



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

INSPECTION OF A CHILDREN'S RESIDENTIAL CENTRE IN THE HSE SOUTH

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1. Introduction

The Health Information and Quality Authority Social Services Inspectorate carried out an unannounced inspection of a children's residential centre in the Health Service Executive Southern area (HSE SA). Sharron Austin, (lead inspector) and Bronagh Gibson (co-inspector) conducted the inspection under *Section 69 (2) of the Child Care Act 1991* on the 11 and 12 of August 2011. The centre was last inspected by the SSI in January 2009 (Report ID.284) with a follow-up inspection carried out in June 2009 (Report ID.367)

The centre was a purpose built service situated in a city suburb. It had ample grounds with a spacious garden to the rear and parking facilities to the front. The centre's statement of purpose and function described the centre as providing short to medium care for five girls aged 12 and 18 years. There were three young people resident in the centre during the inspection. Following a reconfiguration exercise with the HSE SA's children's residential service, a decision was made to cease operating high support services in its area and that the status of this centre would revert to a mainstream residential facility from the 8 August 2011.

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, deputy manager, two young people, child care manager, a social care leader and two social care workers. Telephone interviews were conducted with a supervising social worker, a social work team leader, the HSE monitoring officer and the dedicated senior clinical psychologist.

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 (12)
- Questionnaires completed by social workers (1)
- Questionnaires completed by young people (3)
- The HSE monitoring officer's reports (2)

1.2 Acknowledgements

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

1.3 Management Structure

The 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 three 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	14 yrs	Care order	1 year 3 days	0
# 2	16 yrs	Care order	3 weeks 3days	2 foster care
#3	15 yrs	Care order	3 days	1 private residential

2. Summary of Findings

Overall, there was a reasonable level of compliance with standards and regulations. However, since the centre had not operated to full capacity in the year prior to inspection, the inspectors found it difficult to carry out a comprehensive inspection against all the standards. Following a reconfiguration exercise with the HSE SA's children's residential service, a decision was made to cease operating high support services in its area and that the status of this centre would revert to a mainstream residential facility from the 8 August 2011. Inspectors were subsequently informed during the inspection by managers and staff that this date had not been realised as there were some internal issues that required further consideration. On the final day of inspection, the inspectors were informed by the child care manager that the outstanding issues had been addressed and a new date within the coming weeks in September 2011 would see the centre formally re-designated as a mainstream residential facility. The practice in relation to supervision and support did not meet the required standard.

Key recommendations in this report are in relation to: purpose and function, management and staffing, supervision and support, training and development, administrative files, children's rights, suitable placements and admissions, statutory care plans and reviews, managing behaviour, children's case and care records, safeguarding and child protection, health, accommodation, safety and fire safety.

Practices that met the required standard

The inspector found that the following standards were met: register, notification of significant events, monitoring, contact with families, emotional and specialist support, discharges, primary care and education.

Register

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

Notification of significant events

This standard was met. The centre had a good notification of significant event procedure. External professionals interviewed confirmed their satisfaction with the procedure.

Monitoring

This standard was met. The HSE monitoring officer visited the centre and spoke with staff and young people on a regular basis. He had visited the centre on two occasions since the last inspection in November 2010 and had regular phone contact with the manager. Monitoring reports were submitted to the HSE in accordance with the standards and copies forwarded to the Authority. The inspectors advise that the monitoring methodology is reviewed to consider unannounced visits to centres, formal interviews with staff and thematic visits so as to facilitate more focussed monitoring of specific standards, regulations and best practice.

Contact with families

This standard was met. Centre records evidenced family access which was found to have been in keeping with the young people's care plans. Overall, the young people told the inspectors that they were satisfied with the contact they had with their families.

Emotional and specialist support

This standard was met. The staff team received support in the form of regular psychological consultation from the senior clinical psychologist assigned to the children's residential services. He attended staff team meetings on a regular basis and had worked directly with the young people on occasions. Those interviewed were aware of the emotional and psychological needs of the young people. Inspectors examined records of direct work with individual young people on care files, each with identified key-workers who were responsible for implementing the young person's placement plan. However, inspectors were told by staff that not all key-working sessions or direct work was recorded. Inspectors advise that records are maintained for all direct work carried out with young people.

The inspector was informed by the centre manager and supervising social workers that access to specialist services was generally good when required.

Discharges

This standard was met. Five young people had been discharged from the centre in a planned manner in the previous twelve months.

Primary care

The standard of primary care was good. The young people's living accommodation was ample and was decorated in as homely a fashion as possible. The grounds and fabric of the building was well maintained. Food was sufficient and of a good quality, and the young people were able to express their preferences for meals. There was a respect for race, culture, religion, gender and disability consistent with the general ethos of the centre to promote individual children's rights. The young people were able to choose individual activities. They had access to community based leisure facilities such as cinema, swimming and shopping.

Education

This standard was met. All three young people had been attending school in the previous twelve months. Two of the young people had completed their Junior certificate examinations and both confirmed they wanted to continue in education. Centre records contained some school reports and other information related to their educational placements. The inspectors found evidence from the young people's files that their educational needs were part of their care plan and were subject to discussion at their statutory reviews. Inspectors had concerns regarding the future care plan of one young person. It was unclear at the time of inspection if the young person was to continue residing in the centre and therefore a school placement for the coming year had not been confirmed. (*See Care planning section*)

Practices that partly met the required standard

The inspector found that the following standards were met in part: purpose and function, management and staffing, training and development, administrative files, children's rights, suitable placements and admissions, statutory care plans and reviews, managing behaviour, children's case and care records, safeguarding and child protection, health, accommodation, safety and fire safety.

Purpose and function

This standard was met in part. Following a reconfiguration exercise with the HSE SA's children's residential service, a decision was made to cease operating high support services in its area and re-designate the centre as a mainstream residential facility from the 8 August 2011. Inspectors were subsequently informed during the inspection by managers and staff that this date had not been realised as there were some internal issues that required further consideration; however, inspectors found during interviews with staff, managers and external professionals the purpose and function of the centre was currently described as a mainstream service even though formal re-designation had not taken place on the proposed date. Inspectors recommend that the HSE SA:

- formalise the re-designation of the centre to a mainstream residential facility as soon as possible
- implement a process to support the changeover which should include a revision of language and thinking processes within the centre's policies and practices
- review the internal management structure and staffing levels to fulfil its re-designated purpose and function

Management and staffing

This standard was met in part. The staff team comprised the acting unit manager, a deputy manager, an acting senior child care leader and 14.55 whole time equivalent child care posts. Due to the low number of admissions in the previous twelve months, the deputy manager was requested by the line manager to assist in three other residential centres in the service and had been absent from this centre since October 2010. He had only recently returned to this centre since the 2 August 2011. Other staff were redeployed for specific shift cover in residential centres who were experiencing staff shortages or to provide shift cover in emergency situations. Two of the three personnel on the centre management team were in acting positions. Inspectors are of the view that the delivery of a quality care service to vulnerable young people required strong management and leadership. The inspectors reiterate the recommendation made above in the section on purpose and function that the HSE SA review the internal management structure and staffing levels to fulfil the centre's re-designated purpose and function to ensure their effectiveness.

The inspectors found staff to be appropriately vetted. The majority of staff had been working in the centre for many years. Given that a number of Garda checks were obtained over ten years ago, the inspector advised that the checks are renewed, and continue to be renewed on a rolling basis, so as to ensure ongoing safe care practice.

Training and development

This standard was met in part. The centre held a training record for all staff. All staff were found to have had training in the core training modules such as *Children First: Guidelines on the Protection and Welfare of Children*, Therapeutic crisis intervention (TCI) full and refresher training and fire safety training. Training had been received by some members of the team in areas such as understanding children's sexual behaviour, freedom of information, stress management, children's rights and supervision skills amongst other areas. It was unclear from the records as to what level staff had received training in *Children First*. Inspectors recommend that the centre carries out a training and skills audit in response to the re-designation of the centre as a matter of priority.

Administrative files

This standard was met in part. The centre had different formats in place for recording and storing of information. There was some evidence that assurance checks of records were being carried out by managers on occasions to assure their quality and to safeguard the interests of the young people. Due to the amount of administrative files held within the staff office, inspectors found it difficult at times to locate the most contemporary information. There were a large number of records in relation to previous residents that had not been archived at the time of inspection. The inspectors recommend that the organisation, storage and archiving of all administrative records is reviewed as a matter of priority.

Children's Rights

This standard was met in part. For the most part, inspectors found that this standard was reasonably well met as the young people had a good awareness of their rights and the information relevant to them. One staff member was a designated rights officer. The centre's information booklet for young people was informative; however, this information was a lot for a young person to take in on admission to care particularly for the first time and therefore it should be discussed

in more detail on a regular basis with each young person. During interviews, the young people spoke about their rights; however, they outlined some processes in place that appeared unfair and unequal such as supervision and lack of privacy. Inspectors recommend that the centre reconsiders the balance between supervision and young people's privacy.

Suitable placement and admissions

This standard was met. For most of 2010 the centre operated at below capacity with one to two residents at any one time. Overall, there were six admissions to the centre since February 2010. The centre had only one resident for a period of about three weeks from the end of May to the 27 June 2011. From the end of June 2011 the centre had two residents with a third admission on the 8 August 2011, three days prior to the inspection. The inspectors found that two of the young people living in the centre met the centre's purpose and function at the time of their admission; however, this was not the case for the most recent admission who required a high level of supervision. This was made known to the supervising social worker at the time of admission. Inspectors recommend that future admissions take account of the re-designation status of the centre that takes account of the need to care for and protect young people.

Statutory care plans and reviews

This standard was mostly met. Two of the young people living in the centre had a care plan on file; however, only one of the care plans was applicable to the current placement. The most recent admission did not have a care plan on file on the first day of inspection. An unsigned copy of a care plan for this young person was furnished to the centre on the second day of inspection. Inspectors found the care plans to be of varying quality. There was little evidence of statutory child in care reviews having taken place. Inspectors viewed minutes of the centre's monthly placement meetings which were attended by the supervising social workers. Inspectors recommend that the HSE SA ensures that the centre is furnished with all outstanding statutory care plan review minutes or decisions made, updated care plans and any other supporting documentation without further delay.

Children's case and care records

This standard was met in part. Each young person had a permanent and secure care file. The inspectors found that not all the files contained all the statutory documentation. 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 the HSE SA ensures that:

- where relevant, the supervising social worker provides the centre with the absent statutory documentation as a matter of urgency,
- a policy in relation to computer-generated information within the centre is developed and implemented.

Managing Behaviour, restraint and absences without authority

This standard was met in part. It must be noted that the inspectors considered it difficult to evaluate the effectiveness of behaviour management strategies in the previous twelve months due to the centre being under capacity.

The inspectors were told that the HSE approved method of managing behaviour in the centre was Therapeutic Crisis Intervention (TCI). Each young person had an up-

to-date individual crisis management plan (ICMP) which served as a risk assessment that guided staff in their response to crises. These were found to be of good quality. There was an appropriate use of sanctions/consequences for unacceptable behaviours. The use of physical intervention and unauthorised absences were generally low as outlined below.

There had been three physical interventions used with one young person in the previous twelve months. There had been no physical interventions used since January 2011. The interventions were found by the inspectors to have been consistent with TCI, and appropriately recorded and notified to all relevant parties. The centre had mechanisms in place to record and notify relevant people of any physical interventions.

In the year prior to the inspection there were 12 absences without authority from the centre in relation to four young people. Ten of these absences related to one young person who had a pattern of missing from a previous care placement for an extended period of time. Given the circumstances of the young person's admission to the centre, her age and a strong desire to move to independent living, staff endeavoured to reduce the number of absences. Centre records demonstrated that the HSE/Gardai protocol for children missing from care was followed. The inspectors found completed initial risk assessments on care files. The absences were appropriately notified to all relevant parties.

Those interviewed spoke of the risks while young people are absent from the centre which included consumption of alcohol and drugs and association with inappropriate adults who may be known to the Gardai. The risks posed to young people while absent without permission from the centre are always high. Notwithstanding the efforts to address the risks, the inspectors recommend that managers make every effort to reduce the incidence of unauthorised absences and carry out an analysis so as to ascertain the effectiveness of the responses adopted.

Safeguarding and Child protection

This standard was met in part. The centre had a safeguarding and child protection policy which was understood by all staff and realised in practice. There was one child protection concern reported by the centre to the referring social worker. The inspectors evidenced through interviews with staff and external professionals and through examination of records that child protection concerns were clearly identified as they arose and that a robust system for the reporting of child protection concerns was in place. 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 and all information pertaining to a child protection concern in a chronological and timely order.

Health

This standard was met in part. Each young person had access to a G.P, dental and other specialist services as necessary. Records of appointments were maintained. Medical assessments were carried out on admission to care. In general, medical histories and comprehensive immunisation records were not evident on the care files. The inspectors did find some immunisation records in one care file. There was little evidence of efforts made to obtain information where absent. The young people interviewed told inspectors that they would like a wider choice of G.P. They

also told the inspectors that there was no limit to the amount of cigarettes they could smoke in the day. Notwithstanding the fact that smoking is not allowed in HSE buildings, the young people can smoke in designated areas outside the centre and are required to hand up their cigarettes and lighters at night. Given the young people's ages, the inspectors were concerned about the practice and recommend that the HSE ensure that clear national guidance is provided to residential centres on smoking by young people.

Accommodation, maintenance and repairs

This standard was met in part. This was a purpose built house located in a city suburb in good structural repair. The centre was spacious and had an area that young people could meet with their families in private. The general décor and furnishings were of a satisfactory standard. Each young person had their own bedroom which were suitable and adequately appointed. There was also ample space and facilities for recreation within the centre. The centre was adequately insured against accidents or injuries to young people and the inspectors were provided with a copy of a valid insurance policy for the centre. Inspectors were told by the managers and staff that response to maintenance issues was generally good. There were some areas within the centre that were shabby and in need of attention, e.g carpets and paintwork in the main hallways. Inspectors recommend that the HSE SA ensures that a rolling programme for works and decoration is put in place to maintain a good standard of accommodation.

Safety

This standard was met in part. The centre had an up to date health and safety statement. Medicines were stored in a secure cabinet to which young people did not have access. The administration of medication was recorded in line with centre policy. Two staff had been trained in first-aid techniques and further training for other staff was planned for September 2011. A health and safety audit was required for the centre. The inspectors recommend that the HSE carry out a health and safety audit as a matter of priority.

Fire safety

This standard was met in part. The centre had written confirmation of compliance with all statutory requirements relating to fire safety and building control. The inspectors examined the fire register which was a loose-leaf folder and found that it did not adequately reflect the fire safety precautions actually in place. There was evidence of only one fire drill in the previous twelve months. Fire safety training had been provided in February 2011 and another training session was planned for September 2011. The inspectors recommend that the HSE SA ensures that:

- the centre adopts a fire register that holds all the essential information in one secure record
- fire drills are carried out on a regular basis in line with centre policy and are properly recorded.

Practices that did not meet the required standard

Supervision and Support

This standard was not met. The HSE SA had a policy for professional supervision of staff in children's residential centres. The policy stated that staff supervision should occur every four to six weeks. During interviews with the manager and staff, the inspectors were told that formal supervision was not occurring on a regular basis and were given various reasons as to why it was difficult to meet the requirements. A sample of supervision records was reviewed. The inspectors found that supervision for many staff was not in line with policy and that there was little evidence of an effective link between supervision and the implementation of care and placement plans.

The inspectors recommend that:

- managers in the centre re-establish a formal supervision structure which works for their service and is in line with the standards and regional policy,
- a note is made of the reason why a supervision session does not occur,
- a strategy is devised to cover leave of supervisors
- the HSE monitoring officer monitors the practice in this area to ensure that this standard is met.

3. 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		√	

Recommendations:

1. The HSE SA should ensure that:
 - the re-designation of the centre to a mainstream residential facility is formalised as soon as possible
 - a process is implemented to support the changeover which should include a revision of language and thinking processes within the centre's policies and practices
 - the internal management structure and staffing levels is reviewed to fulfil its re-designated 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. See Recommendation 1 point 4
3. The HSE SA should ensure that:
 - managers in the centre re-establish a formal supervision structure which works for their service and is in line with the standards and regional policy,
 - a note is made of the reason why a supervision session does not occur,
 - a strategy is devised to cover leave of supervisors
 - the HSE monitoring officer monitors the practice in this area to ensure that this standard is met.
4. The HSE SA should carry out a training and skills audit in response to the re-designation of the centre as a matter of priority.
5. The HSE SA should ensure that the organisation, storage and archiving of all administrative records be reviewed as a matter of priority.

The inspectors advise that Garda clearances that are over ten years old are renewed for staff and that vetting continues to be renewed on an agreed rolling basis so as to ensure safe care practice.

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	√		

The inspectors advise that the monitoring methodology is reviewed to consider unannounced visits to centres, formal interviews with staff and thematic visits so as to facilitate more focussed monitoring of specific standards, regulations and best practice.

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:

6. The HSE SA should ensure that the centre reconsiders the balance between supervision and young people's right to privacy.

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	Not assessed		
Discharges	√		
Aftercare	Not assessed		
Children's case and care files		√	

Recommendations:

7. The HSE SA should ensure that future admissions take account of the re-designation status of the centre that takes account of the need to protect young people.
8. The HSE SA should ensure that the centre is furnished with all outstanding statutory care plan review minutes or decisions made, updated care plans and any other supporting documentation without further delay.
9. The HSE SA should ensure that:
 - where relevant, the supervising social worker provides the centre with the absent statutory documentation as a matter of urgency,
 - a policy in relation to computer-generated information within the centre is developed and implemented.

11. 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:

- The HSE SA should ensure that managers make every effort to reduce the incidence of unauthorised absences and carry out an analysis so as to ascertain the effectiveness of the responses adopted.

7. Safeguarding and Child Protection

Standard

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

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

Recommendation:

- The HSE SA should ensure that the care files reflect the record of and 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:

- The HSE should ensure that clear national guidance is provided to residential centres on smoking by young people.

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:

13. The HSE SA should ensure that a rolling programme for works and decoration is put in place to maintain a good standard of accommodation.
14. The HSE SA should carry out a health and safety audit of the centre as a matter of priority.
15. The HSE SA should ensure that:
 - the centre adopts a fire register that holds all the essential information in one secure record
 - fire drills are carried out on a regular basis in line with centre policy and are properly recorded.

4. Summary of recommendations

- 1.** The HSE SA should ensure that:
 - the re-designation of the centre to a mainstream residential facility is formalised as soon as possible
 - a process is implemented to support the changeover which should include a revision of language and thinking processes within the centre's policies and practices
 - the internal management structure and staffing levels is reviewed to fulfil its re-designated purpose and function
- 2.** See Recommendation 1 point 4
- 3.** The HSE SA should ensure that:
 - managers in the centre re-establish a formal supervision structure which works for their service and is in line with the standards and regional policy,
 - a note is made of the reason why a supervision session does not occur,
 - a strategy is devised to cover leave of supervisors
 - the HSE monitoring officer monitors the practice in this area to ensure that this standard is met.
- 4.** The HSE SA should carry out a training and skills audit in response to the re-designation of the centre as a matter of priority.
- 5.** The HSE SA should ensure that the organisation, storage and archiving of all administrative records be reviewed as a matter of priority.
- 6.** The HSE SA should ensure that the centre reconsiders the balance between supervision and young people's right to privacy.
- 7.** The HSE SA should ensure that future admissions take account of the re-designation status of the centre that takes account of the need to protect young people.
- 8.** The HSE SA should ensure that the centre is furnished with all outstanding statutory care plan review minutes or decisions made, updated care plans and any other supporting documentation without further delay.
- 9.** The HSE SA should ensure that:
 - where relevant, the supervising social worker provides the centre with the absent statutory documentation as a matter of urgency,
 - a policy in relation to computer-generated information within the centre is developed and implemented.
- 10.** The HSE SA should ensure that managers make every effort to reduce the incidence of unauthorised absences and carry out an analysis so as to ascertain the effectiveness of the responses adopted.

- 11.** The HSE SA should ensure that the care files reflect the record of and all information pertaining to a child protection concern in a chronological and timely order.
- 12.** The HSE should ensure that clear national guidance is provided to residential centres on smoking by young people.
- 13.** The HSE SA should ensure that a rolling programme for works and decoration is put in place to maintain a good standard of accommodation.
- 14.** The HSE SA should carry out a health and safety audit of the centre as a matter of priority.
- 15.** The HSE SA should ensure that:
 - the centre adopts a fire register that holds all the essential information in one secure record
 - fire drills are carried out on a regular basis in line with centre policy and are properly recorded.

The inspectors advise that Garda clearances that are over ten years old are renewed for staff and that vetting continues to be renewed on an agreed rolling basis so as to ensure safe care practice.

The inspectors advise that the monitoring methodology is reviewed to consider unannounced visits to centres, formal interviews with staff and thematic visits so as to facilitate more focussed monitoring of specific standards, regulations and best practice.