



# Health Information and Quality Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

**Inspection Report ID Number: 535**

**Fieldwork Dates: 25 April 2012 and 26 April 2012**

**Issue Date: 11 June 2012**

**SSI Inspection Period: 14**

**Centre ID Number: 220**

## **Contents**

### **1. Introduction**

*1.1 Methodology*

*1.2 Acknowledgements*

*1.3 Management structure*

*1.4 Data on young people*

### **2. Summary of findings**

### **3. Next Step**

### **4. Findings**

### **5. Summary of recommendations**

### **6. Action Plan**

## **1. Introduction**

The Health Information and Quality Authority's Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Service Executive Southern Area (HSE SA). Patrick Bergin, (lead inspector), Susan Geary and Tom Flanagan (co-inspectors) conducted the inspection under Section 69 (2) of the Child Care Act 1991 on 25 April 2012 and 26 April 2012. The centre was last inspected by the SSI in May 2010 (Report ID. 394) with a follow-up inspection carried out in April 2011 (Report ID. 465). These reports are available on the Authority website [www.hiqa.ie](http://www.hiqa.ie).

The centre provides residential care for five young people aged between 13 and 18 years from the local health area. The centre is located on the outskirts of a small town, and consists of two separate purpose-built bungalows adjacent to each other, on their own grounds.

### **1.1 Methodology**

The inspectors' judgements are based on evidence verified from several sources gathered through direct observation, examination of relevant records and documentation, an inspection of accommodation and interviews with the centre manager, two team leaders, three social care workers and three social workers. A telephone interview was conducted with the parent of one child.

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 young people's care plans and care files
- Census of staff
- Census of young people
- Administrative records
- Supervision records
- Training records
- Fire safety and building control compliance documents
- Details of unauthorised absences for the previous twelve months (38)
- Questionnaires completed by social workers (2)
- Questionnaires completed by external professionals (1)
- HSE monitoring officer's reports (2)

### **1.2 Acknowledgements**

The inspectors wish to acknowledge the cooperation of all those involved, the parent, the centre manager and staff, and the social workers who participated in this inspection.

### **1.3 Management Structure**

The centre had a nominated manager who had previously reported to the child care manager; however, due to the early retirement of the child care manager in February 2012 the centre manager was reporting directly to the acting general manager. The HSE intended to roll out the Integrated Service Area in the coming weeks, and therefore it was expected that a new management structure would be in place thereafter.

## 1.4 Data on young people

At the time the inspection was announced there were four young people resident in the centre. However, in the week prior to the inspection one young person moved out of the centre and there were three young people resident in the centre during the fieldwork visit.

*Listed in order of length of placement*

Young Person	Age	Legal Status	Length of Placement	No. of previous placements
# 1	15	Full Care Order	7 months	None
# 2	14	Full Care Order	7 months	None
#3	15	Voluntary Care	5 months	None

## 2. Summary of Findings

Inspectors identified serious concerns regarding this centre during this inspection. The main issues which concerned inspectors related to the management and staffing of the centre, the care of the young people, the lack of educational programmes and the condition of the premises.

This centre had a nominated manager. However, this manager worked from an off site location some distance away from the centre. This arrangement led to difficulties in the day to day management of the centre, and the centre manager and staff reported that this arrangement had not worked. The centre manager and staff reported that they brought this to the attention of local HSE management, and advised them that an alternative needed to be arranged as soon as possible to resolve this issue.

The staff at this centre had experienced difficulties for a number of years in the management of the young people's behaviour in the centre. On this inspection a similar situation was found to be the case. The staff team, while resilient and committed, showed deficits in their capacity to meet the challenges presented by the young people. Inspectors were informed that staff morale was very low, and that overall the staff team was fragmented. Inspectors were informed that the lack of an on site manager further compounded the difficulties and anxieties amongst the staff team.

None of the young people in the centre were in any educational programme and had not been for a considerable period of time. They had not attended an educational facility since being admitted into the care of the HSE, and the HSE had failed to rectify the situation, leading to these young people being out of the education system for over eight months.

While the three young people had been admitted formally through the admissions process, inspectors found that their individual care needs were not fully met by the centre. This was

evident from the day to day structure of the centre, the lack of education, the role of the social worker, the difficulties in managing their behaviour and the substandard premises.

This centre consisted of two separate large bungalows on the same grounds. Inspectors found during the inspection that the centre was in poor physical condition, required extensive maintenance and upgrading and the heating was broken in the bungalow where the three young people lived, the centre generally was not fit for purpose. The previous Health Information and Quality Authority report in May 2010 stated that *“inspectors were particularly concerned about the physical state of the buildings. There had been little or no investment in the centre since the previous inspection in 2008, and as a result, it required substantial refurbishment, redecoration and repair”*. Inspectors were concerned that there continued to be little or no progress in regards to the physical living environment of the young people.

On the week preceding the inspection one young person who had been residing in one bungalow on his/her own was moved to an alternative placement. Upon commencement of inspection, inspectors were informed that alternative arrangements were currently being considered for the three young people resident in the other bungalow within the centre.

On the first day of the inspection, a senior HSE manager met with inspectors and presented an immediate action plan to the Authority to address areas of concern they had identified leading up to this inspection. This plan included a temporary move of all three young people to an alternative centre, while work was being completed in the centre. The intention of the HSE was to return the young people to the centre following completion of this work.

In summary the plan contained the following actions:

- To put in place an onsite residential centre manager
- To review the purpose and function of the centre
- To relocate the service to an alternative temporary building to allow for building/renovation work to be completed
- To arrange a comprehensive assessment of the young peoples' needs
- To develop educational and activity based programmes for each of the young people
- To refocus the staff team to provided residential care only, and to cease outreach work, pending further review
- To provide support to the manager from peers and local management
- All relevant documentation pertaining to the centre to be furnished to the Authority
- A comprehensive review of all residential child care services in the area to be conducted
- To engage HSE technical services to complete work on the centre within a four to five week timeframe.

Inspectors advised HSE managers that the inspection would consider the interim arrangements. A visit was completed to the temporary accommodation on 9 May 2012 to assess progress on the implementation of the action plan. At the time of this visit the availability of an on site manager was still outstanding. Correspondence was issued to local HSE senior management on this matter.

## ***Practices that met the required standard***

### *Register*

The centre maintained a register on the young people which contained all the required statutory information.

### *Notification of significant events*

The standard on notification of significant events was met. The centre had a clear policy in relation to significant events. External professionals were satisfied that this was carried out in a prompt manner in accordance with the standard. However, at the time of inspection there was no monitoring officer in place and therefore there was no external review of notifications of significant events. This will be explored further under the section on monitoring.

### *Administrative files*

The administrative files were maintained to a good standard. Files were of good quality and easy to access. However, the staff office itself was somewhat chaotic, and should be reorganised to ensure safe storing of confidential information and easy access to information by staff when required. The restructuring of the staff office should be considered when considering the return to the renovated building and ensure that it is fit for purpose. See section on accommodation.

### *Complaints*

The standard in relation to complaints was met. The centre had a clear policy and system in place to deal with complaints from young people. Each complaint was assigned to a staff member, and the outcome and response of the young person was clearly recorded once the complaint was dealt with. Inspectors were informed that there had been two other complaints made by parents in the past year, to the HSE 'Your Service Your Say' facility. Inspectors requested the files in relation to these complaints and at time of writing these files were outstanding. Further correspondence was issued to senior HSE management on this matter.

### *Access to information*

Staff were aware of the young people's right to access information. There was evidence that young people in the centre prior to the inspection had access to their files if they wished to read them. The young people in the centre currently had not accessed their files, but staff were clear that if they did wish to see them they would be facilitated to do so.

### *Statutory Care Planning and Statutory Reviews*

The standard on statutory care planning and statutory reviews was met. Care plans viewed by the inspectors were up to date. All the young people had their statutory care reviews held in accordance with regulations.

### *Contact with families*

The standard on contact with families was met. Families could visit and meet the young people in private. Staff facilitated young people returning home on access when required, or facilitated contact in the centre. There was a culture amongst the staff team of engaging with family and this approach should be maintained.

### *Preparation for leaving care and Aftercare*

Inspectors found that these standards were met. The centre had a designated staff member responsible for this area, and there was good evidence on file of comprehensive planning

and preparation for leaving care and aftercare. The centre should be commended for their work in this area in particular. There was significant evidence on file that the young person who had left the centre the week prior to the inspection had preparation done for leaving care.

#### *Children's case and care records*

Each young person had a permanent and secure care file. Inspectors viewed each file and found that they contained the required statutory documentation and other relevant documentation. Inspectors found that information was easy to access and files were well structured and user friendly. Inspectors also found that separate placement plans were available on each child which contained all the necessary essential information and they were well maintained. Inspectors noted that documentation regarding previous young people was still held on some files and was not archived, and would recommend that all information pertaining to previous residents be archived securely.

#### *Race, culture, religion, gender and disability*

The standard on this was met. Staff were aware of the young people's religious preferences, and were respectful of same. Staff had a good awareness also of the young people's disabilities and were proactive in sourcing appropriate information to assist them in dealing with them. Inspectors were told that the lack of psychological and specialist support to the centre curtailed staff's ability to deal with young people's specific needs effectively and this is discussed further under the section on emotional and specialist support.

#### *Restraint*

The standard in relation to restraint was met. All staff were trained in therapeutic crisis intervention (TCI) and there was good evidence on file of risk assessments being completed and updated regularly. Records in relation to restraint and physical interventions were kept and were of good quality. Inspectors note that the only deficit in this area was that there was no monitoring officer and therefore the notifications in relation to restraints had not been externally reviewed. This is explored further in the section under monitoring.

#### *Absence without authority*

This standard was met. None of the young people currently in the centre had a pattern of going absent without authority. Inspectors found that their admission forms contained relevant risk assessments in the event that this occurred. Inspectors found evidence that previous absences without authority were appropriately dealt with by the centre and appropriate records were kept.

#### *Health*

This standard was met. All the young people had access to a General Practitioner (GP) and dental services. Staff had a good awareness of the health needs of the young people. Records of appointments were maintained. Medical assessments on admission to care were carried out. Inspectors found that one young person's file contained an obsolete form completed by a GP under the Boarding Out of Children Regulations 1985. Inspectors advise that this should be rectified for all further medical examinations of young people upon admission to care.

## ***Practices that partly met the required standard***

### *Purpose and function*

The centre had a written statement of purpose and function. This outlined that the centre was a medium term unit that provided care for four young people, of mixed gender, aged between 13 and 17 at admission, with a maximum stay of 2 years.

The centre also offered additional services according to its statement of purpose and function. It outlined that they had a respite service – *“we have an additional respite bed for young people who require a break from their existing care arrangements. This respite placement must be for a specific purpose and for an agreed time and if deemed suitable may be an ongoing arrangement. The age range for respite is between 13 and 18 years and for both sexes. The stated exit date upon application must be strictly adhered to.”*

The centre went on to outline a third service which it offered, that of outreach. The outreach service offered by the centre, according to its statement of purpose and function was to young people who were at home, or in alternative care settings. This service consisted of staff availability for 39 hours per week to ten young people living in the community. Individual programmes were provided by a number of staff over a period of between eight weeks and 12 months. A child care leader coordinated this service and processed referrals from the social work department.

The standard in relation to purpose and function was partly met, on the basis that while the centre had a clearly defined statement of purpose and function, inspectors found that staff were struggling to provide the wide range of services which it referred to. In addition contrary to its stated purpose and function, inspectors were informed that the respite bed was used once in an emergency capacity over the past year, reportedly creating difficulties for the staff and other residents in the unit. Inspectors recommend that the statement of purpose and function be revised to take into account the capacity of staff to meet the divergent needs of the young people.

### *Management*

At the time of inspection, the centre had a manager, who was suitably qualified. This manager however worked from an off site location, in an office some distance away from the centre. Inspectors were informed that the manager and staff had highlighted to senior HSE management that this arrangement had not worked and an alternative to this arrangement needed to be considered. Inspectors were informed by staff that the centre lacked clear leadership and that the absence of a manager from the centre created a deficit as regards the day to day management of the centre, and that this in turn led to fragmentation and low morale amongst the staff team. This deficit was acknowledged by the centre manager and senior HSE management. Inspectors were informed that this issue was due to be resolved as part of the immediate action plan mentioned already at the beginning of this report. Inspectors were informed that *“It was agreed to have in place a Residential Manager who would be on site offering leadership and management to the staff team”*. Inspectors recommend that an on site manager is available to the centre as a matter of urgency.

### *Staffing, Supervision and Support*

The standards in relation to staffing, supervision and support were partly met. At time of inspection the centre had a total of 14.5 approved full time posts. The team consisted of one centre manager, three team leaders, two of whom were part time, 20 HSE social care workers, who worked a range of contracted hours. Inspectors were told that the centre had



used a total of nine agency staff over the past 12 months; however, two agency staff were used consistently. The centre had a number of staff members on sick leave prior to and at the time of inspection.

The staff in the centre were in the most part well established and had worked there for a considerable period of time, which meant there was a core group of staff present. A review of the staff files confirmed that staff were appropriately qualified and vetted.

The centre manager provided supervision to the three leaders, and they in turn provided supervision to the care staff. Inspectors found the standard of supervision they provided was good, records were kept and supervision complied with the regulations. However, agency staff were not supervised by the centre manager or leaders. Inspectors found that agency staff were supervised externally to the centre. Inspectors recommend that all agency staff are supervised in line with HSE policy by HSE staff.

Inspectors reviewed minutes of staff meetings, and found that staff meetings were held regularly but were attended by between five and eight staff members every week. Communication between staff therefore was difficult and staff reported that decisions often changed from meeting to meeting with a lack of consistency being maintained. Staff found this negatively impacted on the implementation of care plans and providing consistency of care for the young people. Staff reported to inspectors that they found the level of specialist and management support given to them was insufficient to enable them to meet the challenges presented by the young people. Inspectors recommend that the format of staff meetings be revised, that their scheduling be considered to facilitate the attendance of as many staff as possible and that there is a clear mechanism for making and recording decisions.

As mentioned already in the section under management, inspectors were informed that the location of the centre manager some distance away from the centre had created difficulties in relation to the day to day management of the centre. Inspectors were informed by staff that the staff group was fragmented, and that morale was very low. As identified in previous inspections, inspectors found that staff were particularly stressed and there was a high level of anxiety in dealing with the young people in the centre. Inspectors were informed by the centre manager that several staff were out on extended sick leave and in the majority of cases the sick leave was work related. Inspectors were informed by staff that they felt that they required intensive debriefing following a particularly difficult past year. Inspectors were told that staff had already alerted senior HSE management about this issue, and that they were satisfied that there was an agreement that this facility would be provided to them.

Inspectors found that this response from senior HSE management was welcomed by the staff team. Inspectors noted that the immediate action plan submitted to the Authority made no reference to staff debriefing. However, at the meeting with the senior HSE manager, inspectors were informed of the HSE intention to source this for the staff team. Inspectors recommend that staff are provided with this debriefing and that this be prioritised with the other actions proposed in the plan.

#### *Training and development*

This standard was partly met. On review of documentation, inspectors found that all staff were suitably qualified. All staff were trained in TCI, which is the approved behaviour management policy for the HSE. There was evidence that some staff had participated in external training in relation to the needs of young people previously in the centre.

Children First 2011 was the child protection policy for the centre. While inspectors were informed that all staff had been trained in Children First, inspectors were concerned that some staff had received training a considerable time ago on Children First 1999. Inspectors were informed that only the centre manager and three leaders had attended the updated Children First training. Inspectors recommend that all staff receive appropriate up-to-date child protection training in line with HSE national policy.

Training in the use of fire extinguishers was undertaken by staff in 2010 and inspectors recommend that all staff complete this training on an ongoing basis. See also section under fire safety.

#### *Suitable placements and admissions*

This standard was partly met. Social workers interviewed told inspectors that they applied for placements in the centre because of the availability of a placement, rather than because it was their centre of choice or suitability for the young person. They informed inspectors that they accepted the placement on the basis that it was the only option available to them.

Inspectors found that the young people placed in the centre at the time of inspection had a high level of needs but the staff informed inspectors that they did not have the level of specialist support available to them that was required to meet the needs of the young people. This is commented on further under emotional and specialist support. Inspectors were also informed that in the past year an emergency admission had taken place, outside of the normal admissions procedures and that this had created difficulties for staff and the other young people resident in the centre. Social workers also informed inspectors that if they had an alternative option available to them they would move their young people to that option. Inspectors established that some enquiries had been made to other centres for alternative placements and at time of inspection none were available. Inspectors recommend that all admissions are considered on the basis of their suitability and that the referring social workers, the admissions committee, and centre manager are satisfied that the centre can meet the needs of the young person, in line with this standard.

#### *Supervision and visiting of young people and Social Work Role*

The standards on the supervision and visiting of young people and the social work role were partly met. Social work visits to the centre satisfied the regulations, and in some cases there was evidence of good practise in relation to social work visits. However, inspectors had concerns, given the high level of need of the young people, the challenges the centre was facing, the uncertainty regarding the suitability of the placement, as already outlined in the section on suitable placements and admissions, and the young peoples non attendance at any educational or day programme, that the level of visiting of young people by social workers was not satisfactory.

Inspectors were concerned about the poor relationship between some young people and their social workers, with social workers informing inspectors that they had either little or no connection with the young person. Inspectors found little evidence of alternative ways of forming connections with the young people or alternative ways of seeking to engage with them. Inspectors recommend that the visiting of young people in the centre be increased to take into account the issues cited above, and that social workers take a proactive role in seeking alternative methods of communicating with the young people and work closely with the young people's key workers on this issue.

### *Discharges*

The standard on discharges was partly met. In the week prior to the inspection one young person had been discharged. While the plan was for the young person to move to independent living, his/her discharge was brought forward because of an incident that occurred in the unit the previous week. In addition another young person was discharged after a week, following a complaint by the young person's parents regarding the condition of the centre. One young person who had been availing of respite was not formally discharged according to the centre register; however, inspectors were informed that he/she had not availed of respite since December 2011. It was not clear from viewing the register whether he/she was formally discharged from the centre. Inspectors recommend that all discharges are conducted in a planned way in consultation with all parties involved.

### *Provision of food and cooking facilities*

Inspectors found during the inspection that the provision of food was satisfactory. However, inspectors found that given the lack of structure and routines evident in the lives of the young people in the centre at the time of inspection, eating meals together with staff was not a regular occurrence, and this was not part of the daily structure of the centre. In addition the kitchens in both units were considerably substandard, with cupboards doors missing, kitchen chairs broken, and the decor was generally substandard. This also is commented on under the section on accommodation.

### *Safeguarding and child protection*

This standard was partly met. There was evidence that the centre reported child protection concerns to the social workers. Staff had been provided with the handbook in relation to Children First Guidance 2011, but inspectors were informed that not all staff had received formal training on the updated guidance. Staff were unaware of the outcome in relation to one particular child protection concern and reported that they had not been informed by the social worker of the outcome of the assessment of that report. Inspectors recommend that staff are kept updated on all child protection assessments by social workers and informed in writing of the outcome.

Inspectors found that all staff were Garda Síochána vetted. However, inspectors found that vetting in relation to some staff was completed a significant number of years ago. Inspectors recommend that all staff are vetted more regularly.

### *Safety*

The standard in relation to safety was partly met. The first aid box in the centre was appropriately stored in the staff office. On inspection, it was found that it required restocking and medication belonging to previous residents needed to be disposed of. Inspectors also found errors in the recording of medication, and some non-prescribed medication was recorded in the log as prescribed.

Inspectors were provided with the residential service safety statement for the centre dated April 2012. This did not contain a general risk assessment form identifying hazards and associated risks. There was no evidence that staff had read the 2012 statement. Inspectors were concerned that given the condition of the premises and behaviour of the young people that a comprehensive up-to-date risk assessment had not been completed.

The centre had two vehicles, one was owned by the HSE and one was rented for 18 months. Inspectors observed that both vehicles had significant damage to their roofs and doors. Inspectors were informed that this was caused by the young people jumping on them and kicking them. Inspectors found that the insurance disk on one vehicle was out of date.

Both vehicles contained high visibility vests, but neither vehicle had reflective triangles or first aid kits.

Inspectors recommend that:

- A full review of the vehicles assigned to the centre is carried out, including the financial viability of renting a car in the condition which it is in for the past 18 months
- Recording of medical information is accurate
- All medications belonging to previous residents are disposed of safely
- That the safety statement of the centre is updated and reviewed on a regular basis.

### *Fire Safety*

This standard was partly met. Inspectors found correspondence from a HSE fire officer dated 2012. Inspectors found that this did not constitute written confirmation relating to fire safety as required by regulation 12, Child Care (Placement of Children in Residential Care) Regulations, 1995. Inspectors found that a risk assessment had been completed by an external fire engineer. However, remedial works in relation to this assessment had not been completed. Inspectors recommend that all the remedial work recommended by the fire engineer be completed immediately and a letter of compliance with fire and building regulations issued to the Authority.

Inspectors were provided with a safety statement for the centre dated April 2012. Inspectors found however that the safety statement did not include an up to date statement on fire safety, fire precautions and emergency procedures (Standard 10.20).

Inspectors found that there were adequate means of escape in the event of a fire. However, no evidence was found that these were regularly checked. Inspectors found that the fire alarm was serviced quarterly and detectors were in place throughout the premises. Fire extinguishers were serviced by an external contractor in April 2012, but inspectors found no evidence that regular internal checks were completed.

Inspectors found good evidence that fire drills for staff and young people were recorded in the fire register. However, training for staff in relation to fire safety and evacuation was completed in 2010, in which nine of the current staff group were present. Inspectors recommend that all staff receive training in relation to fire safety and evacuation as a matter of priority.

### ***Practices that did not meet the required standard***

#### *Monitoring*

The last monitoring report was completed in April 2012. However, there was no HSE monitoring officer assigned to the centre since the retirement of the previous monitoring officer. While arrangements were made for a HSE inspector to visit the centre in April 2012, and prior to that in November 2011, there was no ongoing monitoring of significant incidents, restraints and general external monitoring of the centre on an ongoing basis. Inspectors were aware that at the time of the inspection interviews were being held for this position. Inspectors recommend that a HSE monitoring officer is assigned to the centre as a matter of priority and that systems are put in place in the interim to meet the standard on monitoring.

### *Consultation*

The standard in relation to consultation with young people was not met. Young people's meetings were held to offer them an opportunity to be consulted in relation to issues. However, inspectors found that these meetings generally appeared to be an opportunity for the young people to outline their wishes as regards outings, and other requests for the coming week. Inspectors also found that the recording of these meetings was poor, with no indication of how issues were resolved, what discussions took place and what staff attended, and the manager's role in regard to these meetings. Inspectors found little evidence that young people were consulted on a regular basis about the day to day issues in the centre, and about issues in general affecting the centre.

Prior to the inspection a decision was made to move the three young people to an alternative centre while building work was being carried out at the centre. Social workers reported to inspectors that they were not consulted about this plan, but were informed of it the week previous. They in turn therefore could not discuss with the young people the plan or the implications for them.

Inspectors were told by the local HSE manager and child care leaders that young people would be consulted about the activities planned for the six week temporary move to an alternative centre, and a meeting had been scheduled for this to occur. Inspectors recommend that consultation with young people is formalised and that their views and opinions are sought and valued as per the standard, and that key workers take a proactive role in promoting consultation with young people.

### *Emotional and Specialist Support*

This standard was not met. At the time of inspection staff and social workers reported that the young people resident in the centre had significant needs. Inspectors identified that the young people had been assessed by specialist services and had specific needs identified. There was no evidence of ongoing involvement of the young people or centre staff with these services.

The centre staff had no direct access to mental health services or ongoing specialist support or advice in relation to the management and care of the young people in the centre. Staff and social workers reported that this curtailed the ability of the staff team to provide the level of care required and formulate appropriate intervention plans. Inspectors recommend that the deficit in relation to provision of emotional and specialist support to the centre is addressed as soon as possible.

### *Individual care in group living*

This standard was not met. The living environment, outlined in the section on accommodation, was not of a standard that was suitable to meet the needs of the young people resident in the centre. Inspectors found that the HSE had not ensured that their living environment was of an acceptable standard.

Staff struggled to provide basic care to the young people, because of the inability to manage their behaviour, commented on in the sections on behaviour management and emotional and specialist support. Inspectors found little evidence of any activities that the young people participated in, and at interview staff confirmed that the young people were not linked in with any outside activities and were unable to provide an account of what activities the young people participated in. Young people did not have any day programme, and as a result a culture had developed whereby at times, particularly at night, the young people would align themselves together, and the assistance of the Gardaí would have to be enlisted

to diffuse the situation. Inspectors found that the young people then spent a considerable amount of time in bed during the day. This led to a situation whereby while staff attempted to provide basic care to the young people, they were unable to do so effectively, for all of the reasons cited above.

The senior management of the local HSE were aware of this and this concern was considered in the immediate action plan issued to the Authority. This plan also proposed the development of a structured education and activity based programme for the young people in the centre. These plans if implemented will assist in ensuring that this standard is met. However, a sustainable programme, under the leadership of an onsite manager needs to be considered to ensure the ongoing development of the centre and the sustainability of such a programme into the future.

#### *Managing behaviour*

Inspectors found that this standard was not met. Inspectors found that a pattern had emerged of young people aligning themselves together particularly at night time. Inspectors were informed that staff felt disempowered and as a result young people often spent much of the day in bed, as was evidenced on the second day of the inspection.

Inspectors found that staff had a good knowledge of the needs of the young people, and were very aware of their particular individual diagnosis, however, staff reported that they struggled to deal with their complex needs and manage their behaviour, as they did not have access to any specialist support and advice regarding the management of the young people based on their needs. Inspectors recommend that a comprehensive behaviour management programme is developed with the staff, social workers and centre manager, based on the individual needs of each young person and that the training and support necessary for the implementation of this programme is provided to staff.

#### *Education*

The standard in relation to education was not met. All young people have a right to education. Inspectors found that none of the young people were in an education programme and that these young people had been out of school for a significant length of time. Inspectors found the situation to be wholly unacceptable. The HSE had made little progress on this matter, resulting in these young people being out of education for over eight months. Inspectors found evidence that prior to coming into care these young people attended school, albeit their attendance was poor. Following their admission into care however, this situation became worse and the young people no longer attended an education facility. Inspectors recommend that all young people are provided with an education or training programme based on their individual needs as a matter of urgency.

#### *Accommodation*

The centre consisted of two separate bungalows. At the time of the inspection the three young people resided in one bungalow. The young person who had resided in the other bungalow had moved out the previous week. On arrival inspectors found both premises to be in a very poor state of repair, and neither premises was fit for purpose. The bungalow with the three young people had no heating, and inspectors were informed that it had been broken for over three weeks. The general decor in both bungalows was poor, there was evidence of significant damage to property, and evidence that attempts had been made to repair some of the damage, but this was clearly insufficient. The kitchen in both bungalows had broken cupboard doors and broken chairs, holes in the walls, which had recently been repaired, but not painted over. The general demeanour of the bungalows was shabby and inspectors found that there was no sense of a homely environment.

There was no recreational activity room for the young people, the only recreational facility inspectors found was a sitting room with a television. The young people's bedrooms were small, and they shared communal bathrooms. Inspectors did not see any evidence to indicate that the young people had a sense of belonging in the centre, there were no photographs, or personal effects evident.

While there was evidence that remedial work had been started the level of progress made in this regard was minimal. HSE senior management informed inspectors that there had been no maintenance or capital works programme for the centre to ensure it was maintained to an acceptable standard. HSE management however acknowledged that the centre required renovation and this was the basis of the immediate action plan that was presented to inspectors on the first day of the inspection. The plan presented was that the young people would be relocated to other premises for six weeks to allow for essential building/renovation work to be completed.

Inspectors acknowledged that a plan had been proposed, however, had a concern that the timing of this coincided with the announcement of this inspection. Evidence was presented to inspectors that requests for this work had been made to senior HSE management by the centre on an ongoing basis for the past 18 months, without a satisfactory response. As stated in previous reports, inspectors recommend that a suitable premises is made available for young people, and that it is fit for its stated purpose.

#### *Maintenance and Repairs*

This standard was not met. The centre had a system for reporting and requesting maintenance and repair services. However, inspectors found that there appeared to be little progress made in relation to these requests. Inspectors found the centre to be of an unacceptable standard for the provision of care for young people. This has already been outlined in the section under accommodation. Inspectors recommend that priority be given to maintaining and repairing damage to property and that a system is in place to monitor the premises to ensure it complies with safety and standards, as outlined in the regulations.

### **3. Next Steps**

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

A completed action plan by the HSE has been attached to this report and these will be published on the Authority's website. The Authority will carry out a further inspection of the residential centre 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		√	

#### Recommendation:

1. The HSE South should ensure that the statement of purpose and function is revised to take into account the capacity of staff to meet the divergent needs of the young people.

### 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:

2. The HSE South should ensure that an onsite centre manager is available as soon as possible.
3. The HSE South should ensure that all staff working in the centre are supervised in line with HSE policy.
4. The HSE South should arrange for staff to participate in immediate debriefing, based on the needs identified by the staff team.
5. The HSE South should ensure that the format of staff meetings is revised, that their scheduling be considered to facilitate the attendance of as many staff as possible and that there is a clear mechanism for making and recording decisions.
6. The HSE South should ensure that all staff receive appropriate up-to-date child protection training in line with HSE national policy.
7. The HSE South should ensure that all confidential information pertaining to previous residents is archived appropriately.

### 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			√

#### Recommendation:

8. The HSE South should ensure that notwithstanding the timescale for the appointment of a monitoring officer, formal arrangements are put in place in the interim to ensure that the HSE continues to carry out its monitoring function in respect of the centre as outlined in the child care regulations.

### 4. Children's rights

#### Standard

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

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

### Recommendations:

- The HSE South should ensure that the consultative process with the young people is reviewed to improve its effectiveness, and that a manager attends young peoples' meetings on a regular basis.

## 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:

10. The HSE South should ensure that all admissions are in line with the centres statement of purpose and function and referring social workers, the admissions committee and the centre manager should ensure that admissions are considered based on the suitability of the centre to meet the needs of the young person.
11. The HSE South should ensure that social workers visit the young people at the centre on a more regular basis due to the particular difficulties currently in the centre, and the high level of needs of the young people.
12. The HSE South should ensure that all discharges from the centre are conducted in a planned way in consultation with all parties involved.
13. The HSE South should ensure that the outcome of all child protection assessments by social workers are communicated to the centre in writing.
14. The HSE South should review their emotional and specialist support for the centre and address the deficits in this area as a matter of urgency.

## 6. Care of young people

### Standard

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

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

## Recommendation:

15. The HSE South should ensure that following the provision of specialist support to the centre, as outlined in recommendation 14, a comprehensive behaviour management programme is developed with the staff, social workers and centre manager, based on the individual needs of the young person.

## 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:

16. The HSE South should put in place a system whereby the vetting of staff is updated on a regular basis.

## 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			√

## Recommendation:

17. The HSE South should ensure that all young people in the centre have access to an education or training programme suitable to their needs, and that the current deficit is dealt with immediately.

## 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	√		

## 10. Premises and Safety

### Standard

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

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

### Recommendations:

18. The HSE South should ensure that a suitable premises is available for young people, and that it is fit for its stated purpose.
19. The HSE South should ensure that the centre has an ongoing programme of maintenance and capital works that will continue to ensure that the structural and decorative order of the unit is maintained.
20. The HSE South should ensure that
  - A full review of the vehicles assigned to the centre is carried out
  - Recording of medication administration is accurate
  - All medications belonging to previous residents are disposed of safely
  - That the safety statement for the centre is updated and reviewed on a regular basis
21. The HSE South should ensure that all remedial work recommended by the external fire engineer is prioritised and completed immediately and a letter of compliance with fire and building regulations issued to the Authority.

22. The HSE South should ensure that regular internal checks of fire alarms and means of escape are undertaken and recorded.
23. The HSE South should ensure that all staff receive training in the use of fire extinguishers as soon as possible and that this training is provided on an ongoing basis.

## **5. Summary of recommendations**

1. The HSE South should ensure that the statement of purpose and function is revised to take into account the capacity of staff to meet the divergent needs of the young people.
2. The HSE South should ensure that an onsite centre manager is available as soon as possible.
3. The HSE South should ensure that all staff working in the centre are supervised in line with HSE policy.
4. The HSE South should arrange for staff to participate in immediate debriefing, based on the needs identified by the staff team.
5. The HSE South should ensure that the format of staff meetings is revised, that their scheduling be considered to facilitate the attendance of as many staff as possible and that there is a clear mechanism for making and recording decisions.
6. The HSE South should ensure that all staff receive appropriate up-to-date child protection training in line with HSE national policy.
7. The HSE South should ensure that all confidential information pertaining to previous residents is archived appropriately.
8. The HSE South should ensure that notwithstanding the timescale for the appointment of a monitoring officer, formal arrangements are put in place in the interim to ensure that the HSE continues to carry out its monitoring function in respect of the centre as outlined in the child care regulations.
9. The HSE South should ensure that the consultative process with the young people is reviewed to improve its effectiveness, and that a manager attends residents' meetings on a regular basis.
10. The HSE South should ensure that all admissions are in line with the centres statement of purpose and function and referring social workers, the admissions committee and the centre manager should ensure that admissions are considered based on the suitability of the centre to meet the needs of the young person.
11. The HSE South should ensure that social workers visit the young people at the centre on a more regular basis due to the particular difficulties currently in the centre, and the high level of needs of the young people.
12. The HSE South should ensure that all discharges from the centre are conducted in a planned way in consultation with all parties involved.
13. The HSE South should ensure that the outcome of all child protection assessments by social workers are communicated to the centre in writing.
14. The HSE South should review their emotional and specialist support for the centre and address the deficits in this area as a matter of urgency.
15. The HSE South should ensure that following the provision of specialist support to the centre, as outlined in recommendation 14, a comprehensive behaviour management programme is developed with the staff, social workers and centre manager, based on the individual needs of the young person.
16. The HSE South should put in place a system whereby the vetting of staff is updated on a regular basis.
17. The HSE South should ensure that all young people attending the centre have access to an education or training programme suitable to their needs, and that this significant deficit is dealt with immediately.
18. The HSE South should ensure that a suitable premises is made available for young people, and that it is fit for its stated purpose.

19. The HSE South should ensure that the centre has an ongoing programme of maintenance and capital works that will continue to ensure that the structural and decorative order of the unit is maintained.
20. The HSE South should ensure that
  - A full review of the vehicles assigned to the centre is carried out
  - Recording of medication administration is accurate
  - All medications belonging to previous residents are disposed of safely
  - That the health and safety statement for the centre is updated and reviewed on a regular basis
21. The HSE South should ensure that all remedial work recommended by the external fire engineer is prioritised and completed immediately and a letter of compliance with fire and building regulations issued to the Authority.
22. The HSE South should ensure that regular internal checks of fire alarms and means of escape are undertaken and recorded.
23. The HSE South should ensure that all staff receive training in the use of fire extinguishers as soon as possible and that this training is provided on an ongoing basis.



## Social Services Inspectorate

### Action Plan for Inspection No 535

**Centre ID:** 220  
**HSE Area:** HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
<b>1</b>	The HSE South should ensure that the statement of purpose and function is revised to take into account the capacity of staff to meet the divergent needs of the young people.	An Interim purpose and function has been agreed which focuses fully on current residents and meeting their needs.  No new refferrals for outreach or respite will be accepted until the centres purpose and function is revised within the wider context of a residential services review currently underway in the HSE South region.	Centre Manager and ISA Manager	Immediate  3rd Quarter 2012
<b>2</b>	The HSE South should ensure that an onsite centre manager is available as soon as possible.	An interim on site centre manager has been identified and will take up post on 5 June 2012 for an eight week period. A recruitment process for a permanent centre manager has started and the post will be filled within this eight week period.	ISA Manager	Immediate  3rd Quarter 2012
<b>3</b>	The HSE South should ensure that all staff working in the centre are supervised in line with HSE policy.	Child care leaders/Senior care staff will undertake the supervision of agency workers in line with HSE policy.	Centre Manager	Immediate

## Social Services Inspectorate

### Action Plan for Inspection No 535.

**Centre ID:** 220  
**HSE Area:** HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
4	The HSE South should arrange for staff to participate in immediate debriefing, based on the needs identified by the staff team.	Individual debriefing sessions have been agreed between centre staff and the Principal Psychologist	Centre Manager and ISA Manager	2nd Quarter 2012
5	The HSE South should ensure that the format of staff meetings is revised, that their scheduling be considered to facilitate the attendance of as many staff as possible and that there is a clear mechanism for making and recording decisions.	Compulsory monthly staff meetings will now be rostered. A standard template has been devised for staff meeting minutes to highlight decisions made and when they will be reviewed.	Centre Manager	3rd Quarter 2012
6	The HSE South should ensure that all staff receive appropriate up-to-date child protection training in line with HSE national policy	Briefing sessions have taken place in line with HSE National Policy on the new children's first 2011, any staff who have not received a briefing will be afforded the opportunity to do so in the coming weeks. Formal training in Child Protection is scheduled for the Autumn with the National Training Office, for any staff who may need it.	Centre Manager	2nd Quarter 2012

## Social Services Inspectorate

### Action Plan for Inspection No 535.

**Centre ID:** 220  
**HSE Area:** HSE South

-----

----

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
7	The HSE South should ensure that all confidential information pertaining to previous residents is archived appropriately.	All files for the previous residents have been appropriately archived. Any outstanding confidential material will be filed and stored securely and a register kept recording content and where the information will be archived in a secure and confidential environment.	Centre Manager	2nd Quarter 2012
8	The HSE South should ensure that notwithstanding the timescale for the appointment of a monitoring officer, formal arrangements are put in place in the interim to ensure that the HSE continues to carry out its monitoring function in respect of the centre as outlined in the child care regulations	Formal competition for the monitoring post has been completed and the successful candidate is in the process of taking up this post The centre was recently monitored, April 2012 and recommendations following that visit have and are being followed up on.	Regional Service Director	3rd Quarter 2012
9	The HSE South should ensure that the consultative process with the young people is reviewed to improve its effectiveness, and that a manager attends young peoples' meetings on a regular basis.	The consultative process with young people will now be evidenced in the young persons day book, file and review minutes. The manager will attend the young people's meeting at least once a month.	Centre Manager	2nd Quarter 2012

## Social Services Inspectorate

### Action Plan for Inspection No 535.

**Centre ID:** 220  
**HSE Area:** HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
<b>10</b>	The HSE South should ensure that all admissions are in line with the centres statement of purpose and function and referring social workers, the admissions committee and the centre manager should ensure that admissions are considered based on the suitability of the centre to meet the needs of the young person.	The interim purpose and function will be circulated to the Admissions Committee and to the social work department along with an updated application form. The centre's application form will now also include a social work contract outlining that the placement applied for is the best option available for the young person and if the placement is deemed at any time to be unsuitable by the centre manager or supervising social worker an alternative placement will be sourced as soon as possible.	Centre Manager Principal Social Worker	3rd Quarter 2012
<b>11</b>	The HSE South should ensure that social workers visit the young people at the centre on a more regular basis due to the particular difficulties currently in the centre, and the high level of needs of the young people.	Manager to write to the principal social worker outlining the centres expectations that the supervising Social Workers visit the centre on a monthly basis for the next six months. The centre manager will also request that the assigned social workers undertake an assessment of the young people in the care of the centre to ensure they are appropriately placed in line with their individual Care Plans.	Centre Manager Principal Social Worker	2nd Quarter 2012
<b>12</b>	The HSE South should ensure that all discharges from the centre are conducted in a planned way in consultation with all parties involved.	In line with the centre's policy all discharges will be planned and agreed by the residential manager, the young person's social worker and other interested parties.	Centre Manager	2nd Quarter 2012

## Social Services Inspectorate

### Action Plan for Inspection No 535.

**Centre ID:** 220  
**HSE Area:** HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
<b>13</b>	The HSE South should ensure that the outcome of all child protection assessments by social workers are communicated to the centre in writing.	The manager will undertake a review and audit of recent child protection referrals from the centre and received responses from the social work department and then address any shortfall in follow up documentation in consultation with the principal social worker in Waterford. A quarterly meeting between the centre manager and the principal social worker has been set up to discuss Child Protection and other issues as they arise.	Centre Manager Principal Social Worker	2nd Quarter 2012
<b>14</b>	The HSE South should review their emotional and specialist support for the centre and address the deficits in this area as a matter of urgency.	Psychology and therapeutic support will be developed for the centre.	Regional Service Director and ISA Manager	3rd Quarter 2012
<b>15</b>	The HSE South should ensure that following the provision of specialist support to the centre, as outlined in recommendation 14, a comprehensive behaviour management programme is developed with the staff, social workers and centre manager, based on the individual needs of the young person.	A Principal Psychologist has agreed to work with the centre on an ongoing basis and assist in devising individual behaviour management and therapeutic plans based on presenting needs.	Centre Manager and ISA Manager Principal Psychologist	3rd Quarter 2012

## Social Services Inspectorate

### Action Plan for Inspection No 535.

**Centre ID:** 220  
**HSE Area:** HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
<b>16</b>	The HSE South should put in place a system whereby the vetting of staff is updated on a regular basis.	All staff are to be re-vetted.	Centre Manager and HR Department	Process to start Immediately
<b>17</b>	The HSE South should ensure that all young people in the centre have access to an education or training programme suitable to their needs, and that the current deficit is dealt with immediately.	The three young people have been enrolled in an educational facility. Summer Home tuition has been applied for	Centre Manager and Social Workers	Immediate and ongoing
<b>18</b>	The HSE South should ensure that a suitable premises is available for young people, and that it is fit for its stated purpose.	The centre is currently being renovated to meet national standards and ensure it is fit for purpose	Centre Manager and General Manager	2nd Quarter 2012

## Social Services Inspectorate

### Action Plan for Inspection No 535.

**Centre ID:** 220  
**HSE Area:** HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
19	The HSE South should ensure that the centre has an ongoing programme of maintenance and capital works that will continue to ensure that the structural and decorative order of the unit is maintained.	Maintenance of the centre to be contractually agreed and budgeted for with Technical Services to ensure the repair and upkeep of the centre.	Centre Manager, ISA Manager, Technical Services Manager and the Regional Service Director	3rd Quarter 2012
20	The HSE South should ensure that <ul style="list-style-type: none"> <li>▪ A full review of the vehicles assigned to the centre is carried out</li> <li>▪ Recording of medication administration is accurate</li> <li>▪ All medications belonging to previous residents are disposed of safely</li> <li>▪ That the safety statement for the centre is updated and reviewed on a regular basis</li> </ul>	<p>All cars assigned to the centre have been reviewed and are in compliance with legal requirements.</p> <p>A review of the recording of medication will be undertaken to ensure proper recording and proper disposal of old medications.</p> <p>The 2012 safety statement to be completed to include existing and new risk assessments once refurbishment is complete and staff and young people are back at the centre..</p>	Centre Manager, ISA Manager, Health & Safety Representative and General Manager	3rd Quarter 2012
21	The HSE South should ensure that all remedial work recommended by the external fire engineer is prioritised and completed immediately and a letter of compliance with fire and building regulations issued to the Authority.	Fire protection work has begun and is due to be completed by the end of June, once complete a letter of compliance from a chartered fire engineer will be submitted to the authority	Centre Manager, General Manager and Technical Services Manager	3rd Quarter 2012

## Social Services Inspectorate

### Action Plan for Inspection No 535.

**Centre ID:** 220  
**HSE Area:** HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
<b>22</b>	The HSE South should ensure that regular internal checks of fire alarms and means of escape are undertaken and recorded.	Fire Safety Log to be set up and used by staff to undertake weekly checks on fire equipment and escape routes.	Centre Manager, and in-house fire warden	Immediate
<b>23</b>	The HSE South should ensure that all staff receive training in the use of fire extinguishers as soon as possible and that this training is provided on an ongoing basis.	HSE fire officer to undertake fire training and the use of fire extinguishers on two dates to maximise staff attendance. Training dates agreed with fire officer 6 June 2012 and 20 June 2012.	Centre Manager and HSE Fire Officer	2nd Quarter 2012