



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

**A CHILDREN'S RESIDENTIAL
IN THE
HSE NORTH EAST AREA**

FOLLOW-UP INSPECTION

**INSPECTION REPORT ID NUMBER: 487
Publication Date: 5th September 2011
Fieldwork Date: 1st September 2011
SSI Inspection Period: 13
Centre ID Number: 39**

Introduction

This is a report on an unannounced follow-up inspection of a children's residential centre in the Health Service Executive (HSE) Dublin North East (DNE) region carried out by the Health Information and Quality Authority (HIQA), Social Services Inspectorate (SSI) under Section 69 (2) of the Child Care Act 1991. This inspection, by Michael McNamara, took place on 1st September 2011. The purpose of the inspection was to assess compliance with the action plan prepared by the HSE in response to the recommendations of the report of the last inspection of the centre (*inspection ID 459*).

Inspectors found the service had been reconfigured since the previous inspection, and there were changes in the external management structure. At the time of this inspection there were four children, one girl and three boys, in the centre. The centre was in a purpose built detached property that was maintained inside and out to an impressive standard.

Findings

Inspectors found that of the 10 recommendations made in the report, five were fully implemented, two partly implemented and three were not met. The recommendations partly or not met concerned:

- The centre's register should have details of the baby that lived there (2).
- The centre manager assuring herself that all staff, students and other professionals working directly with the children are appropriately vetted and this is reflected on centre files (3).
- The HSE ensuring that all files in the centre contained statutorily required information (6).
- The HSE ensuring that children's care files are structured in such a way that all aspects of child protection issues are accessible (9); and
- The HSE carries out a review of the placement in the centre of two particular children (9).

In respect of recommendation 3, the centre did not have any documentation by which the inspector could assess compliance with the national guidelines for vetting of staff and others who have substantial access to children in children's residential centres issued by the then Department of Health in two circular letters in November 1994 and September 1995. At the time of the inspection, the Centre Manager had not viewed the vetting details of HSE staff, which are held centrally in a regional administrative office, nor had she received written confirmation or details of Garda checks or references. She had received verbal confirmation from an external regional manager. She had not seen the Garda checks or references of agency staff, which are held centrally within the offices of the agency, but she had an appointment to view them. Some of the agency workers had been working at the centre for six months, and their suitability to do so was attested by the agency but not verified by the HSE. The centre provided placements for students from a social care course in a local college. The college required Garda checks for membership of the course, but did not provide documentary evidence to the centre. Instead, the Centre Manager was advised to approach the individual student in order to view documentary evidence of the check.

The 1995 circular letter states: "*Agencies will be aware of the need for continuing review and strengthening of procedures in the area of recruitment and selection particularly in relation to validation of information supplied by candidates and the pro-active verification of references.*" Vetting procedures should be 'watertight' in that they provide as much assurance as possible about the suitability of people

working with children in care for all those with responsibility for the service. The system in place in the region in which the centre is placed has wide scope for error and miscommunication, and does not adequately support the Centre Manager in her role of keeping the children in her care safe. Whilst the checks and references are part of a recruitment process, their chief purpose in child care is not only to assess whether those who work in settings where care is provided to children are suitable for the role, but also to ensure that they do not pose a risk to them. The inspector has brought this situation to the attention of the HSE National Office for Children and Family Services. The inspector recommends that this issue is discussed between the local external managers of the service and the National Office, and that the National Office issues guidance to all HSE regions so that there is consistency in the approach taken in all parts of the State.

Recommendation 6 refers to the requirement of the regulations for care files held in the centre to have key information about the children. For example, Standard 9.2 requires care records to contain a complete and clear record of all medical and health information from birth. It allows for the possibility that this might be difficult, and requires a note to be recorded on file where the information is absent outlining efforts that have been made to obtain it. The supervising social worker for each child has a responsibility to obtain the information and provide it to the centre at the point of admission. This information is needed irrespective of where the child is placed. All the children in the centre at the time of this inspection had been in other care placements prior to admission.

Inspectors require the HSE to give these recommendations priority and to provide the Authority with written confirmation that they are fully implemented no later than 30th September 2011.

Please see attached action plan in response to the inspection recommendations.

Social Services Inspectorate

Action Plan for Inspection No. 459

Centre ID: 39
HSE Region: Dublin North East

Date Action Plan Dispatched: 14th June 2011
Date of follow-up Inspection: 1st September 2011

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
1	The HSEDNE should ensure that the statement of purpose and function is amended to reflect the age of the children the centre caters for and refers to the policies within which the centre operates.	The purpose and function will be amended to reflect the age of the children (12-18 years) the centre caters for and will refer to the policies within which the centre operates.	Social Care Manager	22 nd July 2011	Recommendation partly met This recommendation has been met insofar as the statement of purpose and function has been amended and it refers to the policies within which the centre operates. However, As the action plan indicated, it still states that the age range the centre caters for is 12 to 18, and it does not reference clearly the Department of Children and Youth Affairs' National Policy on Placement of Children Aged 12 Years and Under. 'Twelve years and under' means up to the child's thirteenth birthday. A copy of the policy is appended to this report. The recommendation will be fully met when the statement has been further amended to clearly reflect this policy.
2	The HSEDNE should ensure that the details of the baby that lived in the centre are entered onto the centre register.	The details of the baby that lived in the centre have been entered onto the centre register in line with the regulations.	Social Care Manager	Completed	Recommendation not met The date the baby left the care of the centre and the address to which the baby was discharged has yet to be entered into the register. Once this is done, the recommendation will be met.
3	The HSEDNE should ensure that the Centre Manager satisfies herself that all staff, students and any other professional working directly with the children are appropriately vetted and that this is reflected on the centre files.	The Centre Manager will ensure that all staff, students and any other professionals working in the Centre are appropriately vetted before taking up duties and that this is reflected in centre files.	Social Care Manager	Ongoing	Recommendation not met The arrangements for the vetting of staff in this centre were unsatisfactory and did not meet the standard. The Centre Manager was in a position of relying on third party accounts, which were verbal, to assure herself of the suitability of the staff who had contact with the children in the centre. See the comments in the report above. The inspector recommends that managers external to the centre should remedy this deficiency in the service without delay after the publication of this report following discussion with the HSE National Office for Children and Family Services, and that the National Office issues guidance to all HSE regions so that there is consistency in the approach taken in all parts of the State. Managers external to the service should inform the Authority of the measures they have taken to strengthen the system in accordance with the circular issued in 1995.

4	<p>The HSEDNE should ensure that:</p> <ul style="list-style-type: none"> all care planning decisions about children are made within the statutory review process and are inclusive of children and their families statutory reviews are held for all children as and when they are required. 	<p>All care planning decisions in relation to children in the HSE's care are made within the statutory review process and in consultation with children and their families.</p> <p>The Centre Manager in consultation with the Alternative Care Manager will liaise with Social Work regarding requests for statutory reviews for all children in the centre as appropriate.</p>	<p>Social Work Departments Alternative Care Manager Social Care Manager</p>	<p>Ongoing</p>	<p>Recommendation met</p> <p>While there are core group meetings in one case, and there have been professionals' meetings in others, care planning decisions are made within the context of care planning with consultation with young people and their families.</p> <p>Practice will be assessed in detail at the next inspection.</p>
5	<p>The HSEDNE should ensure that:</p> <ul style="list-style-type: none"> the discharge of every young person is in keeping with their care plan decisions about discharging a child from a residential centre are made within the statutory review process a decision to discharge a young person from a residential centre is clearly recorded, and transparent. 	<p>All discharges from the Centre will be in line with best practice and cognisant of the needs of the young person and will be guided by their care plan.</p> <p>A statutory review will be requested in all cases when considering the discharge of a young person from a residential centre. The appropriateness of the discharge will also be discussed by the Alternative Care Manager and Social Care Manager.</p> <p>The rationale and decision regarding the discharge of all young people from a residential centre will be clearly recorded on the case records and transparent and will be monitored by the Social Care Manager, Alternative Care Manager and Social Work.</p>	<p>Social Work Departments Social Care Manager Regional Manager</p>	<p>Ongoing</p>	<p>Recommendation met</p> <p>There have been no unplanned discharges since the last inspection.</p> <p>Practice will be assessed at the next inspection.</p>
6	<p>The HSEDNE should ensure that children's care records hold all of the regulatory information and that the centre revisits the</p>	<p>The children's care records are being reviewed to ensure they contain all of the regulatory information, and that the</p>	<p>Supervising Social Workers</p>	<p>30th September 2011</p>	<p>Recommendation not met</p> <p>The inspector found that care records do not contain all statutorily required information. For example, there has been difficulty in obtaining medical histories for all the children. See the comments in</p>

	structure of the child protection and significant events notifications sections of the children's files.	structure and categorisation of various sections are clearly defined and easily accessible.	Social Care Manager		the report above. Senior managers of the social work departments placing children in residential care should ensure that supervising social workers obtain the information and provide it to the centre. Managers external to the centre should support the Centre Manager in acquiring this information. They should also carry out the changes to the structure of the files indicated in the inspection report so that child protection concerns are separate from notifications of other significant incidents and the procedures that follow from initial reports of concerns are easy to track. Centre records will be checked for compliance with this recommendation at the next inspection.
7	The HSEDNE should ensure that the centre reviews its approach to managing behaviour.	<p>The management of behaviour in the Centre has been reviewed with respect to individual behaviour management needs, which has resulted in the following strategies being deployed.</p> <ul style="list-style-type: none"> • The effective use of the keyworking system will assist the highlighting and identification of at risk behaviours and escalation as required • All staff have been trained in RAP (Response Ability Pathways) which seeks to assist staff in dealing with children's difficult behaviours using relationship skills and encompassing the Circle of Courage model of care. • All staff are scheduled to receive refresher training on Professional Management of Aggression and Violence (PMAV) to manage at risk behaviours. • Centre Management liaise as appropriate on a regular basis with the Garda Community 	<p>Social Care Manager Regional Manager</p> <p>Social Care Manager Regional Manager</p> <p>PMAV Instructors</p> <p>Social Care Manager</p>	<p>Completed</p> <p>Completed</p> <p>31st August, 2011</p> <p>Ongoing</p>	<p>Recommendation met</p> <p>This recommendation has been well met. Staff had received training in a variety of sophisticated models of behaviour management including Response Ability Pathways (RAP), Professional Management of Aggression and Violence (PMAV) and formulation and placement development planning. The inspector found evidence in the centre records and interviews that these were beneficial to staff in addressing challenging behaviour confidently, and that the staff group had some resilience in re-establishing a calmer environment after periods of crisis. External managers are to be commended for the range and quality of training provided to staff to support them in managing behaviour. The centre had also established close links with local Gardai to assist in managing behaviour that would put the children in the centre in conflict with the law.</p>

		Liaison Officer and the Educational Welfare Officer.			
8	<p>The HSEDNE should ensure that every effort is made to keep absences from the centre to a minimum.</p>	<p>Centre management and staff will continue to work proactively with residents to engage in activities which it is hoped ensure that absences from the centre are kept to a minimum.</p> <p>The Risk Notification Register for the Centre will assist in ensuring that absences from the centre are highlighted.</p> <p>Case Conferences and Statutory Reviews will be convened as appropriate and required to resolve issues in relation to young people absenting themselves from the Centre.</p>	<p>Social Care Manager</p> <p>Regional Manager Social Care Manager</p> <p>Social Work Department Regional Manager Social Care Manager</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Recommendation met</p> <p>There had been a significant reduction in the incidence of absence without authority since the full inspection. In the intervening four months there was only one absence which was a non-return from home leave.</p>
9	<p>The HSEDNE should ensure that:</p> <ul style="list-style-type: none"> centrally held centre records on child protection reports are brought up to date children's care files are structured in a way that clearly separates child protection concerns from other significant events and responses to these concerns should be accessible. <p>A review of two children's placements in the centre is carried out; from the date their relationship became known, to the date of discharge of one of the children. The aim of the review should be to determine whether the child protection</p>	<p>Centrally held centre records on child protection reports have been brought up to date.</p> <p>See Response to Recommendation No. 6</p> <p>A review as per the recommendation will be undertaken and a written report on the findings will be provided to HIQA in due course.</p>	<p>Social Care Manager</p> <p>Social Care Manager Deputy Social Care Manager</p> <p>Area Manager</p>	<p>Completed</p> <p>30 September 2011</p> <p>December 2011</p>	<p>Recommendation partly met</p> <p>Information on the electronic and hard copy systems regarding child protection concerns had been co-ordinated in accordance with the recommendation.</p> <p>However, as indicated in the comment under recommendation 6 above, child protection concerns had yet to be located in a separate section of care files from other significant events. This will be assessed fully at the next inspection.</p> <p>The review of the cases of two children, as recommended, had been initiated by the Integrated Services Manager (ISM). It was due to be completed in December 2011. The ISM should provide the Authority with a copy of review on its completion.</p>

	<p>concerns were dealt with appropriately and that key decisions, including the decision to discharge one child were transparent and made in the best interests of both children. This review should be carried out by a person external to the social work department involved with these children, the line management and HSE monitoring service for the centre. A written report on the findings of this review is to be submitted to the Authority on completion.</p>				
10	<p>The HSEDNE should ensure that</p> <ul style="list-style-type: none"> • all children attend school • the centre reviews their response to children who do not attend school. 	<p>The HSE at all times promotes full-time education and engagement in training programmes for all children in care, and works with the Department of Education & Skills and the Education & Welfare Board in this regard. Staff in the centre actively encourage and facilitate young people's attendance at their education/training placements.</p> <p>Of the four young people in the Centre, one has reengaged in education and has completed his Junior Certificate; another has committed to engage in educational supports with a view to returning to complete his Leaving Certificate. Another is receiving home tuition with the final person scheduled to commence a Youthreach programme in September, 2011.</p>	<p>Social Care Manager</p> <p>Social Care Manager</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Recommendation met</p> <p>At the time of the follow-up inspection all four children living in the centre had places in educational facilities, and levels of attendance were generally good.</p>

NATIONAL POLICY ON PLACEMENT OF CHILDREN AGED 12 YEARS AND UNDER

Issued by the Department of Children and Youth Affairs in October 2009

Where a child 12 years or under is placed in the care or custody of the Health Service Executive under the Child Care Act 1991, that child should not be placed in residential care.

It is acknowledged, however, that there may be exceptional cases where it is not possible or not in the best interests of the child aged 12 years and under to be placed in a foster or relative care setting, for example:

A. Where an emergency/long term foster/relative care setting is not immediately available and the option of the child remaining in their current home/residence would put that child at risk, then the HSE may place the child in residential care.

HSE Action: Plans to move the child to an alternative care setting should be initiated immediately following the child's admission into residential care.

B. Where the child is part of a sibling group, it being in the children's best interests that they remain together, and the HSE is finding it difficult to source an appropriate placement for the children in a single foster care or relative care setting, then the HSE may place these children in residential care.

HSE Action: Plans to move the children to an alternative care setting should be initiated immediately following the children's admission into residential care.

C. Where the HSE has identified particular therapeutic needs of a child which are best met within a residential unit, then the HSE may place this child in residential care pending therapeutic intervention.

D. *Where the behaviour of the child is such that it poses a risk to himself/herself and where the HSE, having considered all other care options, determines that placement outside of a residential setting would not provide appropriate and adequate care and protection for that child then the HSE may place the child in residential care.

HSE Action: In respect of **all the circumstances set out above at A, B, C, and D** a care plan for the child must be developed and reviewed as often as may be necessary in line with the Child Care Regulations 1995. The option of moving the child to an alternative care setting is to be considered in the context of the regular statutory care plan reviews which are to be held at **one monthly intervals** for those children 12 years and under in residential placements, including those placements deemed appropriate by the HSE.

Single occupancy residential placements for children aged 12 years and under are not appropriate.

Care Planning

As outlined above the HSE has a statutory obligation under the Child Care Regulations 1995 and in line with the National Standards for Foster Care and Residential Care to develop a care plan for the child before placement or as soon as possible after placement. As set out in the standards the care plan should outline a clear distinction between the overall long term goals of the care plan for the child and the immediate needs and arrangements of the current placement plan. It is imperative that all care plans are reviewed in line with the statutory provisions of the Child Care Regulations and in line with the policy direction set out above and in doing so identify whether the current placement continues to be suitable to the child's needs and whether all reasonable measures are being taken to promote the welfare of the child.

NOTE

* The draft Child Care (Amendment) Bill 2009 states that “the Health Service Executive shall not apply for a special care order in respect of a child unless it is satisfied that the child has attained the age of 11 years.

Notification System when a child aged 12 and under is placed in residential care

The HSE is to ensure that when a child aged 12 years and under is placed in residential care, the relevant child care manager is notified. This notification is to include details of:

- The reason for the placement i.e. Sections A, B, C, D of National Policy on care placements of those children aged 12 years and under (Pg 2)
- Expected duration of placement
- Date of first care plan meeting
- Actions being taken to secure an alternative placement

The HSE is to establish the necessary systems and processes to ensure that placements of children aged 12 and under in residential care are monitored and reviewed by HSE senior management on an on-going basis.