSE reviews staff practice in the centre in light of national legislation and policy on non-smoking, and ensure that those who are permitted to smoke are required to remove the associated debris.

The centre had no evidence of insurance or written confirmation of fire safety and building control compliance, but they were being sought. Copies of both should be sent to the inspectorate as soon as possible.

Practices that did not meet the required standard

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

3. Findings

3.1 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 children 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	√		

3.2 Management and staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for children. 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 (<i>including vetting</i>)		√	
Supervision and support		√	
Training and development		√	
Administrative files	√		

Recommendations:

1. The HSE should ensure that deficiencies in vetting of the centre's staff are addressed.
2. The HSE should ensure that records of the formal supervision of the centre manager be maintained.

3.3 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	√		

3.4 Children's rights

Standard

The rights of children are reflected in all centre policies and care practices. Children 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	√		

3.5 Planning for children

Standard

There is a statutory written care plan developed in consultation with parents and children 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 children 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 children	√		
Social work role	√		
Emotional and specialist support	√		
Preparation for leaving care	√		
Aftercare	√		

3.6 Care of children

Standard

Staff relate to children in an open, positive and respectful manner. Care practices take account of the children's individual needs and respect their social, cultural, religious and ethnic identity. Children have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on children 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	√		

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping children 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	√		

3.8 Education

Standard

All children have a right to education. Supervising social workers and centre management ensure each child 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	√		

3.9 Health

Standard

The health needs of the child 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	√		

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the children 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:

3. The HSE should provide the inspectorate with documentary evidence of insurance for the centre.
4. The HSE should arrange for outstanding repairs to be completed.
5. The HSE should arrange for a risk assessment of the access to the terraced garden at the rear of the centre and make the steps safe.
6. The HSE should review the centre's implementation of the HSE's national policy on non-smoking.
7. The HSE should acquire written confirmation of compliance with fire safety and building control regulations in accordance with standard 10.19.

4. Summary of recommendations

1. The HSE should ensure that deficiencies in vetting of the centre's staff are addressed.
2. The HSE should ensure that records of the formal supervision of the centre manager be maintained.
3. The HSE should provide the inspectorate with documentary evidence of insurance for the centre.
4. The HSE should arrange for outstanding repairs to be completed.
5. The HSE should arrange for a risk assessment of the access to the terraced garden at the rear of the centre and make the steps safe.
6. The HSE should review the centre's implementation of the HSE's national policy on non-smoking.
7. The HSE should acquire written confirmation of compliance with fire safety and building control regulations in accordance with standard 10.19.