



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

Inspection Report ID Number: 534

Fieldwork Dates: 25 April 2012 and 26 April 2012

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SSI Inspection Period: 14

Centre ID Number: 67

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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) and Patricia Sheehan (co-inspector) conducted the inspection under Section 69 (2) of the Child Care Act 1991 as amended by the Child Care (Amendment) Act 2011 on 25 April 2012 and 26 April 2012. The centre was last inspected by the SSI in March 2009 (Report ID 301) with a follow-up inspection carried out in August 2009 (Report ID 374)

Eleven of the sixteen recommendations made in the last inspection in March 2009 had been met and five were met in part at the time of the follow up inspection in August 2009.

The stated purpose and function of the centre provided to the inspectors described the centre as an open residential centre that provided short, medium and long-term care for five young males aged between 12 and 18 years. At the time of this inspection, there were five boys resident in the centre.

The centre was based in a detached bungalow style house located on the outskirts of a city. It had a spacious garden to the rear with recreational and parking facilities to the front.

Overall, inspectors found that the centre complied with a substantial number of the national standards and regulations. The staff members presented as a stable experienced team committed to providing a good service to young people. 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.

1.1 Methodology

The inspector's judgements are based on evidence verified from several sources gathered through direct observation, an inspection of accommodation and interviews with the acting centre manager, acting deputy manager, two young people, one supervising social worker, the HSE monitoring officer, one social care leader and five social care workers. Telephone interviews were conducted with the child care manager (with line management responsibility), a senior clinical psychologist and one supervising social worker.

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
- 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 (78)
- Details of the use of physical restraint/intervention (16)
- Questionnaires completed by social workers (4)
- Questionnaires completed by young people (1)
- Questionnaires completed by parents (1)
- Questionnaires completed by other external professionals (1)
- The HSE monitoring officer's reports (9).

1.2 Acknowledgements

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

1.3 Management Structure

The acting centre manager reported to the child care manager, who in turn reported to the local health manager.

1.4 Data on young people

During the inspection field work there were five boys resident in the centre.

Listed in order of length of placement

Young Person	Age	Legal Status	Length of Placement	No. of previous placements
# 1	17	Full care order	2 years 6 months	3 residential 1 high support 2 foster care 1 relative care
# 2	16	Full care order	1 year 6 months	8 foster care 1 residential
#3	14	Voluntary care	1 year 7 weeks	1 foster care 1 residential
# 4	17	Voluntary care	9 months 2 weeks	2 residential
# 5	16	Voluntary care	1 month 3 weeks	0

2. Summary of Findings

Overall, inspectors found that this was a well-managed centre with a staff team who were an experienced and long-serving group of professionals. Those who were interviewed by inspectors or had completed questionnaires spoke highly of the manager and staff team. The young people interviewed were positive about their care experience and of staff in the centre. They had a good understanding and awareness of their rights and the plans for their futures. Overall, there was a good level of compliance with standards and regulations.

Key recommendations in this report are in relation to: supervision and support, administrative files, care and placement planning, supervision and visiting of young people, access to information, emotional and specialist support, children's case and care records, safeguarding and child protection, health, preparation for leaving care and aftercare, safety and accommodation.

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

Practices that met the required standard

Inspectors found that the following standards were met: purpose and function, primary care, register, management and staffing, vetting, training and development, administrative files, contact with families, children's rights, consultation and complaints, suitable placements and admissions, social work role, managing behaviour, restraint, absence without authority, education, maintenance and fire safety.

Purpose and function

The stated purpose and function of the centre provided to the inspectors described the centre as an open residential centre that provided short, medium and long-term care for five young males aged between 12 and 18 years. The statement was supported by a comprehensive policy and procedures document dated 2011. On further examination inspectors found inaccuracies due to changes of centre personnel and practices. The purpose and function and supporting policy documents should continue to be revised to reflect any changes to operational practices.

Primary care – aspects of daily living

Inspectors found that the young people were well cared for and respected in the centre. Staff were observed engaging positively with the young people throughout the inspection. Those interviewed and/or who completed questionnaires stated that they were looked after well and could exercise choice in food, clothing and leisure activities. The centre was aware of the spiritual and cultural needs of the young people and staff facilitated the practice and participation in these. Inspectors observed adequate quantities of nutritious and appetising food provided to the young people and staff at the centre by the cook and they were observed eating together. The inspectors joined them for some meals throughout the inspection.

Register

The centre maintained a register of the young people who were placed in the unit that contained information as required by the regulations.

Management and staffing

The acting centre manager and the majority of the staff had been in post for over ten years and were suitably qualified. The staff team comprised an acting centre manager, an acting deputy manager, four social care leaders (two in acting positions), nine social care workers (eight full-time and one part-time), part-time clerical support and a full-time cook/housekeeper.

The manager reported to the local child care manager who, in turn, reported to the local health manager. Inspectors found that there was good communication and clear lines of accountability within these roles. The staff team were an experienced and long-serving group of professionals. External professionals interviewed by inspectors spoke highly of the centre manager's and staff's commitment to caring and advocating for the young people. The centre had a prompt system of notifying significant events. Those interviewed confirmed their satisfaction with the system in place. Overall, inspectors found that the centre was well managed and there was evidence of many good child care practices.

Vetting

Garda Síochána vetting was evident on staff files. The majority of Garda Síochána vettings were obtained over ten years ago. 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.

Training and development

The centre manager carried out training audits on an annual basis. Inspectors were given a copy of same and found that staff had received training in areas such as therapeutic crisis intervention (TCI), fire safety and evacuation, supervision skills, first aid, sexual health, children first, cultural diversity and freedom of information (FOI). Full training in the revised *Children First: National Guidance for the Protection and Welfare of Children 2011* had been arranged for all staff for 24 May 2012.

Administrative files

Inspectors found that the centre continued to have good administrative systems in place. They facilitated good communication and there was evidence of quality assurance checks by managers. Full names and titles of individual staff members should continue to be used across all records.

Monitoring

The HSE monitoring officer visited the centre and spoke with staff and young people on a regular basis. He had visited the centre on nine occasions in the previous 12 months; these had been both announced and unannounced visits. Monitoring reports were submitted to the HSE in accordance with the standards and copies forwarded to the Authority. During interview, the monitoring officer spoke positively of the centre manager and staff team. He told inspectors that the centre was generally very compliant with meeting the standards and that his recommendations were followed through appropriately. He had no current concerns in relation to any care aspect but did point out that the areas of staff supervision, key-worker sessions and preparation for leaving care and aftercare required further attention.

Children's rights – Consultation

Consultation with the young people took place on a regular basis, both formally and informally. The inspector found evidence of formal meetings which took place on a fortnightly basis. Those interviewed were aware of the centre processes and policies

related to children's rights. One staff member had recently been given a children's rights officer responsibility. She discussed this role with the inspectors and outlined that it was at an early stage and she hoped to develop it further so as to ensure advocacy for the young people in the centre. The young people interviewed understood their rights and confirmed that their views and opinions were sought regularly. They contributed to their care planning review meetings as required by the standards by completing their own reports.

Children's rights – Complaints

Two complaints had been made by one young person in the previous 12 months. These were recorded on the young person's care file. Inspectors found that they had been responded to appropriately and to the satisfaction of the young person.

Suitable placement and admissions

Inspectors found that the admissions of all of the young people in the centre were consistent with the purpose and function. Practice in admissions and discharges demonstrated good gate-keeping by the centre manager while ensuring it safely met the individual needs of each young person. Social workers and other external professionals either interviewed by inspectors or who had completed questionnaires outlined that they were satisfied that the current group of young people were suitably placed and being cared for appropriately to their respective needs.

Social work role

Each young person had an allocated social worker. On review of the centre records, inspectors found some evidence of social workers meeting young people in private and reading care files and daily logs from time to time. The young people who met with inspectors or who returned questionnaires had various opinions of their social worker's involvement with them depending on their respective relationship. They did confirm that they could contact them by phone when necessary. Centre records and interviews demonstrated that social workers received notifications of significant events promptly.

Contact with families

The inspector found that staff had positive relationships with the families of the young people and they encouraged and facilitated regular contact. One of the parents completed a questionnaire in relation to the positive and structured care her child received.

Managing behaviour

Social workers and other external professionals who were either interviewed or returned questionnaires reported that the behaviours of the young people had improved significantly since being admitted to the centre. Inspectors were told by the centre manager that all staff were trained in Therapeutic Crisis Intervention (TCI), which is the HSE approved model of behaviour management and maintained regular refresher training. This was further evidenced by the inspectors viewing training audits and records. Each young person had an updated individual crisis management plan (ICMP) to help staff safely deal with the young person's risky behaviours. Those interviewed spoke about carrying out risk assessments on the young people in relation to various activities. On review of individual care files, it was difficult to evidence completed risk assessment records. To ensure consistency, formal risk assessments should be recorded and filed appropriately.

Restraint

There had been 16 incidents of physical restraint/intervention in relation to three young people in the previous 12 months. These were carried out in accordance with HSE policy and consistent with the approved model of behaviour management. They were recorded and notified to all relevant parties.

Absence without authority

In the past 12 months leading up to the inspection period there were 78 unauthorised absences involving five of the young people. The duration of these ranged on average from one to four hours and in three cases were for a period of 20 hours or more. 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 in accordance with the risk posed to each young person and efforts were being made to reduce the number of absences.

Education

This standard was well met. Each young person was either in an educational or training placement locally and in one case was being facilitated to remain in a previous education placement. One young person had attained his Junior Certificate examination in 2011. Inspectors viewed records of the young people's educational achievements on the individual care files and records of good communication between the staff and the respective placements.

Maintenance

Inspectors were told by the centre manager that repairs to the centre were generally dealt with promptly. 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.

Fire safety

This standard was met. The centre had written confirmation from a qualified engineer stating that the centre was in substantial compliance with building regulations. Adequate precautions were taken against the risk of fire. Fire drills had been carried out in January 2012, February 2012 and March 2012. Fire training was carried out on an annual basis. Both were evidenced in either the training records or fire register. A fire safety audit had been carried out by the HSE fire and safety officer in May 2011 and was due to be reviewed in May 2012. Inspectors also viewed records of fire safety checks carried out by external service providers.

Accommodation

Following the last inspection in March 2009, a recommendation was made to ensure the accommodation was brought to an acceptable standard. In response to this recommendation a substantial amount of money was invested in improving the standard of accommodation. This was evident during this inspection. There had been natural wear and tear over the previous two years since the last inspection and any area that required more immediate maintenance and repair had been carried out. The centre manager told inspectors that he has sought approval to build an extension and to install en suite facilities for the young people. The HSE maintenance department have carried out an initial assessment to date. While the centre is currently in compliance with the standard regarding premises, inspectors

would be of the view that any plan to further enhance a living environment would be a positive move and senior managers should give serious consideration to the proposed structural improvements.

Practices that partly met the required standard

Inspectors found that standards were partly met in relation to some aspects of: supervision and support, children's rights – access to information, care and placement planning, supervision and visiting of young people, children's case and care records, emotional and specialist support, safeguarding and child protection, preparation for leaving care and aftercare, health and safety.

Supervision

The centre manager was supervised by the child care manager on a monthly basis and had regular phone contact. He in turn supervised the deputy manager and five staff members. The deputy manager supervised seven staff members. While staff interviewed said that they received regular supervision which they found to be supportive, inspectors found evidence of inconsistent recording in some cases. Inspectors recommend that the supervision is carried out in accordance with HSE policy and that the records clearly indicate the reasons when supervision does not occur, as well as alternative arrangements in the absence of an individual supervisor for an extended period of time.

Children's rights – access to information

Staff interviewed were aware of the young people's right to access information held on file. The young people who met with inspectors understood their right to access information about themselves and were facilitated to do so by staff. On review of the care files, it was unclear as to what information was deemed 'confidential'. The centre manager told inspectors that a process to review confidential information had been raised by the clinical psychologist working with the staff team.

Inspectors recommend that a section for confidential information is evident on care files and information held in this section is subject to regular review.

Care and placement planning

This standard was partly met. Each young person had a statutory care plan on file. The placement plans developed by the centre were of a good quality with clear goals and targets within appropriate timeframes. There was also evidence of regular reviews of the plans. Two young people aged 17 years at the time of inspection were without a leaving care plan or after care plan. *(See also section on preparation for leaving care and aftercare).*

Supervision and visiting of young people

Inspectors were told by staff interviewed that the frequency and quality of visits by supervising social workers varied depending on the relationship established with the respective young person. One young person told inspectors that he would like more regular visits from his social worker and this was passed on to the social worker during interview. Inspectors found it difficult to evidence records of every visit to the young people by their social workers on the care files despite a standard contact recording sheet which was found in most case to be incomplete. Inspectors found some evidence of social workers reading care files and logs in the centre from time to time. Inspectors recommend that clear records are kept of all visits to the young people, together with details of any action taken as a result of the visit on the centre's care file.

Emotional and Specialist support

Staff were aware of the emotional and psychological needs of each of the young people. The boys interviewed told inspectors that they felt comfortable to talk to their key workers or anyone of the staff if they were worried or anxious about anything. Staff interviewed who were key workers, described the individual work that they carried out with the young person and inspectors found some evidence of this on the care files. However, key worker record templates were not always completed. Inspectors recommend that the recording of formal and informal key working sessions is carried out.

Inspectors were told by the centre manager that the young people generally had access to external specialist supports, such as psychiatry, psychology and counselling where appropriate. The centre previously had the benefit of a dedicated senior clinical psychologist in the past who worked directly with some of the young people in the centre. Following his retirement, the centre was without such a service for a period of time. In order to address this, the child care manager with responsibility for the centre and the centre manager arranged to avail of the services of the previous clinical psychologist for a specified period in the interim which would be subject to review. Inspectors spoke with the clinical psychologist who had a consultative role with the centre. He was nearing the completion of a 12 week consultative period which allowed him to work with the staff team four hours a week on two separate days. He outlined that there were three aspects to his brief: 1) training presentations so as to improve the staff team's understanding and knowledge in specific areas; 2) to contribute practically to the work being carried out by the staff, and 3) to develop a model of care. At the time of this inspection, an agreement had been reached by the child care manager and the centre manager that the staff would benefit from a further 12 week consultation. As this was viewed as an interim arrangement, inspectors recommend that the psychology post/hours be reviewed by senior managers so as to ensure a continued dedicated service is available for direct work with the young people in the centre.

Preparation for leaving care and aftercare

Two young people aged 17 years at the time of inspection were without a leaving care plan or after care plan. One young person was due to be formally discharged following the inspection and had transitioned to supported lodgings in the previous four weeks. While staff and the supervising social worker were clear in the plan for this young person, there was no written evidence of a leaving care or after care plan on file. The second young person aged 17 years was in a shared care arrangement between the centre and respite foster carers. While inspectors found a referral form to a leaving/aftercare service, this was not complete. Inspectors did evidence some key working sessions in relation to direct pieces of work carried out with these young people; however, in most cases the dedicated sections to record such information was empty. Staff interviewed outlined preparation work carried out with both young people; however, this was not evident on the care files.

Inspectors recommend that:

- leaving care plans and/or aftercare plans are formulated for each child aged 16 years as required by the standards
- the centre revise their policy and practices to ensure that preparation work for leaving care and aftercare is clearly and appropriately recorded.

Children's case and care records

This standard was met in part. Each young person had a secure care file which was in good order. The inspector found that the files contained for the most part all the statutorily required documentation and were easily accessible, comprehensive and well maintained. Inspectors found that while there was a general HSE policy governing the use of computers, the centre did not have a specific policy in relation to computer-generated information within the centre. The inspectors recommend that a policy is developed in relation to computer-generated care records within the centre.

Safeguarding and Child protection

This standard was partly met. The young people told the inspectors that they felt safe in the centre. Staff interviewed were clear about safeguarding and child protection. This was enhanced by the transparency of practice amongst staff. Each outlined their ability to challenge practice where necessary. All staff had recently received a briefing session in relation to the new *Children First: National Guidance for the Protection and Welfare of Children 2011*. A further one day training had been organised for the full staff team in the coming weeks. Inspectors found evidence of five child protection concerns notified to the HSE on the standard report forms in relation three of the young people. However, the inspectors could not evidence if the concern had been acknowledged by the social work department or establish the current status of the concern. Inspectors recommend that the care files reflect the record of all information pertaining to a child protection concern in a chronological and timely order.

Health

This standard was partly met. Each young person had a named GP. The health needs of each young person were attended to and inspectors viewed records of appointments to doctors, dentists and other relevant medical professionals. Comprehensive medical histories and immunisation records for some young people were lacking or of poor quality during the last inspection. Despite some improvements in health records, inspectors found that this was still very much the case during this inspection. There was no note recorded on the care file where medical information was absent and what efforts were made to obtain this. Inspectors recommend that a comprehensive medical and immunisation history be obtained on referral application to care.

Safety

The centre had a safety statement dated September 2011 with a review date of September 2012. A number of details were incorrect in the statement. A health and safety audit was carried out by the HSE fire and safety officer in April 2011 and was due to be reviewed. Some of the areas identified in the audit as requiring further action were still outstanding.

Inspectors recommend that:

- the safety statement is revised for factual inaccuracies
- the identified health and safety areas requiring attention in the audit are followed up on as a matter of priority.

There were no practices that did not meet the required standard

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	√		

Recommendation:

1. The HSE South should ensure that supervision is carried out in accordance with HSE policy and that the records clearly indicate the reasons when supervision does not occur, as well as alternative arrangements in the absence of an individual supervisor for an extended period of time.

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 South should ensure that a section for confidential information is evident on care files and information held in this section is subject to regular review.

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:

3. The HSE South should ensure that:
 - leaving care plans and/or aftercare plans are formulated for each child aged 16 years as required by the standards
 - the centre revise their policy and practices to ensure that preparation work for leaving care and aftercare is clearly and appropriately recorded.
4. The HSE South should ensure that the psychology post/hours be reviewed by senior managers so as to ensure a continued dedicated service is available for direct work with the young people in the centre.
5. The HSE South should ensure that a policy is developed in relation to computer-generated care records within the centre.
6. The HSE South should ensure that clear records are kept of all visits to the young

people, together with details of any action taken as a result of the visit on the centre's care file.

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 South should ensure that the care files reflect the record of all information pertaining to a child protection concern in a chronological and timely order.

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:

8. The HSE South should ensure that a comprehensive medical and immunisation history be obtained on admissions to the centre.

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:

9. The HSE South should ensure that:
- the centre's safety statement is revised for factual inaccuracies
 - the identified health and safety areas requiring attention in the audit are followed up on as a matter of priority.

4. Summary of recommendations

1. The HSE South should ensure that supervision is carried out in accordance with HSE policy and that the records clearly indicate the reasons when supervision does not occur, as well as alternative arrangements in the absence of an individual supervisor for an extended period of time.
2. The HSE South should ensure that a section for confidential information is evident on care files and information held in this section is subject to regular review.
3. The HSE South should ensure that:
 - leaving care plans and/or aftercare plans are formulated for each child aged 16 years as required by the standards
 - the centre revise their policy and practices to ensure that preparation work for leaving care and aftercare is clearly and appropriately recorded.
4. The HSE South should ensure that the psychology post/hours be reviewed by senior managers so as to ensure a continued dedicated service is available for direct work with the young people in the centre.
5. The HSE South should ensure that a policy is developed in relation to computer-generated care records within the centre.
6. The HSE South should ensure that clear records are kept of all visits to the young people, together with details of any action taken as a result of the visit on the centre's care file.
7. The HSE South should ensure that the care files reflect the record of all information pertaining to a child protection concern in a chronological and timely order.
8. The HSE South should ensure that a comprehensive medical and immunisation history be obtained on admissions to the centre.
9. The HSE South should ensure that:
 - the centre's safety statement is revised for factual inaccuracies
 - the identified health and safety areas requiring attention in the audit are followed up on as a matter of priority.

Social Services Inspectorate

Action Plan for Inspection No. 534

Centre ID: 67

HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	The HSE South should ensure that supervision is carried out in accordance with HSE policy and that the records clearly indicate the reasons when supervision does not occur, as well as alternative arrangements in the absence of an individual supervisor for an extended period of time.	Supervision will henceforth be carried out in accordance with HSE policy.	A/Unit Manager and A/Deputy Unit Manager.	18 June 2012
2	The HSE South should ensure that a section for confidential information is evident on care files and information held in this section is subject to regular review.	Principal Social Workers contacted regarding this recommendation informing them that case social workers should go through confidential files assessing the need to go through the material with the child, at which point information will go into the general file.	A/ Unit Manager.	7 June 2012

Social Services Inspectorate

Action Plan for Inspection No. 534

Centre ID: 67

HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
3	<p>The HSE South should ensure that:</p> <ul style="list-style-type: none"> ▪ leaving care plans and/or aftercare plans are formulated for each child aged 16 years as required by the standards ▪ the centre revise their policy and practices to ensure that preparation work for leaving care and aftercare is clearly and appropriately recorded. 	Contact to be made by A/Unit Manager with Aftercare Principal Social Worker to arrange meeting. Principal Social Workers also contacted to ensure that social workers adhere to national policies and the unit will revise its policies also.	A/ Unit Manager	1 July 2012
4	The HSE South should ensure that the psychology post/hours be reviewed by senior managers so as to ensure a continued dedicated service is available for direct work with the young people in the centre.	Psychology post currently reviewed on a three monthly basis and has been extended for a further three months. Review meeting to take place at the end of that period to evaluate situation.	A/ Unit Manager and Area Manager	31 August 2012

Social Services Inspectorate

Action Plan for Inspection No. 534

Centre ID: 67

HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
5	The HSE South should ensure that a policy is developed in relation to computer-generated care records within the centre.	Policy presently being drawn up. Acting Unit Manager in contact with Technical Services looking at specifics of this.	A/Unit Manager and Technical Services.	3 July 2012
6	The HSE South should ensure that clear records are kept of all visits to the young people, together with details of any action taken as a result of the visit on the centre's care file.	New recording system has been put in place.	A/Unit Manager	Immediate
7	The HSE South should ensure that the care files reflect the record of all information pertaining to a child protection concern in a chronological and timely order.	Included in letter to Principal Social Workers.	A/Unit Manager	Immediate

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HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
8	The HSE South should ensure that a comprehensive medical and immunisation history be obtained on admissions to the centre.	Discuss with Central Admissions Committee to ensure that requirements are carried out on referral to the service.	A/Unit Manager and Admissions Officer, Central Admissions Committee	10 July 2012
9	The HSE South should ensure that: <ul style="list-style-type: none"> ▪ the centre's safety statement is revised for factual inaccuracies ▪ the identified health and safety areas requiring attention in the audit are followed up on as a matter of priority. 	Factual inaccuracies now remedied as advised. Discrepancies to be addressed by A/Unit Manager and Maintenance Dept. HSE.	A/Unit Manager	24 July 2012