

**Inspection Report of a
Children's Residential Centre
in the Health Service Executive
South**

**Inspection Report ID Number: 530
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1. Introduction

The Health Information and Quality Authority's Social Services Inspectorate carried out an announced inspection of a children's residential centre in the Health Service Executive Southern area (HSE SA). Sharron Austin (lead inspector), Carol Maricle and Patricia Sheehan (co-inspectors) conducted the inspection under Section 69 (2) of the Child Care Act 1991 as amended by the Child Care (Amendment) Act 2011 on the 27th and 28th March 2012. The centre was last inspected by the SSI in November 2010 (Report ID. 426) with a follow-up inspection carried out in April 2011 (Report ID. 466)

Eight of the fourteen inspection recommendations had been met at the time of the follow up inspection in April 2011, four met in part and two not met.

The stated purpose and function of the centre provided to the inspectors described the centre as a mainstream residential children's centre having the capacity to care for five boys aged between 12 and 15 years of age on admission. At the time of this inspection, there were four boys resident in the centre.

The centre was based in a multipurpose three storey building on the grounds of a large psychiatric hospital. It had a spacious garden, recreational and parking facilities to the front.

Overall, inspectors found that the centre complied with a good number of the national standards. Overall, those who had completed questionnaires or who were interviewed by inspectors spoke positively of the care being provided by the manager and staff team in the centre.

Key recommendations in this report are in relation to: management and staffing, supervision and support, training and development, access to information, statutory care planning and review, supervision and visiting of children, social work role, preparation for leaving care and aftercare, children's case and care files, safeguarding and child protection and health.

The one practice that did not meet the required standards related to the accommodation.

1.1 Methodology

The inspectors' judgements are based on evidence verified from several sources gathered through direct observation, an inspection of accommodation and interviews with the centre manager, deputy manager, five social care workers, the HSE Monitoring officer and the centre dedicated senior clinical psychologist. Telephone interviews were conducted with the child care manager (who had line management responsibility for the centre), one social worker and four parents. Inspectors met with the four children residing at the centre.

The inspectors also had access to the following documents:

- The centre's statement of purpose and function
- The centre's policies and procedures
- The centre's register
- The children's care plans and care files
- Census of staff
- Census of children
- Administrative records
- Staff rosters
- Supervision records

- Training records
- Fire safety and building control compliance documents
- Evidence of insurance
- Details of unauthorised absences for the previous twelve months (8)
- Details of physical restraints for the previous twelve months (2)
- Questionnaires completed by social workers (3)
- Questionnaire completed by one child
- Questionnaires completed by other external professionals (5)
- The HSE monitoring officer's reports (2)

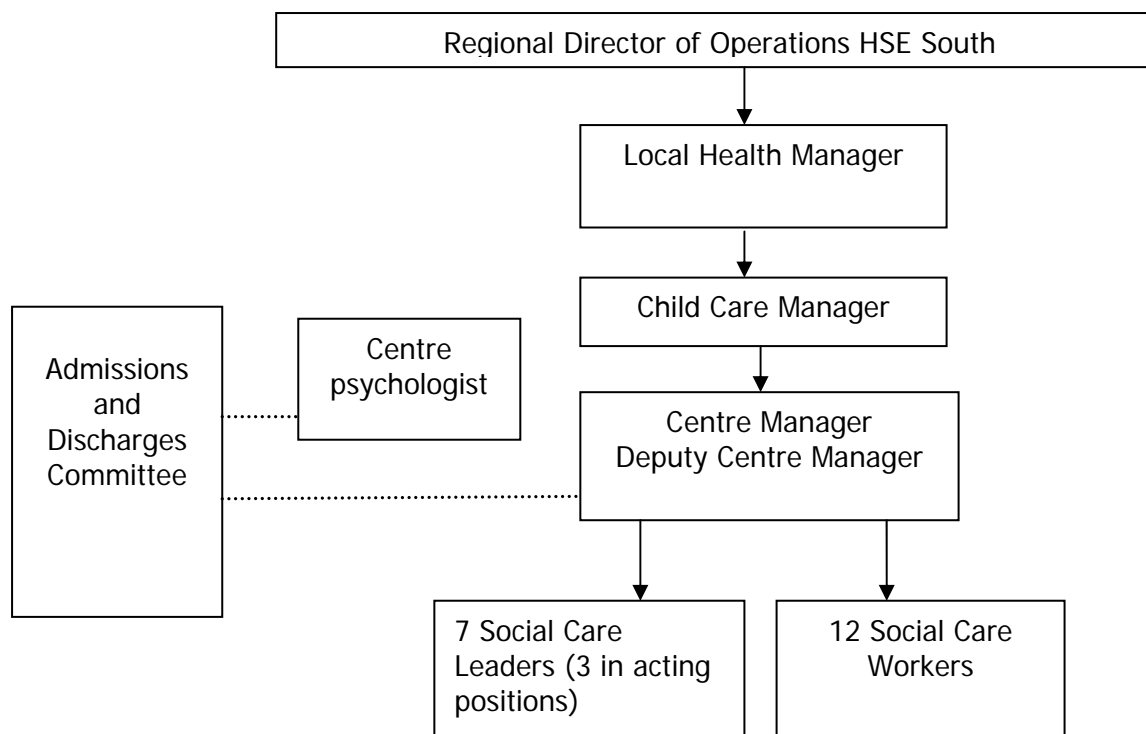
1.2 Acknowledgements

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

1.3 Management Structure

The centre manager had a qualification in social care. He reported to the child care manager, who in turn reported to the local health manager of the local health area. The organisational structure of the management of the centre is shown in the chart below.

Organisational Structure of centre- as of March 2012



1.4 Data on children

During the inspection field work there were four children residing in the centre.

Listed in order of length of placement

Child	Age	Legal Status	Length of Placement	Number of previous placements
# 1 (boy)	16	Voluntary care	11 months	0
#2 (boy)	12	Care order	10 months	1 residential 1 foster care
# 3 (boy)	15	Care order	8 months	0
# 4 (boy)	13	Care order	1 month	4 residential

2. Summary of Findings

Practices that met the required standard

Inspectors found that the following standards were met: purpose and function, centre register, notification of significant events, administrative files, monitoring, consultation, complaints, suitable placements and admissions, contact with families, emotional and specialist support, discharges, individual care in group living, provision of food and cooking facilities, race, culture, religion, gender and disability, managing of behaviour, restraint, absences without authority, education, maintenance and repairs, safety and fire safety.

Purpose and function

This standard was met. A written statement of purpose and function was provided to the inspectors prior to inspection. The statement clearly stated that the centre was a mainstream residential children's centre with capacity for five boys aged between 12 and 15 years on admission who were from the HSE South area. There were four boys residing at the centre at the time of the inspection.

Following a reconfiguration exercise within the HSE SA's children residential service, a decision was made to re-designate the centre from a high support unit to a mainstream residential facility from August 2011. This was reflected in the updated statement of purpose and function.

The statement listed key policies and procedures which were available in a format that was accessible to children, families and supervising social workers. Inspectors found that the day to day operation of the centre reflected the statement of purpose and function.

Staff interviewed were clear about how the purpose and function of the centre had changed in 2011 but some expressed concern at the transition to mainstream residential care given the suitability of the premises and its current location as well as staffing levels. (*See section on accommodation*).

Centre Register

A register of admissions and discharges was maintained at the centre and this contained all the required statutory information.

Notification of Significant Events

A notification procedure was in place in the centre for significant events which was evidenced in the files of the children. Parents told inspectors that they were notified of significant events pertaining to their child.

Administrative files

This standard was met. Overall, the recording systems that operated in the centre were of a good quality and in good order. There was some evidence that checks of records were being carried out by managers and the HSE monitoring officer on occasions to assure their quality and to safeguard the interests of the children.

Monitoring

This standard was well met. Inspectors met with the monitoring officer during the course of the inspection. Written monitoring reports for 2011/2012 were furnished to the Authority throughout the previous 12 months and immediately prior to this inspection. All staff interviewed were aware of who the monitoring officer was, what his role entailed and confirmed that he visited the centre regularly. Some staff were aware that he wrote reports on the centre and how to access these. Inspectors found evidence that the monitoring officer read various administrative and care records.

Consultation

This standard was met. Inspectors found evidence of good consultation with children in the centre which included minutes of regular house meetings. It was unclear who reviewed these minutes. Some requests from the children were reviewed by a staff member as responses were written to each request while in other cases it was unclear. The minutes should reflect the response to each request once a decision has been agreed.

Children interviewed told inspectors that they were consulted on food and meal planning and activities. One child interviewed told inspectors that he attended review meetings about his care and felt he was listened to. All parents interviewed confirmed to inspectors that they were invited to meetings about their child and thought their opinions were listened to and in addition received copies of minutes or decisions made at meetings.

Complaints

The centre had a complaints procedure which was outlined in the centre's policies and procedures manual. Inspectors found that children were able to express concerns and/or complain about their care and viewed evidence of recorded complaints. On review of the complaints register, the issues raised by the individual children appeared to have been dealt with in a timely manner and to the satisfaction of all parties. Parents confirmed to inspectors that they were aware of how to make a complaint should they be concerned about their child's safety or care in the centre.

The inspectors found that whilst complaints were recorded and dealt with, during interviews with staff it was apparent that some staff lacked confidence and/or were confused about how to process complaints that were of a child protection nature and the procedure of submitting a Standard Report Form. (*See section on safeguarding children and child protection*).

Suitable placements and admissions

This standard was met. Staff interviewed told inspectors that the children residing currently in the centre were suitably placed and that the centre was meeting their needs. Some external professionals who returned written questionnaires also confirmed this was the case. The suitability and location of the centre however was a concern for staff and external professionals given how the centre was located on the grounds of a large psychiatric hospital campus. (See section on accommodation)

One child interviewed appeared confused as to why he was living there. Another child said he did not know why he had been there for an extended time period. (See section on care planning and review process)

The centre appeared to take seriously the need to protect children from abuse by their peers and this was evidenced in staff interviews, policies and procedures and day to day practice. Inspectors found evidence of standard report forms that were sent into the local child protection department when staff became concerned about alleged bullying behaviour between residents.

Contact with families

This standard was met. Visits from or to family members were encouraged and facilitated at the family home and/or the centre and this was evidenced through interviews with the children, parents and staff members. Two of the children complained to inspectors about having to make their own way home using public transport and how they felt intimidated by groups of children that took this same bus route home. These concerns were noted by inspectors and brought to the attention of centre management. Managers were aware of these difficulties and were discussing options with the children concerned.

Inspectors were shown the visiting room for families at the centre by one of the children and he demonstrated how calls to his family were transferred to the telephone in the visiting room in order to ensure privacy.

Parents told inspectors that they were kept informed about events in their child's life and were overall very happy with the level of communication they received from the centre. All parents confirmed that they received weekly written reports about their child from the centre.

Emotional and specialist support

This standard was met. All parents who were interviewed informed inspectors that they were no particular specialist services that they felt their child required or was waiting on. There was a centre psychologist based on-site and inspectors met with him as part of the inspection. He confirmed to inspectors that he provided specialist advice and consultation to staff and also offered and provided direct therapeutic work to individual children residing at the centre.

Discharges

This standard was met. Inspectors viewed the centre register and it held information on two planned discharges that had taken place in the past 12 months.

Individual care in group living

This standard was met. Inspectors found that all the residents of the centre appeared to be cared for in an individual manner by the staff. This was evidenced during interviews with staff who could describe each child's individual needs and how they should be cared for in a way that respected and took into account the children's wishes, preferences and individuality. Inspectors observed staff interacting with the children in this manner even when there were instances of challenging behaviour taking place.

The children were given opportunities to develop and maintain interests, especially interests that they had been involved in prior to them residing at the centre. One child told inspectors that although he did not participate in a set programme of activities outside of school he knew that staff would facilitate this if he expressed an interest in doing so.

The centre staff appeared to recognise the importance of the family as a source of identity for the child and all parents interviewed reported a good level of satisfaction with the centre staff. Inspectors found evidence in the care files of staff members' willingness to facilitate cultural or religious inclinations of each child.

Inspectors observed adequate quantities of nutritious and appetising food provided to children and staff at the centre. Staff and children were observed eating together and inspectors joined them for some meals throughout the inspection.

Managing behaviour, restraint and absence without authority

All staff interviewed confirmed that they were trained in Therapeutic Crisis Intervention (TCI), which is the HSE approved model of behaviour management. This was further evidenced by the inspectors viewing training audits and records. Each child had an updated individual crisis management plan (ICMP) which is a plan drawn up for an individual child to help staff safely deal with the child's risky behaviours. Inspectors were provided with a recorded risk assessment template as part of the centre's policies and procedures; however, it was difficult to evidence completed risk assessment records in the individual care files. Formal risk assessments should continue to be recorded and filed appropriately. During interviews, staff described and discussed methods they used when managing challenging behaviour such as the use of sanctions and logical consequences and were observed by inspectors giving time and space to children in an effort to calm and/or defuse potentially challenging situations.

In the past 12 months, there were two incidents of restraint with one child that were recorded as to have taken place. These were appropriate and time limited interventions.

Inspectors viewed eight written records of absences without authority in the past twelve months leading up to the inspection period involving four children. In each case the appropriate personnel were informed of these absences. Inspectors found that the HSE policy on unauthorised absences was adhered to in addressing and managing these incidents.

Education

This standard was met. Inspectors found that education was valued within the centre and staff were observed to be positive about the importance of schooling in their conversations with the children. Two of the children attended the on-site school and the remaining children continued to attend their schools in the community. Inspectors viewed notes sent to the centre from the principal of the on-site school that described the positive behaviours and achievements that an individual child had displayed or attained on particular days. These were filed safely and securely in the child's care file. Inspectors also viewed school reports in the care files.

Staff demonstrated at interviews knowledge of each child's individual educational plan, achievements attained thus far and were able to describe the hopes and educational ambitions that all staff shared in relation to each child. All parents interviewed reported that they were happy with the education that their child was receiving whilst living at the centre, attended school meetings and were kept informed of their child's school progress.

Where difficulties arose with the school for any child, the relationship between the staff and the school was found to be based on a partnership approach that addressed each issue and efforts were made to maintain the school placement, as evidenced by interviews with staff members and reading of care files.

Maintenance and repairs

This standard was met. Staff members were clear about the process of addressing maintenance and repairs and showed inspectors how they log maintenance requests. Staff informed inspectors that they usually received prompt responses from a maintenance team who were based on-site. There were no significant outstanding maintenance issues at the time of the inspection. The centre should maintain a rolling programme for maintenance and repairs and continue to seek appropriate resources and funding to carry out any works required.

Safety and Fire Safety

This standard was met. Pre-inspection documentation returned to the Authority prior to inspection included a fire safety audit and a health and safety audit carried out by HSE fire and safety personnel. These were comprehensive and evidenced that the centre was in good compliance.

The centre forwarded to inspectors an up to date health and safety statement which had been reviewed in February 2012. An examination of the fire register in the centre showed that the last recorded fire drill was in March 2012. A fire drill was conducted in the centre upon each new admission of a child in 2011 and 2012.

A total of eight staff attended fire safety training in 2012 and 12 staff in 2011. There were a number of staff that had not attended fire safety training during these two years.

Practices that partly met the required standard

Inspectors found that the following standards were met in part in some aspects of: management and staffing, supervision and support, training and development, access to information, statutory care planning and review, supervision and visiting of children, social work role, preparation for leaving care and aftercare, children's case and care files, safeguarding and child protection and health.

Management and staffing

This standard was partly met. The centre was managed by an appropriately qualified person and had external management that oversaw the work of the centre. The centre had 17.68 whole time equivalent posts at the time of the inspection comprised of the centre manager, deputy centre manager, seven social care leaders (three in acting posts) and 12 social care workers. The centre was staffed by a consistent, long term team and had a limited number of agency staff. Inspectors evidenced a good knowledge and understanding of the children residing at the centre by the managers and staff interviewed.

During the previous inspection in November 2010, inspectors had concerns in relation to poor interpersonal relationships between the managers, the managers and the staff and amongst the staff team. Most staff interviewed during this inspection acknowledged the previous findings as outlined above and spoke more positively about the leadership and management skills of the management team and how this had improved since the last inspection. Inspectors were satisfied that the concerns of the previous inspection in November 2010 had been sufficiently addressed. The decision to re-designate the centre from a high support unit to a mainstream residential centre in August 2011 led to other concerns amongst the staff team. These related to staffing levels and the suitability of the

current accommodation. Inspectors recommend that the HSE SA should implement a process to support the re-designation which should include a revision of language and thinking processes within the centre's policies and practices.

Inspectors examined staff team meeting minutes. The records of these meetings were comprehensive and the meetings were held on a regular basis. Staff interviewed told inspectors these meetings addressed the care of each individual child in the centre and that they also received guidance from the centre psychologist. During interview, the centre psychologist also confirmed to the inspectors that he attended these meetings and gave direction and guidance to the team so as to ensure effective care practices.

All staff were appropriately vetted. The majority of the staff had been working at the centre for over five years. Consideration was being given by the HSE for more regular Garda Síochána vetting on an agreed rolling basis so as to ensure safe care practice and inspectors welcome this.

There was some evidence of centre management assessing the quality and effectiveness of the services provided such as overseeing and directly intervening in complaints made by children, however, inspectors found it difficult to evidence additional methods of quality assurance in areas such as staff supervision records. (*See section on supervision and support*).

Supervision and Support

This standard was met in part. All staff members interviewed told inspectors that they received regular supervision and could account for periods where their supervision was not as regular, such as personal sickness. Inspectors examined a sample selection of staff supervision records and the timeframes appeared to vary between supervision sessions. Inspectors could not evidence written explanations as to why supervisions did not occur within the recommended timeframes as outlined in the HSE Supervision policy.

Inspectors found evidence of reference to the care planning process and direct work with children being made during supervision but were concerned about the lack of detailed reference to the specific care or placement plans and staff's direct work with each child. Inspectors recommend that the HSE SA should ensure that centre managers put in place a system for monitoring and quality assuring supervision practice, which makes note of the reason when supervision does not occur in each of the staff member's files.

Training and development

This standard was met in part. The centre provided training information on all staff prior to inspection. These records were also inspected at the centre. During interviews, staff confirmed that they did receive or were offered training opportunities in the 12 months prior to the inspection, for example, Therapeutic Crisis Intervention (TCI) and fire safety. Some staff noted to inspectors that they did not take up the offer of training for various reasons. Inspectors viewed training records and determined that all staff were trained in TCI and had completed the six-month refresher trainings. The majority of the staff were trained in fire safety and first aid.

Inspectors found during staff interviews that most staff had an awareness of Children First, particularly the newly revised *National Guidance for the Protection and Welfare of Children 2011*, but in discussing this further it was apparent that most had not completed external training and only some had received a briefing on the guidance. This was further evidenced by inspectors on examination of the centre's training records and determined that 14 staff still had yet to do the external training and 13 staff were still to receive the briefing.

Inspectors recommend that centre managers provide training as a matter of priority in *Children First: National Guidance for the Protection and Welfare of Children 2011* for staff who have not received it.

Access to Information

This standard was met in part. The children interviewed did not appear to have a good understanding of how to access information held about them and were unclear as to what records they could access. Inspectors could not evidence instances of care files or daily logs being accessed by children.

Inspectors recommend that access to information is reviewed with staff to ensure that they can clarify and explain with children their rights to access information held about them and are encouraged and facilitated to exercise this right.

Statutory care planning and review process

This standard was met in part. Inspectors found evidence of suitable care plans in the files of three of the children but could not evidence minutes or decisions made at HSE statutory care plan review meetings. During interviews parents and children informed inspectors that review meetings did take place, although inspectors found it difficult to determine whether these meetings were HSE statutory meetings or placement meetings. Parents told inspectors that decisions taken at meetings were sent in writing to them.

One child admitted to the centre in late February 2012 did not have an up-to-date care plan in place; however, a statutory review meeting was due to take place shortly after the inspection period. Another child who was 16 years at the time of the inspection and who was due to return home in the coming months, was without a leaving care plan or after care plan.

Inspectors recommend that the centre is furnished with updated care plans, all outstanding statutory child in care review minutes or decisions recorded, and any other supporting documentation without further delay. Leaving care plans and/or aftercare plans are formulated for each child aged 16 years as required by the standards. (*See also section on preparation for leaving care and aftercare*)

Supervision and visiting of children and social work role

This standard was met in part. Each child had an allocated social worker. Children interviewed confirmed they were aware of who their social worker was and had differing opinions on their relationship with their respective social workers. All staff interviewed confirmed that the children received visits from social workers but all stated that these visits could be more frequent. Inspectors found it difficult to evidence dates of visits from social workers to the children in their care files and whether care files and daily logs were read from time to time by the supervising social worker as required by the regulations. It was clear from centre records that social workers were informed of events that took place pertaining to their child in care. Social workers interviewed and/or completed questionnaires stated that they were notified appropriately and promptly of significant events. Some social workers identified that the partnership approach between centre managers, staff and social work departments could be improved upon in relation to care planning decision processes.

Inspectors recommend that the HSE SA should ensure that:

- a clear record is kept of every visit to a child by the supervising social worker in the child's care file, together with any details of any action taken as a result of the visit.
- all supervising social workers carry out their regulatory duty in reading care files from time to time.

Preparation for leaving care and aftercare

This standard was met in part. Inspectors were concerned that one child who had turned 16 years of age and who was due to return home in the coming months was without a written leaving care and/or after care plan that outlined the preparation and supports that were necessary. Another child turning 16 years of age shortly was without evidence of preparatory work that was taking place with him by the social worker or centre in addressing his planned discharge from care. During interviews, staff told inspectors that preparation for leaving care was an area that the centre needed to improve on.

Inspectors recommend that the HSE SA should ensure that adequate leaving care plans and/or aftercare plans are forwarded to the centre by the supervising social worker to ensure that the children can be prepared for leaving the centre by staff and each young person's key worker is aware of their specific responsibility to support the transition of the young person leaving the centre. *(See also section on statutory care planning and review process)*

Childrens' case and care files

This standard was met in part. Inspectors reviewed care files for each of the children currently residing at the centre. These files were secure and structured in their layout and had up-to-date information on each of the children. There was however, in all of the children's' care files a lack of some statutory required documentation on file such as updated care plans and care orders. Management were aware of this and made attempts to secure this information from social workers during the inspection period. The inspectors found it difficult at times to ascertain the most contemporary information due to the filing sequence in the care files. Inspectors found that the majority of care files did not hold written evidence of key-working sessions.

Inspectors recommend that the HSE SA should ensure that:

- the centre is provided with all of the outstanding statutory required information by the supervising social workers as a matter of priority.
- centre management should ensure that there is a clear link between care plans, placement plans, key working sessions and placement outcomes and this is clearly evidenced in the care files and supervision records of staff.

Safeguarding and child protection

This standard was met in part. The centre had written policies and procedures on safeguarding children. Staff interviewed were familiar with these policies and how they were carried out in practice. Staff described the reporting mechanism where they had concerns about any practice of colleagues.

Children interviewed told inspectors that they could telephone their parents and families in private and one child demonstrated to inspectors how he does this.

There was evidence of in-house information briefings that had taken place with staff on the new *Children First: National Guidance for the Protection and Welfare of Children 2011*, but not all staff had attended these briefings. There were some staff that attended the external training component of the guidance but most interviewed had not attended this training. Whilst staff were able to describe safe care practices in general and had some familiarity with child protection procedures it was not clear to inspectors how confident staff were in determining what constituted a child protection concern and their responsibility to notify concerns to the HSE Children and Family Services. Most staff interviewed stated that they would notify child protection concerns to line managers and seemed unclear about their role as a HSE Designated Officer with responsibility to notify concerns on to HSE Child and Family Services using the Standard Report Form. Management confirmed to inspectors that they were aware of this lack of confidence by staff.

Inspectors examined training records and found that 13 staff had yet to receive briefings on the Children First 2011 guidance and 14 had yet to attend external training. (*See section on training and development*)

Inspectors recommend that the HSE SA should ensure that the child protection reporting procedure under *Children First: National Guidance for the Protection and Welfare of Children 2011* is clarified with all centre staff in order to ensure that they understand their role and responsibility in responding to child protection and welfare concerns.

Health

This standard was met in part. Each child had access to a local general practitioner (GP) or was facilitated in attending their previous GP. Each one had a medical assessment upon admission to care on file. All parents interviewed reported confidence in the way in which their child's health was being managed by centre staff. Inspectors evidenced the storage of medicine and records; however, it was difficult for the inspectors to ascertain a comprehensive medical history and immunisation history on each child's care files.

Inspectors recommend that the HSE SA should ensure that every effort is made by the supervising social worker to ensure that medical and immunisation histories are provided to the centre for each child.

Practices that did not meet the required standard

There was one practice that did not meet the required standards which related to accommodation.

Accommodation

This standard was not met. Inspectors carried out an accommodation check of the centre and noted that it was kept in good structural repair and decorated to a standard that created a pleasant ambience; however, more attention to detail to furnishings in some of the rooms would benefit the ambience further.

The children had access to indoor and outdoor recreational facilities and staff were observed utilising these facilities with the children during the inspection period. The centre was appropriately heated, lit, ventilated and had suitable facilities for laundry and cooking. Two children invited the inspectors to see their bedrooms and these rooms had en suite facilities, were private and each child had access to a store room where they could keep additional personal possessions safe and secure.

The building that the centre was based in was a multi-purpose building, shared by an on-site school and other HSE departments and offices. The centre was located on the grounds of a large psychiatric hospital campus.

Following a decision in August 2011 to re-designate the centre from a high support unit to a mainstream centre, managers had reviewed and implemented changes to certain policies, procedures and practices. However, some practices more in keeping with a high support setting such as the use of a pin point system (a personal alarm system which alerts all staff to a high risk situation within the centre or on-site school) and the locking of two fire exit doors which lead directly to the stairwells leading to the on-site school and other HSE offices.

During this inspection, inspectors found that the accommodation was unsuitable in terms of its physical layout and location. A recommendation to source alternative premises that are appropriate for looking after children in care had been made consistently during each

inspection since 2004. To date this recommendation has not been appropriately actioned by the HSE.

Inspectors had been informed by senior managers following previous inspections that no actions would be taken to implement this recommendation as there were no resources to relocate the service and current economic circumstances militate against it.

Inspectors recommend that the HSE SA should:

- find alternative premises that are appropriate for looking after children in a mainstream care setting as a matter of priority.
- review and risk assess centre practices as outlined in the report that reflect the previous high support service which are not in keeping with the current purpose and function of a mainstream service.

3. Next steps

The Authority will report its findings in relation to the residential centre to the Minister for Children and Youth Affairs.

A complete action plan by the HSE has been attached to this report and this will be published on the Authority website. The Authority will carry out a follow-up inspection of the residential centre within three months of the report being published to ensure compliance with the standards and regulations.

4. Findings

1. Purpose and function

Standard

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Purpose and function	√		

2. Management and staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Management		√	
Register	√		
Notification of significant events	√		
Staffing (including vetting)		√	
Supervision and support		√	
Training and development		√	
Administrative files	√		

Recommendations:

1. The HSE SA should ensure that they implement a process to support the re-designation of the centre which should include a revision of language and thinking processes within the centre's policies and practices.
2. The HSE SA should ensure that centre managers put in place a system for monitoring and quality assuring supervision practice, which makes note of the reason when supervision does not occur in each of the staff members' files.
3. The HSE SA should ensure that centre managers provide briefings and training as a matter of priority in *Children First: National Guidance for the Protection and Welfare of Children 2011* for staff who have not received it.

3. Monitoring

Standard

The health board, for the purposes of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the health board to monitor statutory and non-statutory children's residential centres.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Monitoring	√		

4. Children's rights

Standard

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Consultation	√		
Complaints	√		
Access to information		√	

Recommendation:

- The HSE SA should ensure that access to information is reviewed with staff to ensure that they can clarify and explain with children their rights to access information held about them and are encouraged and facilitated to exercise this right.

5. Planning for children and young people

Standard

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

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

Recommendations:

5. The HSE SA should ensure that the centre is furnished with updated care plans, all outstanding statutory child in care review minutes or decisions recorded, and any other supporting documentation without further delay. Leaving care plans and/or aftercare plans are formulated for each child aged 16 years as required by the standards.
6. The HSE SA should ensure that:
 - a clear record is kept of every visit to a child by the supervising social worker in the child's care file, together with any details of any action taken as a result of the visit.
 - all supervising social workers carry out their regulatory duty in reading care files from time to time.

7. The HSE SA should ensure that adequate leaving care plans and/or aftercare plans are forwarded to the centre by the supervising social worker to ensure that the children can be prepared for leaving the centre by staff and each young person's key worker is aware of their specific responsibility to support the transition of the young person leaving the centre.
8. The HSE SA should ensure that:
 - the centre is provided with all of the outstanding statutory required information by the supervising social workers as a matter of priority.
 - centre management should ensure that there is a clear link between care plans, placement plans, key working sessions and placement outcomes and this is clearly evidenced in the care files and supervision records of staff.

6. Care of young people

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Individual care in group living	√		
Provision of food and cooking facilities	√		
Race, culture, religion, gender and disability	√		
Managing behaviour	√		
Restraint	√		
Absence without authority	√		

7. Safeguarding and Child Protection

Standard

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

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

Recommendation:

- The HSE SA should ensure that the child protection reporting procedure under *Children First: National Guidance for the Protection and Welfare of Children 2011* is clarified with all centre staff in order to ensure that they understand their role and responsibility in responding to child protection and welfare concerns.

8. Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Education	√		

9. Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Health		√	

Recommendation:

- The HSE SA should ensure that every effort is made by the supervising social worker to ensure that medical and immunisation histories are provided to the centre for each child.

10. Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 & 13 of the Child Care Regulations, 1995.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Accommodation			√
Maintenance and repairs	√		
Safety	√		
Fire safety	√		

Recommendations:

11. The HSE SA should ensure that they:
 - find alternative premises that are appropriate for looking after children in a mainstream care setting as a matter of priority
 - review and risk assess centre practices as outlined in the report that reflect the previous high support service which are not in keeping with the current purpose and function of a mainstream service.

5. Summary of recommendations

1. The HSE SA should ensure that they implement a process to support the re-designation of the centre which should include a revision of language and thinking processes within the centre's policies and practices.
2. The HSE SA should ensure that centre managers put in place a system for monitoring and quality assuring supervision practice, which makes note of the reason when supervision does not occur in each of the staff members' files.
3. The HSE SA should ensure that centre managers provide briefings and training as a matter of priority in *Children First: National Guidance for the Protection and Welfare of Children 2011* for staff who have not received it.
4. The HSE SA should ensure that access to information is reviewed with staff to ensure that they can clarify and explain with children their rights to access information held about them and are encouraged and facilitated to exercise this right.
5. The HSE SA should ensure that the centre is furnished with updated care plans, all outstanding statutory child in care review minutes or decisions recorded, and any other supporting documentation without further delay. Leaving care plans and/or aftercare plans are formulated for each child aged 16 years as required by the standards.
6. The HSE SA should ensure that:
 - a clear record is kept of every visit to a child by the supervising social worker in the child's care file, together with any details of any action taken as a result of the visit.
 - all supervising social workers carry out their regulatory duty in reading care files from time to time.
7. The HSE SA should ensure that adequate leaving care plans and/or aftercare plans are forwarded to the centre by the supervising social worker to ensure that the children can be prepared for leaving the centre by staff and each young person's key worker is aware of their specific responsibility to support the transition of the young person leaving the centre.
8. The HSE SA should ensure that:
 - the centre is provided with all of the outstanding statutory required information by the supervising social workers as a matter of priority.
 - centre management should ensure that there is a clear link between care plans, placement plans, key working sessions and placement outcomes and this is clearly evidenced in the care files and supervision records of staff.
9. The HSE SA should ensure that the child protection reporting procedure under *Children First: National Guidance for the Protection and Welfare of Children 2011* is clarified with all centre staff in order to ensure that they understand their role and responsibility in responding to child protection and welfare concerns.
10. The HSE SA should ensure that every effort is made by the supervising social worker to ensure that medical and immunisation histories are provided to the centre for each child.

11. The HSE SA should ensure that they:

- find alternative premises that are appropriate for looking after children in a mainstream care setting as a matter of priority
- review and risk assess centre practices as outlined in the report that reflect the previous high support service which are not in keeping with the current purpose and function of a mainstream service.

Social Services Inspectorate

Action Plan for Inspection No. 530

Centre ID: 66
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	The HSE SA should ensure that they implement a process to support the re-designation of the centre which should include a revision of language and thinking processes within the centre's policies and practices.	<p>1) Time will be allocated at each weekly team meeting to consult with the staff team and discuss the centre's policies and practices. From this piece of work the centre's policy and procedure document will be reviewed and amended.</p> <p>2) Clarity to be sought from HSE SA line management in relation to the centre's re-designation and the service plan.</p>	<p>1) Centre management and staff team</p> <p>2) Childcare Manager</p>	July 2012
2	The HSE SA should ensure that centre managers put in place a system for monitoring and quality assuring supervision practice, which makes note of the reason when supervision does not occur in each of the staff members' files.	All aspects of 'Supervision Policy, Children's Residential Services, HSE South (Cork and Kerry)' document March 2009 to be fully implemented.	Centre management	31 May 2012

Social Services Inspectorate

Action Plan for Inspection No. 530

Centre ID: 66
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
3	The HSE SA should ensure that centre managers provide briefings and training as a matter of priority in <i>Children First: National Guidance for the Protection and Welfare of Children 2011</i> for staff who have not received it.	Children First Briefing Cascade for the staff team scheduled for 17 May 2012. Children First National Guidance 2011 training scheduled for 26 June 2012 and 27 June 2012 for those who have not yet received the training.	Internal and external management.	July 2012
4	The HSE SA should ensure that access to information is reviewed with staff to ensure that they can clarify and explain with children their rights to access information held about them and are encouraged and facilitated to exercise this right.	In conjunction with recommendation No. 1 access to information will be reviewed with the staff and included in the revised policy and procedure document.	Centre management and staff team. Process to being immediately.	July 2012

Social Services Inspectorate

Action Plan for Inspection No. 530

Centre ID: 66
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
5	The HSE SA should ensure that the centre is furnished with updated care plans, all outstanding statutory child in care review minutes or decisions recorded, and any other supporting documentation without further delay. Leaving care plans and/or aftercare plans are formulated for each child aged 16 years as required by the standards.	Relevant social workers to be contacted in relation to furnishing updated care plans, outstanding record of statutory care review decisions, and any other supporting documentation that is not already on the young person's care file. Relevant social workers will also be contacted in relation to leaving care plans / aftercare plans.	Centre management, social workers	30 June 2012

Social Services Inspectorate

Action Plan for Inspection No. 530

Centre ID: 66
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
6	<p>The HSE SA should ensure that:</p> <ul style="list-style-type: none"> a clear record is kept of every visit to a child by the supervising social worker in the child's care file, together with any details of any action taken as a result of the visit. all supervising social workers carry out their regulatory duty in reading care files from time to time. 	<p>Social worker visit record form attached to each young person's care file to be completed by his social worker each time they visit.</p>	<p>Centre management, staff and social workers</p>	<p>2 May 2012</p>
		<p>Communicate same to each Principal Social Worker in the HSE SA</p>	<p>Childcare Manager</p>	<p>31 May 2012</p>

Social Services Inspectorate

Action Plan for Inspection No. 530

Centre ID: 66
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
7	The HSE SA should ensure that adequate leaving care plans and/or aftercare plans are forwarded to the centre by the supervising social worker to ensure that the children can be prepared for leaving the centre by staff and each young person's key worker is aware of their specific responsibility to support the transition of the young person leaving the centre.	Letter dated 2 May 2012 sent to relevant social workers. Once the young person's care plan is updated to include his leaving care plan / aftercare plan the staff team will support the transition of the young person leaving the centre.	Centre management, staff team, social workers	30 June 2012

Social Services Inspectorate

Action Plan for Inspection No. 530

Centre ID: 66
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
8	<p>The HSE SA should ensure that:</p> <ul style="list-style-type: none"> the centre is provided with all of the outstanding statutory required information by the supervising social workers as a matter of priority. centre management should ensure that there is a clear link between care plans, placement plans, key working sessions and placement outcomes and this is clearly evidenced in the care files and supervision records of staff. 	<p>As per recommendation No. 5</p> <p>Monthly meetings between centre management, key-workers and Senior Clinical Psychologist attached to the centre, to ensure that there is a clear link between care plans, placement plans and key working sessions and placement outcomes and this will be recorded in the young person's care file.</p> <p>Supervision records should also evidence same</p>	<p>Centre management and social workers</p> <p>Centre management, key-workers, and Senior Clinical Psychologist attached to the centre.</p>	<p>30 June 2012</p> <p>June 2012</p>

Social Services Inspectorate

Action Plan for Inspection No. 530

Centre ID: 66
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
9	The HSE SA should ensure that the child protection reporting procedure under <i>Children First: National Guidance for the Protection and Welfare of Children 2011</i> is clarified with all centre staff in order to ensure that they understand their role and responsibility in responding to child protection and welfare concerns.	Following the Briefing Cascade and Children First Training scheduled to be completed by 27 June 2012, staff supervisors will clarify with all centre staff in order to ensure that they understand their role and responsibility in responding to child protection and welfare concerns and record same on a supervision record sheet.	Centre management, supervisors, staff team.	30 July 2012
10	The HSE SA should ensure that every effort is made by the supervising social worker to ensure that medical and immunisation histories are provided to the centre for each child.	The centre will continue to request medical and immunisation histories on admission of each young person to the centre from their social worker	Centre management and supervising social workers.	Immediate and ongoing

Social Services Inspectorate

Action Plan for Inspection No. 530

Centre ID: 66
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
11	<p>The HSE SA should ensure that they:</p> <ul style="list-style-type: none"> find alternative premises that are appropriate for looking after children in a mainstream care setting as a matter of priority review and risk assess centre practices as outlined in the report that reflect the previous high support service which are not in keeping with the current purpose and function of a mainstream service. 	<ul style="list-style-type: none"> This matter is being discussed at regional and national level with HSE. 	Childcare Manager.	Ongoing.
		<ul style="list-style-type: none"> Review currently being undertaken of aspects of former High Support practices with a view to implementing policies more appropriate to mainstream provision. 	Centre Manager and Childcare Manager.	Ongoing.