



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

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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), Tom Flanagan and Susan Geary (co-inspectors) conducted the inspection under Section 69 (2) of the Child Care Act 1991 on 26 March 2012 and 27 March 2012. The centre was last inspected by the SSI in August 2009 (Report ID.339) with a follow-up inspection carried out in May 2010 (Report ID. 339). These reports are available on the Authority website www.hiqa.ie.

The centre provides residential care for four young people aged between 12 and 18 years from the local health area. The centre is located in a rural setting. It is a large detached house, with its own grounds and its own private entrance.

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 two acting centre managers, one young person, four social care workers and three social workers. Telephone interviews were conducted with parents of the four children.

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 (6)
- Questionnaires completed by social workers (2)
- Questionnaires completed by young people (3)
- HSE monitoring officer's reports. (1)

1.2 Acknowledgements

The inspectors wish to acknowledge the co-operation of all those involved in this inspection, the young people, parents, the acting centre managers and staff, and the social workers who participated in this inspection.

1.3 Management Structure

The centre was managed by two child care leaders who were in the acting position since February 2010. The acting centre managers had previously reported to the child care manager, however, due to the early retirement of the child care manager in February 2012 they were reporting directly to the acting general manager. Inspectors were informed that the HSE intend to role out the restructuring of local health areas into Integrated Service Area (ISA) in the coming weeks, and therefore it is expected that a new management structure will be in place shortly which would support the management structure of the centre.

1.4 Data on young people

During the inspection fieldwork there were four young people 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	1 year	1 Foster Care
# 2	14	Voluntary Care	7 months	1 Emergency Foster Care
#3	14	Voluntary Care	5 months	None
# 4	16	Voluntary Care	2 months	None

2. Summary of Findings

Overall, the standard of care provided to the young people was good. Social workers and parents reported to inspectors that they were very satisfied with the level of care provided by the centre. Parents in particular noted that the centre was very welcoming, and that they were kept updated in relation to their children.

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.

Staffing

At time of inspection the centre had a total of 13.5 approved full time posts which were filled by 21 staff. This team consisted of two acting centre managers and 19 social care workers, six of whom were agency staff. The centre had a vacant post of child care leader which became vacant in 2011.

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. The agency staff used were consistent and there was no distinction between agency staff and HSE staff, which provided a cohesive service in the centre. A review of the staff files confirmed that staff were appropriately qualified and Garda Síochána vetted.

Complaints

The standard in relation to complaints was met. The young people knew how to make a complaint and were satisfied with the manner in which complaints they had made were dealt with. Parents also were aware how to make a complaint, but stated they had no complaints about the centre.

Primary care

The primary care of the young people was of a high standard. They had access to a General Practitioner (GP) and a dentist. They received regular pocket money and were offered the opportunity to earn more by doing minor household chores, such as cleaning their own bedroom. Young people were linked with outside activities, for example karate or gym, depending on their interests and this was actively encouraged and promoted by the staff.

Contact with families

There was good evidence from interviews and centre records that there was regular contact with families and carers where appropriate. Families could visit and meet the young people in private. They were kept informed of any significant events that occurred for their children.

Social work role

The standard on the social work role was met. Each young person had an assigned social worker. The social workers interviewed were familiar with the day to day activities and routines of the young people and were satisfied that they were safe and well cared for within the centre. There were records of social work contact and visits on file. The social workers interviewed were satisfied that the placement was suitable to meet the needs of each of the young people. However, inspectors were told by the acting centre managers and social worker that one young person's placement was under review following assessment and an alternative placement was being recommended.

The social workers were very familiar with the young people and their needs. Inspectors were concerned that this level of knowledge was not reflected in young people's individual statutory care plans or review documentation. This will be explored further in this report under the section statutory care plans.

Discharges

The standard on discharges was met. Inspectors examined the register and noted that there were four young people discharged in the 12 months preceding the inspection. Inspectors found that three of these discharges were planned discharges, in line with the young person's care plan. While the fourth young person's discharge was not planned, it was noted on the register that this young person was discharged because of his/her refusal to engage with the shared care arrangement offered by the centre.

Practices that partly met the required standard

Purpose and function

The centre had a written statement of purpose and function which stated that it *"is a short term unit providing four places for young people of a mixed gender aged between 12 and 18 years. Placements should not exceed 12 months. However, under special circumstances an application may be made to the Admissions Committee to extend a placement. Placements may also be extended beyond the age of 18 years to 18 ½ years in order to facilitate a move to after-care or support the young person until the end of the school year."*

The current service being provided did not reflect this as one young person had been admitted following an emergency application, and one young person was recorded as being

there on respite. A further young person had been admitted to the centre during the past year for a period of one week respite care. Inspectors recommend that the statement of purpose and function be revised to reflect the current status of the service, or that the admissions committee consider all applications to the centre, on the basis of its currently stated purpose and function.

Management

At the time of inspection, the centre had two acting managers sharing the role. This was a temporary arrangement which had continued since February 2010 to address the transfer of the previous centre manager to another position. Staff and young people in the centre regarded the two managers in high esteem, and the dual role appeared to be working, and the managers appeared to complement each other.

However, inspectors were concerned that while the substantive posts held by the two acting managers as child care leaders remained vacant, there also needs to be a single person who fulfils the role of manager, as the current arrangement calls into question who is actually the person in charge of the centre. Inspectors recommend that the position of centre manager be regularised as soon as possible.

Supervision and Support

The standard of supervision and support was partly met. The acting centre managers were available to staff to offer support when required. Formal supervision was provided by the acting centre managers; however, due to their workload they were unable to offer supervision in a consistent formal regularised manner as required by the standards. Some staff reported not having supervision for some months. In addition, the supervision of agency staff should be resolved, as there were variations in practice in the supervision of agency staff. All agency staff should be supervised by the HSE to ensure consistency and accountability across the team. Inspectors recommend that all staff working in the centre are supervised in line with HSE policy.

Training and development

On review of documentation inspectors found that all staff were suitably qualified. All staff were trained in Therapeutic Crisis Intervention (TCI), which is the approved behaviour management policy for the HSE. 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 1) some staff had received training a considerable time ago on Children First 1999, 2) others had attended briefing sessions on Children First 1999, 3) some agency staff received child protection training from an external source and 4) other staff attended Children First 2011 briefing. 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 12 months prior to the inspection and inspectors recommend that all staff complete this training on an ongoing basis. See also section under fire safety.

Administrative files

The administrative files were in good order; however, the current administrative support officer was on extended sick leave at the time of the inspection. Inspectors found that some documents were handwritten or that the acting managers of the centre were undertaking the administrative functions themselves. Inspectors found that this was not the best use of the limited resources available in the centre. Inspectors recommend that administrative support is provided to the centre to assist in the proper maintenance of files.

Consultation

The standard in relation to consultation with young people was partly met. Residents meetings were held to offer the young people an opportunity to be consulted in relation to issues. However, these meetings were infrequent, and generally appeared to be an exchange of information, with the staff bringing their issues from their staff meetings to the agenda first. In addition inspectors noted that the acting managers had not attended any residents' meeting in the past 12 months. The minutes of the residents' meetings were discussed at staff meetings which were chaired by an acting manager. While the acting managers did inform inspectors that they could not attend the residents' meetings because the meetings were held at night, inspectors recommend that alternative ways of encouraging consultation with young people be considered, to ensure their views are sought.

Access to information

Staff were aware of the young people's right to access information. Young people seemed to be aware that they had the right to access their information. However, given that one young person was due to turn 18 years, arrangements should be made in consultation with the social worker, for this young person to view their file. Inspectors recommend that staff be more proactive around encouraging young people to access their files, especially prior to reaching 18 years.

Statutory Care Planning and Statutory Reviews

The standard on statutory care planning and statutory reviews was partly met. Care plans viewed by the inspectors were brief and not of a good quality. One young person who was turning 18 years of age did not have a comprehensive aftercare plan in place. This will be discussed further in this report under the section on aftercare. One young person interviewed had a good understanding of why he/she was in care but was unclear as regards what was happening for them in the future. Individual care plans did not reflect the future needs of young people nor did they provide a comprehensive plan for the young people. Inspectors recommend that statutory care plans clearly outline the future plan for the young person and that the documentation is amended as a matter of priority.

Children's case and care records

Each young person had a permanent and secure care file. Inspectors viewed each file and found that for the most part they contained the required statutory documentation and other relevant documentation. Inspectors noted some information gaps in two of the young people's files, in that one person's Voluntary Consent Form had expired and the most recent up to date Voluntary Consent Form for another resident was not on the centre's file. The centre had a facility to archive care files; however, documentation regarding previous young people were still held on the premises and were not archived.

Inspectors reviewed the medical information section of young people's care files and found it difficult to differentiate in the recording between non-prescribed and prescribed medication, routine visits to the GP or dentist, and vaccinations. Inspectors found that some entries were not signed by staff members. This documentation needs to be reviewed and the inspectors comment further under the section on health.

There was significant duplication on file. The day to day entries were often reported in the daily log, the young person's daily diary, information report forms, contact sheets and if necessary significant information records. Inspectors recommend that this system be reviewed to ensure effective and efficient recording systems are in place to maintain day to day information on young people.

Inspectors found that not all relevant documentation on file was signed. Some referral forms for young people to the centre were not signed, and one application form in particular was illegible.

Inspectors recommend that:

- All care files have the most up to date Voluntary Consent Forms on file.
- Medical records on the files are subject to a restructuring to make information more easily accessible.
- There is a reappraisal of how and where day to day information is recorded
- Children's files are reviewed on a regular basis to ensure all relevant documentation is legible and signed.

Health

All the young people had access to a 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. Recording of medical information was poor and records did not differentiate between prescribed and non-prescribed medication, routine vaccines, and GP visits. Inspectors noted that when a young person was moving from one care setting to another, a medical examination was undertaken. Inspectors highlighted that a full medical examination may not always be warranted especially if the young person is already in care and there is sufficient medical evidence on file. Inspectors advised that a note on the young person's file should indicate why a medical examination was not necessary. Inspectors recommend that the medical/health files are updated to ensure that actions taken are clearly documented on file, and signed by the staff member.

Accommodation, Safety, Maintenance and repairs

The centre was in good structural repair. Each young person had their own bedroom, two of which had en suite facilities. There were adequate furnishings and facilities for the number of young people living in the centre. The centre had an up-to-date health and safety statement dated January 2012. However, there was a significant concern regarding the driveway which had several potholes and was in need of repair. Inspectors were informed by staff of concerns that the condition of the driveway contributed to the risk of 'slips and trips'. Inspectors recommend that a risk assessment is undertaken of this potential risk and that this be remedied as a matter of priority.

Staff also reported that there was significant problems with the sewage system in the centre, and this is also commented on in the last HSE monitoring officer's report and has been an ongoing problem for a number of years. This situation needs to be resolved as a matter of urgency. Inspectors were concerned that the downstairs toilet had noticeable dampness on the wall behind the toilet, due to the problem with the sewage system.

Inspectors identified improvements required in relation to two young persons' bedrooms. The window in the bedroom of one young person needed to be replaced as a matter of urgency, as it could not be opened. The door into another young person's bedroom also needed to be repaired immediately as damage was evident to the door which affected the fire seal to the door. Inspectors also found that the communal games room required painting.

Following an inspection of the premises, inspectors found that the utilisation of the five bedrooms should be reconsidered. Two of the young people had to share a bathroom. The waking night staff utilised the fifth bedroom which had an en suite facility. Inspectors recommend that consideration be given to reviewing the current layout of the centre and how this may be improved to enhance the living arrangements for the young people resident in the centre.

Inspectors recommend that:

- the problem in relation to the sewage system and the driveway be addressed as a matter of priority
- a schedule of works be drawn up to consider the priority of maintenance work which needs to be carried out
- consideration be given to reviewing the current layout of the centre and how this may be improved to enhance the living arrangements for the young people resident in the centre.

Fire Safety

This standard was partly met. A full maintenance and inspection of the fire equipment had taken place in October 2011 by an external company.

An inspection of the premises had also been carried out by an outside fire and safety consultant in September 2011, and the HSE were waiting for the written confirmation from the consultant that the centre was in compliance with fire and building regulations. The centre had a safety statement dated January 2012.

Inspectors found that a fire drill had taken place the night prior to the inspection. However, inspectors found that it had been 12 months since the previous fire drill was conducted, yet several new young people had been admitted to the centre in that time. This is not sufficient. The policy in relation to the frequency of fire drills, and instances where fire drills occur needs to be reviewed. At a minimum a fire drill should be conducted shortly after a new resident is admitted, and new staff should be familiar with fire evacuation procedures.

Managing behaviour

Inspectors found that this standard was partly met. As regards absence without authority, the centre had a clear policy as regards the actions to be undertaken by staff, and inspectors found that staff demonstrated good knowledge of the policy and practices. Documentation reviewed by inspectors highlighted that there were six unauthorised absences during the previous 12 months, three of these absences involved one young person. The joint protocol regarding children missing from care was the protocol utilised by the centre. Inspectors found that staff had a good working knowledge of this protocol and utilised it appropriately when required.

Inspectors were informed that there had been one occasion in the past 12 months when physical intervention was required with a young person. Inspectors found individual crisis management plans (ICMP) on the young peoples' care files, and inspectors found that there was evidence that these were reviewed and updated regularly.

One parent commented that she felt her child did not have any consequence enforced for his/her behaviour, in particular they had a concern that despite going absent without authority, this young person continued to have a considerable amount of 'time out' of the centre the next day. Inspectors recommend that the delivery of consequences for negative behaviour should be reviewed to ensure consistency for all young people.

Safeguarding and child protection

There was evidence that the centre reported child protection concerns to the social worker. These were followed up appropriately by the social workers and staff reported that they were aware of the status of these notifications, and had been involved in joint meetings with social work and Gardaí.

Inspectors brought to the attention of the acting general manager, the acting centre managers and the social worker, their concerns regarding the lack of information relating to

a service being provided to a young person by an external agency. This arrangement had been in place prior to the young person being admitted to the centre. Inspectors were informed that this matter had been raised at a statutory care review meeting and no progress was evident at the time of inspection. Inspectors sought a written update on the concerns highlighted from the acting general manager, as a matter of urgency. Inspectors recommend that there is a clear service level agreement with all outside agencies who work with children to ensure that the dissemination of information between the agency/professional working with the child and the HSE is transparent and that the social worker and staff at the unit are fully apprised of what work is being carried out with the young person.

At the time of the publication of the report a response was received and inspectors were informed that several steps had been taken to address these issues, including engaging with the service provider to provide written reports of their activities with the young person, regular meetings with the service to link their involvement in with the young person's care plan, and ongoing monitoring by the HSE of the service provided. Inspectors were also informed that the HSE had confirmed with the provider that the outreach worker had appropriate Garda Síochána vetting and references.

Education

The standard in relation to education was met in part. There was a good level of focus on education in the centre, and staff had open communication with relevant education providers in relation to the young people, and took a proactive role in relation to meetings with them to discuss young people's needs. However, one young person's grades were particularly low, and had been consistently low for the past year, no alternative plan had been considered, despite this young person shortly due to leave the education system. Inspectors were of the view that this issue should have been identified sooner, and an alternative plan put in place.

One young person was suspended from school indefinitely and it was unclear to inspectors what action was to be undertaken by the HSE. Inspectors recommend that a plan is agreed between his/her social worker and the school on the young person's education and how his/her needs and requirements are to be met.

Practices that did not meet the required standard

Monitoring

The last monitoring report was completed in February 2012. However, since the completion of the report there is no HSE monitoring officer assigned to the centre. Inspectors were concerned about the management of significant incident records and how they are monitored, and who is carrying out reviews in relation to matters that arise in the centre. 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.

Emotional and Specialist Support

The centre previously had access to a psychologist who was engaged with the residential services in the area. However, due to staff vacancies there was no psychological service available to the centre. Young people could access psychology services through private providers; however, there was no input to the staff team on how to address ongoing issues and behavioural challenges.

Preparation for leaving care and Aftercare

Inspectors noted that while the centre staff were proactive in their preparation for the young person who was about to reach 18 years, the aftercare plan on file was insufficient. Staff reported that they did not believe this young person was ready to move to independent

living at that time. There was evidence on file that the social worker discussed aftercare with the young person up to one year ago, but there was no up-to-date clear plan on file for this young person. The HSE SA had an aftercare service for the area. There was a document on file completed by this service, but this did not adequately reflect what is required for a young person leaving care.

Inspectors recommend that in line with national policy, aftercare plans are formulated and onward placements are identified.

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		√	

Recommendation:

1. The HSE South should ensure that the statement of purpose and function is reviewed to ensure that it reflects the policies within which the centre operates, or that the centre practises are amended to reflect the current statement of purpose and function.

2. Management and staffing

Standard

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

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

Recommendations:

2. The HSE South should ensure that the position of centre manager be regularised 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 ensure that all staff receive appropriate up-to-date child protection training in line with HSE national policy.
5. The HSE South should ensure that administrative support is provided to the centre, so that important documents can be recorded in an appropriate manner and files maintained to an acceptable standard.

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:

6. The HSE South should ensure that notwithstanding the timescale for the appointment of a monitoring officer, formal arrangements be 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:

7. 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. The format of the meetings should be reappraised so that they are not just about the passing of information from the staff meetings to the young people.
8. The HSE South should be proactive as regards young people's access to information on their files. In particular, young people reaching the age of 18 in consultation with their social worker should have access to their file.

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:

9. The HSE South should ensure that all admissions are in keeping with the centres statement of purpose and function. Where it is identified early on in a placement that the centre is not meeting the needs of any child, particularly for reasons of risk, an alternative suitable placement needs to be identified for the young person without delay.
10. The HSE South should ensure that social workers develop good quality statutory care plans for the children which meet all the statutory requirements of the child care regulations, and in particular outline clearly what the future plan is for the child.
11. The HSE South should review their psychology support for the centre and address any shortcomings as a matter of urgency.
12. The HSE South should develop a comprehensive aftercare plan for the young person who is due to turn 18 years, and that all children who reach the age of 16 years have a comprehensive aftercare plan, in line with HSE national policy.

13. The HSE South should ensure that:

- All care files have the most up-to-date Voluntary Consent Forms on file.
- Medical records on the files are subject to a restructuring to make information more easily accessible.
- There is a reappraisal of how and where day to day information is recorded
- Children's files are reviewed on a regular basis to ensure all relevant documentation is legible and that it is signed.

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:

14. The HSE South should ensure that the centre reviews its approach to managing behaviour so that there is consistency in the delivery of consequences for all young people.

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:

15. That the HSE South should have a clear service level agreement with all outside agencies who work with children to ensure that the dissemination of information between the agency/professional working with the child and the HSE SA is transparent and that the social worker and staff at the centre are fully appraised of what work is being carried out with the young person.

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:

16. The HSE South should ensure that all children attending the centre have access to education, and if a placement has been terminated that an alternative option is sought to ensure the young persons right to continued access to 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:

17. The HSE South should ensure that the centre reviews its recording of medical information on care files.

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 address the serious problem in relation to the sewage system as a matter of priority.
19. The HSE South should undertake a risk assessment in relation to the centre driveway and that any potential risk is remedied as a matter of priority.
20. The HSE South should ensure the window in one young person's room is replaced immediately.
21. The HSE South should ensure the door in one young person's room is repaired immediately.
22. The HSE South should ensure that the centre develop a plan of work in relation to maintenance of the premises and work to maintain the premises to an acceptable standard, commencing with the repainting of the communal games room.
23. The HSE South should ensure the policy in relation to the frequency of fire drills is revised and regular fire drills are carried out in line with the revised policy.
24. 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 reviewed to ensure that it reflects the policies within which the centre operates, or that the centre practises are amended to reflect the current statement of purpose and function.
2. The HSE South should ensure that the position of centre manager be regularised 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 ensure that all staff receive appropriate up-to-date child protection training in line with HSE national policy.
5. The HSE South should ensure that administrative support is provided to the centre, so that important documents can be recorded in an appropriate manner and files maintained to an acceptable standard.
6. The HSE South should ensure that notwithstanding the timescale for the appointment of a monitoring officer, formal arrangements be 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.
7. 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. The format of the meetings should be reappraised so that they are not just about the passing of information from the staff meetings to the young people.
8. The HSE South should be proactive as regards young people's access to information on their files. In particular, young people reaching the age of 18 in consultation with their social worker should have access to their file.
9. The HSE South should ensure that all admissions are in keeping with the centres statement of purpose and function. Where it is identified early on in a placement that the centre is not meeting the needs of any child, particularly for reasons of risk, an alternative suitable placement needs to be identified for the young person without delay.
10. The HSE South should ensure that social workers develop good quality statutory care plans for the children which meet all the statutory requirements of the child care regulations, and in particular outline clearly what the future plan is for the child.
11. The HSE South should review their psychology support for the centre and address any shortcomings as a matter of urgency.
12. The HSE South should develop a comprehensive aftercare plan for the young person who is due to turn 18 years, and that all children who reach the age of 16 years have a comprehensive aftercare plan, in line with HSE national policy.
13. The HSE South should ensure that :

- All care files have the most up-to-date Voluntary Consent Forms on file.
 - Medical records on the files are subject to a restructuring to make information more easily accessible.
 - There is a reappraisal of how and where day to day information is recorded
 - Children's files are reviewed on a regular basis to ensure all relevant documentation is legible and that it is signed.
14. The HSE South should ensure that the centre reviews its approach to managing behaviour so that there is consistency in the delivery of consequences for all young people.
 15. That the HSE South should have a clear service level agreement with all outside agencies who work with children to ensure that the dissemination of information between the agency/professional working with the child and the HSE SA is transparent and that the social worker and staff at the centre are fully appraised of what work is being carried out with the young person.
 16. The HSE South should ensure that all children attending the centre have access to education, and if a placement has been terminated that an alternative option is sought to ensure the young persons right to continued access to education.
 17. The HSE South should ensure that the centre reviews its recording of medical information on care files.
 18. The HSE South should address the serious problem in relation to the sewage system as a matter of priority.
 19. The HSE South should undertake a risk assessment in relation to the centre driveway and that any potential risk is remedied as a matter of priority.
 20. The HSE South should ensure the window in one young person's room is replaced immediately.
 21. The HSE South should ensure the door in one young person's room is repaired immediately.
 22. The HSE South should ensure that the centre develop a plan of work in relation to maintenance of the premises and work to maintain the premises to an acceptable standard, commencing with the repainting of the communal games room.
 23. The HSE South should ensure the policy in relation to the frequency of fire drills is revised and regular fire drills are carried out in line with the revised policy.
 24. 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. 529

Centre ID: 47
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	The HSE South should ensure that the statement of purpose and function is reviewed to ensure that it reflects the policies within which the centre operates, or that the centre practises are amended to reflect the current statement of purpose and function.	The purpose and function will be amended to reflect that the centre does not provide respite or emergency placements.	Centre Manager	30 May 2012
2	The HSE South should ensure that the position of centre manager be regularised as soon as possible.	All appropriate documentation for approval to fill this post is being completed for submission to the Area Manager.	General Manager	30 June 2012
3	The HSE South should ensure that all staff working in the centre are supervised in line with HSE policy.	All Staff including Agency Staff in this centre are offered supervision from the two Acting Centre Managers and Senior Social Care Staff Members. The Managers in turn will have access to external supervision as and when required.	Area Manager Childrens and Family Services	30 June 2012

Social Services Inspectorate

Action Plan for Inspection No. 529

Centre ID: 47
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
4	The HSE South should ensure that all staff receive appropriate up-to-date child protection training in line with HSE national policy.	Update briefings were provided to all staff, and the Regional Training Unit has been contacted to provide a full training programme for all staff who work in the unit, including agency staff.	Centre Manager	30 September 2012
5	The HSE South should ensure that administrative support is provided to the centre, so that important documents can be recorded in an appropriate manner and files maintained to an acceptable standard.	An admin staff member has been identified for transfer to support the centre, and will be redeployed at the earliest opportunity.	Centre Manager/Administrator	30 June 2012
6	The HSE South should ensure that notwithstanding the timescale for the appointment of a monitoring officer, formal arrangements be 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.	Interviews for the post of Monitoring Officer have been held, and an appointment is to be processed in the immediate future.	Regional Lead on Children and Family Services	31 August 2012

Social Services Inspectorate

Action Plan for Inspection No. 529

Centre ID: 47
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
7	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. The format of the meetings should be reappraised so that they are not just about the passing of information from the staff meetings to the young people.	<p>With the regularisation of the posts for the Centre Manager and the Childcare Laeders, there will be opportunity to strenghten the management attendances at residents meetings.</p> <p>The format of residents' meetings will be discussed at staff meeting on 23 May 2012.</p>	<p>General Manager</p> <p>Centre Manager</p>	30 September 2012
8	The HSE South should be proactive as regards young people's access to information on their files. In particular, young people reaching the age of 18 in consultation with their social worker should have access to their file.	The process of advising and encouraging young persons to access their files has been implemented.	Centre Manager	Implemented

Social Services Inspectorate

Action Plan for Inspection No. 529

Centre ID: 47
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
9	The HSE South should ensure that all admissions are in keeping with the centres statement of purpose and function. Where it is identified early on in a placement that the centre is not meeting the needs of any child, particularly for reasons of risk, an alternative suitable placement needs to be identified for the young person without delay.	This recommendation will be implemented, as incorporated in the centre's purpose and function. Social Workers are directly responsible for identifying new placements.	Principal Social Worker and Centre Manager	30 June 2012

Social Services Inspectorate

Action Plan for Inspection No. 529

Centre ID: 47
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
10	The HSE South should ensure that social workers develop good quality statutory care plans for the children which meet all the statutory requirements of the child care regulations, and in particular outline clearly what the future plan is for the child.	Appropriate care plans will be in place to reflect the individual child's needs and will also have cognisance of their future requirements.	Principal Social Worker	30 June 2012
11	The HSE South should review their psychology support for the centre and address any shortcomings as a matter of urgency.	Currently the residents have access to counselling via the Squashy Couch project, and also have access to private psychology services when required. It is proposed to extend the current level of in house psychology available to the residential services, subject to appropriate resources being available.	Area Manager	30 September 2012
12	The HSE South should develop a comprehensive aftercare plan for the young person who is due to turn 18 years, and that all children who reach the age of 16 years have a comprehensive aftercare plan, in line with HSE national policy.	A preparation for leaving care plan was completed on 18 April 2012, and an aftercare plan was completed on 14 May 2012 for this young person. In line with HSE Policies exit plans for children leaving care will be developed in a timely fashion.	Principal Social Worker	Completed

Social Services Inspectorate

Action Plan for Inspection No. 529

Centre ID: 47
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
13	<p>The HSE South should ensure that:</p> <ul style="list-style-type: none"> ▪ All care files have the most up-to-date Voluntary Consent Forms on file. ▪ Medical records on the files are subject to a restructuring to make information more easily accessible. ▪ There is a reappraisal of how and where day to day information is recorded ▪ Children's files are reviewed on a regular basis to ensure all relevant documentation is legible and that it is signed. 	<p>The structure and content of care files is to be reviewed in the immediate future, with a view to identifying opportunities for improvements in file management to deliver a more streamlined file for each young person.</p>	<p>Centre Manager and Principal Social Worker</p>	<p>31 July 2012</p>

Social Services Inspectorate

Action Plan for Inspection No. 529

Centre ID: 47
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
14	The HSE South should ensure that the centre reviews its approach to managing behaviour so that there is consistency in the delivery of consequences for all young people.	Individual crisis plans are in place for each young person, and the delivery of consequences meets the individual needs of each young person.	Centre Manager	Implemented
15	That the HSE South should have a clear service level agreement with all outside agencies who work with children to ensure that the dissemination of information between the agency/professional working with the child and the HSE SA is transparent and that the social worker and staff at the centre are fully appraised of what work is being carried out with the young person.	The HSE has a service level agreement in place with the service provider. Regular feedback is now being received from the outreach worker, in terms of activities etc during outreach. Monthly meetings are now in place with the key worker to facilitate feedback to the young person's overall care plan.	Centre Manager	Implemented

Social Services Inspectorate

Action Plan for Inspection No. 529

Centre ID: 47
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
16	The HSE South should ensure that all children attending the centre have access to education, and if a placement has been terminated that an alternative option is sought to ensure the young persons right to continued access to education.	Centre Management have and are engaging with the Education system to try and identify solutions to the education deficit. This includes engagement with the Education and Welfare Officer and the Social Worker. The Social Worker is currently exploring a placement in an alternative setting/ centre.	Centre Manager and Principal Social Worker	31 August 2012
17	The HSE South should ensure that the centre reviews its recording of medical information on care files.	Centre Management have reviewed the recording of medical information on each young person's file.	Centre Manager	Implemented
18	The HSE South should address the serious problem in relation to the sewage system as a matter of priority.	Funding has been identified to address this issue and works are expected to begin in the immediate future.	Technical Services Officer	30 June 2012

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Action Plan for Inspection No. 529

Centre ID: 47
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Services	Implementation Date
19	The HSE South should undertake a risk assessment in relation to the centre driveway and that any potential risk is remedied as a matter of priority.	Funds have been identified to address this issue and works are scheduled to commence in the immediate future.	Technical Officer	Services	30 June 2012
20	The HSE South should ensure the window in one young person's room is replaced immediately.	Approval to undertake this work has been given and works are expected to be completed in the immediate future	Technical Officer	Services	30 June 2012
21	The HSE South should ensure the door in one young person's room is repaired immediately.	This work has been undertaken and the repairs effected	Technical Officer	Services	Implemented

Social Services Inspectorate

Action Plan for Inspection No. 529

Centre ID: 47
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
22	The HSE South should ensure that the centre develop a plan of work in relation to maintenance of the premises and work to maintain the premises to an acceptable standard, commencing with the repainting of the communal games room.	A number of preventative maintenance contracts are in place, and other minor capital works are identified from time to time and submissions are made for funding.	Centre Manager	31 December 2012
23	The HSE South should ensure the policy in relation to the frequency of fire drills is revised and regular fire drills are carried out in line with the revised policy.	The Centre Management will ensure that all staff who work in the centre will attend two fire drills per year as part of their routine training	Centre Manager	31 December 2012
24	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.	All staff, including agency staff have received training on the use of fire fighting equipment. Further refresher courses will be run over the remainder of the year, and on an ongoing basis.	Centre Manager	31 December 2012