



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

## **Inspection of a Children's Residential Centre in the HSE North East Area**

**Inspection Report ID Number: 469**

**Inspection Fieldwork: 21 – 22 June 2011**

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## **1. Introduction**

The Health Information and Quality Authority (HIQA) Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Services Executive (HSE), North East Area (NEA) under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (Lead Inspector) carried out the inspection over a two-day period from the 21<sup>st</sup> to the 22<sup>nd</sup> of June 2011.

The centre provided residential care for up to five young people in care and their children. The average length of placement was 12 months, but this was flexible and was amended to suit the circumstances of individual young people. The centre provided a service to the Dublin North East Region however referrals had also been accepted to the centre for young people from the Dublin South West and Dublin Mid-Leinster Areas.

The centre was located in Dublin North West in a recently built housing estate. It had moved to these new premises in May 2010 from Dublin city centre. At the time of inspection there were three girls and two babies living in the centre. One girl's baby was expected to join her in the centre soon after the inspection fieldwork period. Two of the girls were aged 17 and another was aged 16.

The centre was last inspected in May 2008 and a follow-up inspection was carried out in December 2009. All recommendations made in the original full inspection were implemented. The reports can be accessed on the Authority's website [www.hiqa.ie](http://www.hiqa.ie) as inspection reports 199 and 278.

### **1.1 Methodology**

The judgements of the Inspector in relation to this inspection were based on an analysis of findings verified from a number of sources of evidence gathered through:

- observation of practice
- examination of records and documentation, including:
  - The centre's statement of purpose and function
  - Policies and procedures
  - Young People's case files
  - HSE Monitoring Officer's reports on the centre
  - Two self-audits carried out by the centre
  - Census forms on young people, management and staff
  - Administrative records
  - Previous inspection report and follow-up report
  - Health and safety documents
  - Questionnaires completed by the young people and their social workers
- interviews with the following:
  - Two young people in residence
  - The Centre Manager
  - The Acting Deputy Centre Manager
  - Alternative Care Manager
  - Two Social Workers
  - Two Social Care Workers
  - One HSE Monitoring Officer, and
- an inspection of accommodation.

## **1.2 Acknowledgements**

The inspector wishes to acknowledge the hospitality and co-operation of the young people, staff members and other professionals who assisted during this inspection.

## **1.2 Management structure**

The centre was managed by a centre manager who was assisted by an acting deputy centre manager. The centre manager reported to the alternative care manager.

The management structure above the alternative care manager included a child care manager, a general manager, a HSE area manager and a regional director of operations.

## **1.3 Data on young people**

During the fieldwork the following young people were residing<sup>1</sup> in the centre:

*Listed in order of length of placement*

<b>Young person</b>	<b>Age</b>	<b>Legal Status</b>	<b>Length of Placement</b>	<b>Number of previous placements</b>
# 1 (girl)	16.2 years	Voluntary Care Order	7 months	4 Foster Care Placements 3 Residential Care placements
# 2 (girl)	17.9 years	Interim Care Order	3 months	2 Residential Care 6 Foster Care
#3 (girl)	17 years	Full Care Order	1 Day	1 Foster Care placement 1 Private Residential Care placement 1 Supported Lodgings placement

## **2. Summary of Findings**

This was a well managed centre. There was evidence of mostly good practices in the centre. All of the young people who were interviewed and returned questionnaires to the inspector spoke well of the staff team. They described the centre as a transition to either independent living or another residential placement and they were looking forward to moving on. The young people said they felt listened to most of the time, but they said they would like to be consulted more on their day-to-day programme and the centre's policies that directly affected them. They had a good awareness of their rights and the plans for their future. The Inspector found the staff team to be stable and committed. They were also found to be motivated to continue learning and

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<sup>1</sup>There were two babies also living in the centre. These were children of two of the young people living there.

progressing the work of the centre. There was evidence of a good level of key working and direct work with the young people.

Overall, the inspector found that this was a well-managed centre that was spoken well of by the young people living there and the professionals involved with these young people. Key recommendations made in this report are in relation to children's rights, purpose and function, management of behaviour and fire safety. Recommendations in relation to other areas of practice are outlined further in the report.

### **3. Findings**

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

##### *Management*

This standard was met. The centre was managed by a social care manager who was experienced, qualified and who had been in place for some time. The centre manager provided guidance and support to the staff team and was aware of the needs and care plans for each of the young people living in the centre. There was good evidence of the centre manager quality assuring records and reports. The centre manager was supported by a recently appointed acting deputy manager. The centre manager was line-managed by an alternative care manager. The inspection found that there were clear lines of accountability within these roles.

There were some areas of practice that the centre found challenging. For example, the young people living in the centre were in the care of the HSE, but their children were not. The centre required guidance on practice issues related to this and a working group was established to address these and develop appropriate policies and procedures for this and other centres requiring the same guidance from the HSE. In the interim, the inspector found that the centre managers had developed procedures and provided guidance to the staff team. This was an area that the Inspector was of the view required national guidance. (See Children's Rights for recommendations)

##### *Register*

This standard was met. The centre had a register that recorded all of the admissions and discharges to the centre. The date of discharge from the centre for one young person needed to be entered into the centre register. The register was further developed to maintain a record of the movements of the young people's children in and out of the centre and of the care of the HSE (see also suitable placements and admissions). This was good practice. The inspector advises that the register is updated to reflect the discharge details of one young person.

##### *Notification of significant events*

This standard was met. There were 61 events notified by the centre since May 2010. These included achievements by the young people, admissions, aggressive behaviours displayed by the young people, child protection concerns, hospital admissions, complaints and absences from the centre, amongst others. These notifications were found to be well recorded and classified, notified to all relevant parties and were responded to by the referring social workers where necessary. A separate central register of notifications was kept for the young people's children, and the centre manager intended amalgamating these two documents. There was a good use of cross referencing in the central register of significant events.

### *Staffing and vetting*

This standard was met. The centre had 15 staff including the centre manager. Ten of these were full-time permanent staff and five were full-time temporary. There was a recently appointed acting deputy centre manager, and two of the team were social care leaders.

The inspector found this to be a stable, committed and motivated staff team. Some of the team had been working in the centre for 8-10 years and others under 4 years. The staff team was found to be focussed on the task of supporting the young people in their care and this was reflected in their keyworking records. There was good evidence of quality and focussed direct work with the young people. The team was also found to be reflective, and had identified and acknowledged the challenges it faced.

The centre worked off a 12 week roster that included two weeks where staff had a flexible roster in order to cover annual and sick leave. The staff on duty at night slept in and there were no waking staff. The self-audit carried out by the centre indicated that when waking staff were required due to the ongoing needs of a young person, the referring social work department contributed to the cost of any agency staff required. This is an area of practice that the Inspector advises the HSE DNE reviews in conjunction with an assessment of whether the centre's roster needs reviewing to meet the needs of the centre.

The centre employed agency staff infrequently.

The inspector found that the centre manager held personnel records in the centre on each staff member. A spot check of these showed that the staff had been subject to Garda checks and had references on file.

### *Training and development*

This standard was met. The centre held a training record for all staff. The centre had carried out a training audit in early 2011. All staff were found to be up-to-date on training in *Children First: Guidelines on the Protection and Welfare of Children*. Training had been received by the team in areas such as report writing, occupational first aid, fire safety, nutrition, responding to deliberate self-harm, life story work and restorative justice amongst other areas. The team had also been trained in Therapeutic Crisis Intervention (TCI). The training audit carried out by the centre and the most recent HSE's monitoring officer's report identified a requirement for training in paediatric first aid, Marte Meo (attachment) and social welfare entitlements amongst others.

The centre was committed to supporting the staff team to achieve third level qualifications. Three of the staff had no relevant qualifications and two of these were in the process of getting qualified at the time of the inspection.

### *Administrative files*

This standard was met. The inspector found that administrative records in the centre were good, efficient and facilitated good communication across the staff team. There was evidence that the centre manager regularly checked all records to ensure they were of a good standard. There was also evidence that where records required improvement, this was being addressed by the centre manager.

### *Monitoring*

This standard was met. The HSE monitoring officer had visited the centre and was in regular contact by phone with the centre manager. There was evidence of the HSE monitoring officer providing guidance and recommendations to the centre. The monitoring officer had reported on the centre in July 2010 and again in June 2011. An action plan was developed after each monitoring report to implement its recommendations.

#### *Suitable placements and admissions*

This standard was met. There were seven planned admissions to the centre since it relocated to its new premises in May 2010. The inspector found that all of the children living in the centre met the centre's purpose and function at the time of their admission. The centre was found to have an admission process and timeframe that was flexible in that it met the needs of each young person being admitted and their circumstances.

#### *Discharges*

This standard was met. The centre register showed that four young people were discharged from the centre in a planned manner since May 2010. A record was also kept of the movements in and out of the centre of the young people's children and reflected their admission to and discharge from care when this was obtained for the purpose of providing respite care, such as respite foster care placements.

#### *Contact with families*

This standard was met. The centre held records of all family access and for most young people it was found to have been in keeping with their care plans. The young people told the inspector that they knew the access arrangements for them and their children, and they said they were satisfied with the contact they had with their families.

#### *Social Work Role*

This standard was met. The centre held records of visits to the young people by their social workers. These were found to be regular for all of the young people. The young people said they got on well with their social workers and could contact them if they needed to. Each of the young people had a care plan and those interviewed said that they had been consulted in relation to their statutory reviews, even if they did not wish to attend.

The inspector found that some, but not all social workers read the young people's files when they visited the centre. The inspector advises that this practice is actively encouraged by the referring social work departments.

Centre records and interviews showed that social workers received notifications of serious incidents and significant events. The centre manager told the inspector that responses to these were generally good. The centre provided a monthly report to each social worker and these ensured social workers were up to date on each young person and their progress in the centre.

#### *Preparation for leaving care and aftercare*

This standard was met. The Area had a dedicated aftercare team and they were working with one young person who was transitioning out of the centre. The centre had also arranged for the local community welfare officer to visit the centre to inform the staff and young people about their entitlements. Centre records showed that

individual work was being carried out with the young people by the centre staff, and that individual programmes were in place to prepare the young people to live independently. One young person said that the assistance she was receiving to source her own accommodation was of great value to her, and she was confident that she was being adequately prepared to live independently.

#### *Individual care in group living*

This standard was met. The inspector found that each young person was treated as an individual in the centre. For example, the young people had separated programmes and were encouraged to have their own routines and social networks. Those interviewed told the inspector that they were encouraged to 'live their own lives'. Centre records showed that the staff team worked on an individual basis with each young person in areas such as establishing independence and self-care skills.

#### *Provision of food and cooking facilities*

This standard was met. The young people told the inspector that they liked the food, could cook if they wanted to, and had access to the kitchen when they wanted. One young person was cooking for herself and her baby as part of her independent living programme and said that there were times when there was not enough space in the kitchen for her, particularly if the staff were cooking for the other young people in residence. The inspector advises that this is explored by the centre staff team, and that a satisfactory medium is found for all concerned.

#### *Restraint*

This standard was met. The centre had good mechanisms in place to record and notify any physical interventions they made. These records and interviews with staff members showed that there were no physical restraints carried out in the centre since the last inspection.

#### *Safeguarding and child protection*

This standard was met. There were six child protection concerns reported by the centre to the referring social workers in relation to the young people and their children. Separate reports were made in relation to the children of the young people in care. All of the reports were found to have been responded to by the referring social work departments and some were ongoing.

#### *Education*

This standard was met. Centre records contained school reports and information about educational opportunities for some of the young people. The inspector found evidence from the young people's files that their education was discussed at their statutory reviews, and that the centre and referring social workers encouraged the young people to engage with further education and training that was available to them. All of the young people were over the age of 16 years in the centre, and therefore did not have to attend school/training. However, one was preparing to return to school to sit for her Leaving Certificate in September 2011, and another was exploring training options for when she left the centre.

#### *Accommodation*

This standard was met. This was a purpose built house located in a recently built residential estate in a North West Dublin suburb. It was leased by the HSE and the maintenance and repair of the premises were divided between the HSE and the landlord. There were five bedrooms for use by the young people living in the centre,

all of which were en suite. Two other bedrooms were staff bedrooms and another bedroom had been turned into a secure storage area for centre records.

The centre was spacious and had an area that young people could meet with their families in private, or have some time and space to themselves with their child if they wanted it. Considering the ample size of the centre and the industrial quality of some of its features, the centre had made every effort to decorate it in a way that provided a comfortable and homely environment. New flooring was to be fitted in the centre following the inspection, and this would further enhance the redecoration work already carried out in the centre.

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

#### *Purpose and Function*

This standard was partly met. The centre had a statement of purpose and function that described the centre as providing a residential based support service for young mothers. The programmes in the centre were described as being based on the 'Framework of Assessment for Vulnerable Children and their Families' and the statement said they endeavoured to meet the individual needs of the young people and their children. The statement also stated that the centre provided an assessment function, and that the programmes it delivered assisted in the development of parenting and life skills and the promotion of further education. There was a version of the statement developed for the young people and their families. This inspection found that the admissions to the centre in the year prior to the inspection met the purpose and function of the centre.

The statement of purpose and function was not dated and signed by the centre managers. It did not refer directly to the policies within which it operated. The inspector found that there was a lack of clarity in relation to the assessment function of the centre and its location within the overall assessment duty of the referring social workers. It was acknowledged by those interviewed, that the function of the centre and its model of care was under review and required further attention. The inspector was of the view that when this is achieved by the centre, other challenges it faced, such as the rationale for programmes it delivered, the regional policies it localised and record keeping in relation to the children of the young people living in the centre, would become clearer. The inspector recommends that the HSE DNE ensures that:

- The centre's statement of purpose and function is signed, dated and refers to the policies within which it operates
- The function of the centre is reviewed and the statement and centre practices are amended to reflect this.

#### *Supervision and support*

This standard was partly met. The inspector found that the centre's policy was to provide supervision every six to eight weeks. This was found not to be the case for all staff, and recommendations had been made by the HSE's monitoring officer on several occasions to address this. The task of providing supervision was the role of the centre manager however this was to be shared with the newly appointed acting deputy centre manager. The acting deputy centre manager required the HSE's supervision training. The inspector recommends that supervision is provided in accordance with the centre's policy and that the acting deputy manager receives supervision training.

### *Children's rights*

This standard was partly met. The centre staff interviewed by the inspector were found to be aware of the rights of the young people living in the centre in areas such as access to information and making complaints. There was a central complaints register. It showed that three complaints had been made by young people living in the centre since October 2010. The records showed that all complaints were dealt with appropriately.

The young people interviewed were also aware of their rights and they told the inspector that they were aware of their right to complain and knew the process. They also said that they knew they could see their care file and one said she was in the process of doing so. The young people told the inspector that getting access to their records was not always easy and that sometimes they had asked to see them and had been refused due to their keyworker not being on shift, or because the staff were not clear about what they could see. The inspector recommends that all young people have access to their care files and any other records (where appropriate).

Most of the challenges the centre and the young mothers faced in relation to children's rights were related to the fact that although the young people living in the centre were in the care of the HSE, their children were not, but were also living in the centre. There were also rights issues related to decision-making by young mothers about their children whilst they themselves were in care. Independent advocacy for the children of the young people in care was also found to be an area of concern, not just for the centre team, but for some of the young people's social workers. Although the centre, in partnership with the young people's social workers were attempting to address these issues, it was an area that required national guidance. The inspector recommends that:

- the HSE DNE ensures that all young people in the centre have appropriate access to their files
- the HSE DNE should explore ways to ensure independent advocacy for the children of the young people in care
- the National Office for Children and Families provides guidance to this and other centres on the rights of young mothers in care and their children.

### *Statutory care plans and reviews*

This standard was mostly met. Each of the children living in the centre had a care plan on file. Two care plans required updating, one following a statutory review, and another to reflect the young person's current placement.

Records showed that statutory child in care reviews were held for each of the young people in the centre within the statutory timescales. A statutory review was scheduled for one new admission. The inspector found that one young person's child required a statutory review in accordance with the Foster Care Regulations. These regulations state that once a child had been placed in foster care on more than two occasions, their case should be reviewed. This baby was placed in respite foster care on more than two occasions. The inspector recommends that the case of one young person's baby has a statutory review.

### *Emotional and specialist support*

This standard was mostly well met. The inspector found, through centre records and interviews with staff members and other professionals that the staff team and social workers provided emotional support to the young people living in the centre. The

young people interviewed said that although they felt supported, in their view, there was a need for more consideration of the type of support given to them in their role as young mothers, balanced with supporting them as young people in care. The inspector recommends that this is an area of practice that is discussed with the young people living in the centre on an ongoing, case by case basis. (See also Children's Rights) The centre had access to a locally based public health nurse. The young people said she provided assurance and support to them also.

This inspection found that the young people living in the centre had access to specialist services however, that there was a time delay in receiving them. One young person was waiting to be psychologically assessed, and the inspector advises that this is provided as a matter of priority. Counselling services were also offered to this young person. The centre had access to a host of locally provided supports for teenage mothers.

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

This standard was mostly met. The centre held a file for each young person living there. These were mostly well structured, contained most of the regulatory information and were accessible. The centre also kept daily records in relation to the children of the young people in care. They encouraged the young people themselves to write these daily reports on their children. Although the inspector was of the view that this was a sensible approach to practice, the centre's rationale for keeping these records was not clear. For example, the staff were unclear if these records were kept to assist them in assessing the young person as a capable parent, or that it was a HSE policy to do so. There was also a lack of clarity about whether the records generated about the children of the young people in care, were subject to the same rules and policies applied to those of the young people in care. This was an area of practice that was being reviewed by a regional working group established by the HSE. The inspector recommends that all records generated by the centre are recorded, maintained and archived in accordance with HSE policy.

#### *Managing behaviour*

This standard was partly met. The centre held a record of all sanctions placed on the young people living there. The centre had several types of challenging behaviours to deal with since the last inspection. These included for example, unauthorised absences and consuming alcohol. Despite this, the sanctions records were blank. The centre sanctions records did not record 'natural consequences' that the centre considered to be the primary consequence for the young people's behaviour. Behaviour was also managed through keyworking and individual work carried out with the young people by their keyworkers. The young people told the inspector that although sanctions were not applied directly by the staff, there was reliance by the staff team on social workers to address certain behaviours, particularly those that placed the young person and their child at risk. This was confirmed by one social worker interviewed. As a consequence of this approach, the young people felt that their capacity to keep their child was the main medium through which their behaviours were managed. The Inspector recommends that the centre reviews how it manages behaviour and how it responds locally to these.

#### *Absence without authority*

This standard was mostly met. There were 15 incidents where three young people were absent from the centre without authority. Eight of these were in relation to one young person. These were found to have been notified to all relevant parties. Where

an absence raised a child protection concern, it was classified as such and reported to the young person's social worker. The inspector recommends that absences from the centre are reduced.

#### *Health*

This standard was partly met. The staff team were trained in the Teenage Health Initiative and carried out the programme through their keyworking sessions with the young people. Each young person had their own G.P. The young people living in the centre had direct access to the local Public Health Nurse. The young people attended their G.P. alone if they so wished and they also visited the doctor on matters relating to their child unaccompanied by a staff member. One social worker told the inspector that they were informed regularly by the G.P. about the outcome of visits to them by the young person, and any medication prescribed to them or their child. The centre policy allowed for a young person over a certain age to hold their own and their child's medication in their bedrooms. The recording of this medication taken by a young person and their administration of medication to their child was therefore dependent on the young person disclosing this information to the staff on duty. The Inspector recommends that the HSE DNE ensures that centre policies and practices related to young people and their children attending their G. P., and the storage, administration and recording of the administration of medication, is in accordance with HSE policy, and is safe practice.

#### *Maintenance and repairs*

This standard was mostly met. The centre was well maintained, and as stated, was in the process of being decorated in order to make it as homely and comfortable as possible. Some areas that required attention included repairs to the walls where stair gates had been fitted, and safety handles needed to be fitted to the main bath. Other minor repairs were required throughout the centre. The central heating required attention by the landlord and this should be dealt with as soon as possible, particularly as there are young children living in the centre. The centre records showed that maintenance requirements, with some exceptions, were met. The inspector recommends that maintenance and repairs to the centre are addressed by the HSE and the landlord.

#### *Safety*

This standard was partly met. The centre manager provided evidence of the centre's public liability insurance. The centre had an up-to-date safety statement dated March 2011. This was read and signed by all members of the staff team. The centre had a health and safety representative. A health and safety audit was carried out in the centre on 21/1/11. Medication handed up to the staff team (see also Health) was stored in a locked cabinet in a bathroom that was accessible to all of the young people and visitors. The inspector recommends that the centre reviews the health and safety audit to include any risk attached to the location of the medication cabinet.

#### *Fire safety*

This standard was mostly met. The centre had the required fire safety certification and complied with standard 10.19. The centre had a fire register and fire checks and fire drills were held periodically. The last fire drill recorded was carried out in June 2011 and before that, July 2010. The centre should ensure that fire drills are carried out when each young person is admitted to the centre. The centre had door stops holding fire doors open, and although this assisted free movement through the centre, it was

not safe practice. The inspector recommends that fire doors throughout the centre are kept closed and that fire drills are carried out after a new admission to the centre.

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

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

**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 children and the manner in which care is provided. The statement is available, accessible and understood.

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Purpose and function		√	

**Recommendation:**

**1. The HSEDNE should ensure that:**

- the statement of purpose and function is signed, dated and refers to the policies within which it operates
- the function of the centre is reviewed and the statement and centre practices are amended to reflect this.

**2. Management and staffing**

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</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	√		
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**Recommendation:**

**2. The HSEDNE should ensure that supervision is provided in accordance with the centre's policy and that the acting deputy manager receives HSE supervision training.**

**3. Monitoring**

**Standard**

The HSE, 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 HSE to monitor statutory and non-statutory children's residential centres.

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Monitoring	√		

**4. Children's rights**

**Standard**

The rights of children are reflected in all centre policies and care practices. Children and their parents are informed of their rights by supervising Social Workers and centre staff.

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Consultation		√	
Complaints	√		
Access to information		√	

**Recommendation:**

**3. The HSE DNE should ensure that:**

- all young people in the centre have appropriate and timely access to their files
- the children of young people in care have independent advocates
- the National Office for Children and Family Services provides guidance to this and other centres on the rights of young mothers in care and their children.

**5. Planning for young people and young people**

**Standard**

There is a statutory written care plan developed in consultation with parents and children 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 children 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 partly met the required standard</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	√		
Young people's care records		√	

**Recommendation:**

**4. The HSE DNE should ensure that:**

- **the case of one young person's baby is reviewed in accordance with the Foster Care Regulations**
- **the centre works in partnership with the young people living there to explore ways in which additional emotional support can be provided by the centre to young people in care who have children**
- **all records generated by the centre are informed, recorded, maintained and archived in accordance with HSE policy.**

**6. Care of young people**

**Standard**

**Staff relate to children in an open, positive and respectful manner. Care practices take account of the children's individual needs and respect their social, cultural,**

**religious and ethnic identity. Children have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on children of separation and loss and, where applicable, of neglect and abuse.**

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</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:**

**5. The HSE DNE should ensure that:**

- the centre reviews how it manages behaviour and how it responds locally to these behaviours
- the centre's policies and practices related to young people and their children attending their G.P., and the storage, administration and recording of the administration of medication is in accordance with HSE policy, and is safe practice.

**7. Safeguarding and Child Protection**

**Standard**

**Attention is paid to keeping children 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Safeguarding and Child protection	√		

**8. Education**

**Standard**

All children 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Education	√		

## 9. Health

### Standard

The health needs of the children 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Health		√	

### Recommendation:

6. The HSE DNE should ensure that centre's policies and practices related to young people and their children attending their G.P., and the storage, administration and recording of the administration of medication is in accordance with HSE policy, and is safe practice.

## 10. Premises and Safety

### Standard

The premises are suitable for the residential care of the children 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Accommodation	√		
Maintenance and repairs		√	
Safety		√	
Fire safety		√	

**Recommendation:**

**7. the HSE DNE should ensure that:**

- **maintenance and repairs to the centre are addressed by the HSE and the landlord**
- **the centre reviews the health and safety audit to include any risk attached to the location of the medication cabinet**
- **fire doors throughout the centre are kept closed and that fire drills are carried out after a new admission to the centre.**

#### **4. Summary of Recommendations:**

**1. The HSE DNE should ensure that:**

- the statement of purpose and function is signed, dated and refers to the policies within which it operates
- the function of the centre is reviewed and the statement and centre practices are amended to reflect this.

**2. The HSE DNE should ensure that supervision is provided in accordance with the centre's policy and that the acting deputy manager receives HSE supervision training.**

**3. The HSE DNE should ensure that:**

- all young people in the centre have appropriate and timely access to their files
- the children of young people in care have independent advocates
- the National Office for Children and Family Services provides guidance to this and other centres on the rights of young mothers in care and their children.

**4. The HSE DNE should ensure that:**

- the case of one young person's baby is reviewed in accordance with the Foster Care Regulations
- the centre works in partnership with the young people living there to explore ways in which additional emotional support can be provided by the centre to young people in care who have children
- all records generated by the centre are informed, recorded, maintained and archived in accordance with HSE policy.

**5. The HSE DNE should ensure that:**

- the centre reviews how it manages behaviour and how it responds locally to these behaviours
- the centre's policies and practices related to young people and their children attending their G. P., and the storage, administration and recording of the administration of medication is in accordance with HSE policy, and is safe practice.

**6. The HSE DNE should ensure that centre's policies and practices related to young people and their children attending their G. P., and the storage, administration and recording of the administration of medication is in accordance with HSE policy, and is safe practice.**

**7. The HSE DNE should ensure that:**

- maintenance and repairs to the centre are addressed by the HSE and the landlord
- the centre reviews the health and safety audit to include any risk attached to the location of the medication cabinet
- fire doors throughout the centre are kept closed and that fire drills are carried out after a new admission to the centre.