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: 464**
**Inspection Fieldwork: 11 – 12 May 2011**
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**Inspection Period: 13**
**Centre ID Number: 423**

**Contents**

# 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), Dublin North East Region (DNE) under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Michael McNamara (co-inspector) carried out the inspection over a two-day period from the 11th to the 12th of May 2011.

The centre was part of the Crisis Intervention Service (CIS) for the HSEDNE region. The primary focus of the service was to provide short term emergency accommodation for to up to eight children, boys and girls aged between 12 and 17 years of age on admission, for the shortest possible time within a maximum timeframe of four weeks.

The centre was situated in a private area on the grounds of a hospital in County Dublin. Prior to this, the service was provided by two centres located in Dublin city centre. At the time of the inspection the capacity of the centre had been temporarily reduced to six, and there were five children living in the centre, three boys and two girls. The youngest was 15 years of age and the eldest was almost 18 years of age.

The centre was previously inspected in September 2009 with a follow-up inspection in March 2010. Reports of both inspections can be accessed on the Authority's website www.hiqa.ie as inspection reports 343 and 386.

## *1.1 Methodology*

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

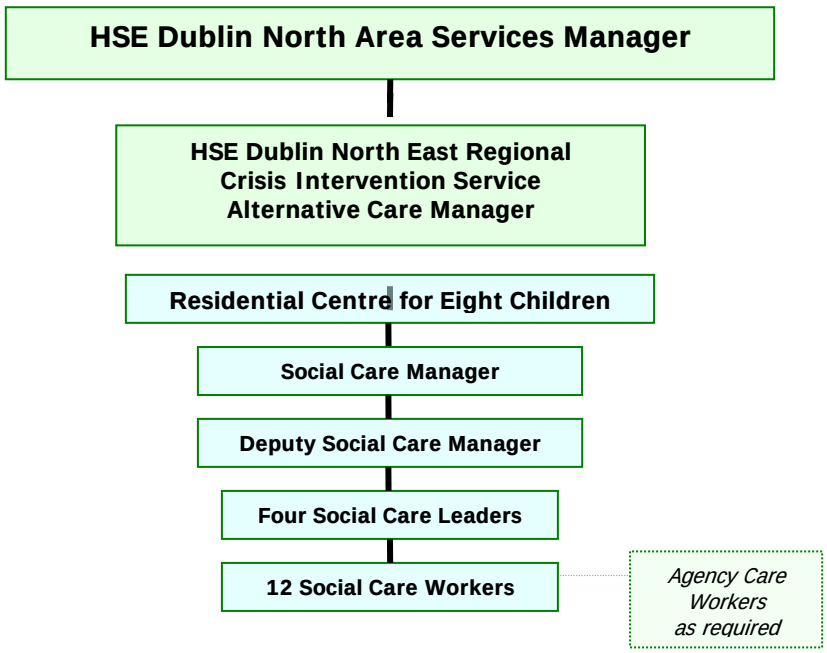
- observation of practice,
- examination of records and documentation, including:
  - the centre's statement of purpose and function
  - the centre's policies and procedures
  - children's care files
  - a self-audit report by the centre dated February 2011
  - the HSE monitoring officer's reports on the centre
  - census forms for children, managers and staff
  - administrative records
  - previous inspection reports
  - health and safety documents
  - questionnaires completed by the children and social workers,
- interviews with the following:
  - three children
  - the centre manager
  - the alternative care manager
  - three social workers
  - two social care workers
  - one relative of a child,
- an inspection of accommodation.

### *1.2 Acknowledgements*

Inspectors wish to acknowledge the hospitality and co-operation of the children, staff members and other professionals who assisted during this inspection.

### *1.3 Management structure*

The centre was managed by a suitably qualified social care manager assisted by a deputy social care manager. The centre manager reported to the alternative care manager. The alternative care manager reported directly to the HSE Dublin North Area Services Manager. The management structure is shown in the chart below.



### *1.4 Data on young people*

During the fieldwork the following young people were residing in the centre:

*Listed in order of length of placement*

| ***Young person*** | ***Age*** | ***Legal Status*** | ***Length of Placement*** | ***Number of previous placements*** |
|---|---|---|---|---|
| # 1 (girl) | 17 | Voluntary Care | Two days | None |
| # 2 (girl) | 17 | Section 5 | Two weeks | One Foster Care Placement |
| #3 (boy) | 15 | Voluntary Care | | None |
| # 4 (boy) | 16 | Voluntary Care | Two weeks | None |
| # 5 (boy) | 15 | Voluntary care | Two weeks | None |

## 1.5 Summary of Findings

This was a centre that was well managed on a day-to-day basis. However, inspectors found that the centre's purpose and function and gate-keeping required review by the senior HSE managers, as does the failure of some placing social work departments to provide adequate information about the children in accordance with the requirements of the regulations.

Inspectors found evidence of good practice in the centre. All of the children who were interviewed confirmed that they were well cared for, had a good relationship with the staff and felt safe in the centre. They said they felt listened to and respected. They spoke highly of the staff in relation to ensuring that they had contact with their families and providing them with emotional support when they needed it.

Inspectors found that the centre was staffed by a team that were committed to the young people. The staff team were presented with a wide variety of challenges by the range of children admitted to the centre under its broad purpose and function. The central tenet of its purpose was to cater for children described as 'newly homeless'. This term was found to include children homeless for many reasons, ranging from their first time out of home and in care, to children who had been in the care of the HSE for a long period of time and could not be placed in another residential centre due to the challenging behaviours or risks they presented. It therefore catered for children for whom preferred appropriate placements were not available. Some of these placements created unrealistic expectations and placed undue demands on the centre to meet the needs and particularly manage risks to and by children.

The centre placed a high value on education. The staff were diligent in ensuring that educational or training facilities were accessed and that the children were attending school or a training course, or seeking an education/training placement whilst they

were in the centre. This was not always possible, partly due to the short-term nature of the intervention provided by the centre partly because of the location of the centre, and in some cases owing to the uncertainty about children's follow-on placements.

Previous inspection reports recommended that the centre remove the closed circuit television (CCTV) cameras it had installed inside the premises. The Authority's position is that these are an infringement on the rights of the children living in the centre. Despite this recommendation being made repeatedly, the centre continued to have CCTV cameras that were fully operational inside the centre. The centre was also found to have all of its external doors locked. A child who wished to enter or leave the centre required a staff member opening a door with a key. This was found not only to be a potential fire hazard, but to be a practice that was not in keeping with the centre's purpose and function.

As far as possible the centre should resemble an ordinary home, and any features characteristic of institutions should be kept to an absolute minimum and be based on a formal assessment of risk.

Overall, inspectors found that the centre that was well managed, had a committed staff team and provided a short-term placement for a large number of children (102) in the year prior to inspection. It was a centre that faced considerable challenges as a result of the broad catch-all purpose and function it operated within and the rapid turnover of placements, and inspectors were of the view that this required significant attention from HSE senior managers. Key recommendations made in this report are in relation to safeguarding and child protection, revision of the centre's purpose and function, appropriate and safe placements, management of behaviour, and children's rights. Recommendations in relation to other areas of practice are outlined further in the report.

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

*Register*
This standard was met. The centre had a register that recorded all of the admissions and discharges to the centre. This was found to be up to date and well maintained by the centre manager. The register showed that there were 102 admissions, 57 boys and 45 girls, in the year prior to the inspection, (40% from January to May 2011), and records indicated that many of these placements were compatible with the purpose and function of the centre.

*Notification of significant events*
This standard was met. The centre held a register of all significant event notifications and these were clear and accessible to inspectors. In the year prior to inspection, there were 407 notifications of significant events made promptly, in accordance with the standards. The events notified ranged from child protection concerns (6), to children being reported as missing from care (181) (see also absences without authority), and serious incidents. The notifications were found to be well recorded and clearly classified. Generally, the centre received acknowledgements of notifications from social workers, but responses varied. Inspectors found that the centre needed to be clearer about its expectations of the social work departments once a notification was made. Some responses were received by phone and inspectors advise that the social care manager ensures that these are recorded on the child's file. (See also safeguarding and child protection).

*Staffing and vetting*
This standard was met. In addition to the centre manager and deputy manager, the centre had four social care leaders and 12 social care workers. Agency staff were employed by the centre when necessary and where this was a long-term requirement the same agency staff were assigned to the centre.

Inspectors found a staff team committed and motivated that had dealt with many serious challenges in the year prior to inspection. One incident that occurred immediately prior to the inspection had left some staff injured, and had de-stabilised the team to a certain extent. The external manager, social care manager and staff team were in the process of addressing the issues that had arisen as a result of this incident. The staff were found to be child-focussed and it was clear that they included the children as much as was possible in the everyday running of the centre. There was evidence of good quality direct work with the children and of regular consultation with them.

Inspectors found from examination of a sample of personnel files that the staff team were appropriately vetted. There was also evidence of the centre manager assuring herself that all agency staff were vetted appropriately.

*Training and development*
This standard was met. The centre held a training record. 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 supervision, manual handling, first aid, fire safety and abuse of 'head shop' substances.

*Administrative files*
This standard was met. Inspectors found that administrative records in the centre were good and facilitated good communication across the staff team. There was evidence that the centre managers and alternative care 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. The centre was in the process of reviewing its recording mechanisms and style of recording, to ensure there was good quality information recorded that was relevant. The centre had a good system of archiving that included transfer of files in the first instance to a secure room in the centre, and later to an HSE central archiving facility.

*Monitoring*
This standard was met. The HSE monitoring officer had visited the centre and was in regular contact by phone with the centre manger. The HSE monitoring officer had reported on the centre in the year prior to inspection and these reports were provided to the Authority. There was also evidence of the HSE monitoring officer providing guidance to the centre. One child interviewed by inspectors did not know who the monitoring officer was and was not aware of their role in relation to safeguarding. Inspectors advise that this is made known to the children as they are admitted.

*Individual care in group living*
This standard was met. Inspectors found that each child was treated as an individual in the centre. Those interviewed told inspectors that their wishes and needs were respected and catered for. Inspectors found from the accounts of children interviewed and from observation that there were warm caring relationships between staff and

children. Centre records showed that the staff team worked on an individual basis with each child and encouraged them to develop as individuals. This was good practice for which the staff team are commended.

*Provision of food and cooking facilities*
This standard was met. The children told inspectors that they liked the food, could cook if they wanted to and had access to the kitchen when they were hungry. The centre provided for children who for example were vegetarian or had dietary requirements specified by their religion.

*Race, culture, religion, gender and disability*
This standard was well met. One social worker told inspectors of the lengths the centre went to ensure that the child's religious needs were met. The centre files showed that the centre ensured they were aware of the religion of each child, even in the absence of a care plan or social work report. This was good practice.

*Restraint*
This standard was met. The incidence of use of restraint was low. There were three physical restraints in the centre since the last inspection. These were found to have been conducted in accordance with the HSE's policies and procedures. The restraint was appropriately recorded and notified to all relevant parties. The centre had developed an individual crisis management plan for each child that was accessible to the staff team. One was not completed to a good standard. Inspectors advise that the centre manager monitors the content of these plans regularly. (See also managing behaviour)

*Accommodation*
This standard was met. This was a centre that was located in refurbished premises on the grounds of a hospital in County Dublin. It had its own private area and garden. The general décor and furnishings in the house were of a high standard, and, although the structure of the centre was unusual as it consisted of several single storey houses connected together, the accommodation was homely, clean, comfortable, for the most part well-lit, and well ventilated. There was ample space, with eight bedrooms, two sitting rooms, and spaces for young people to meet visitors, family, friends and professionals, in private (see also contact with families and purpose and function). Young people had their own bedrooms. The bedrooms were suitable and adequately furnished. They were not personalised by the young people. This may be reflective of the fact that most are in the centre for a short time only. Inspectors found that the bedrooms were more functional than aesthetic, and stood in contrast to the common areas. They advise managers of the service to consider ways in which the rooms could be made more child-friendly and homely. There was ample space to the front and rear of the centre for recreation, but inspectors found that most of it was not regularly used. The exception was a small courtyard where young people were permitted to smoke. The designation of this as a smoking area was easily determined because there was no routine in place to clear it of cigarette butts. Inspectors recommend that managers consider ways in which the grounds of the centre could be better used by the young people. The gardens needed some work and this was part of a project that was being undertaken by the children with the staff team.

The centre had CCTV installed across the premises (see also purpose and function and children's rights) and this was advertised on notices along the front of the centre at each entrance (approximately six notices). Inspectors suggest that the centre reduce

the number of notices on the front of the house to one, and remove those that are not necessary.

*Safety*
This standard was met. The centre had a designated safety officer and a fire safety officer. A health and safety assessment was carried out in 2010. There was an up-to-date health and safety statement signed by all staff. Inspectors were told that all had received training in First Aid, but some, (seven or eight) needed to update their training. The centre's vehicle had a current tax certificate.

Medicines were appropriately stored in a locked metal cabinet, and the medication administration system was generally good. As well as the staff member administering the medication, young people signed when they received medication. The record did not make clear whether a young person was absent from the centre or was present in the centre and had refused, when a dose of medication should have been received. Inspectors were told that staff's medication was kept separate from young people's. The system did not include a weekly stock check. Since there was a significant amount of Over the Counter (OTC) medication, mostly various forms of painkillers, inspectors strongly advise that managers give consideration to introducing a stock check as a way of reducing the potential for error in the administration of medication. There was a sharps bin in the staff office used for the disposal of razors. These were regularly collected to be disposed of by the local hospital.

The centre had a clear system and routine for the safe storage of knives and household chemicals. Overall, the centre manager and staff demonstrated a good understanding of the requirements of the standard on premises and safety.

### *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 ethos and provided an outline of the model of care it provided. It was in a version that was accessible to children and their families. The statement was signed by the social care manager and dated December 2010. This was continuously under review and a full revision of the statement was completed just before the inspection. The findings of the review had not had an impact on admissions or the centre's purpose and function at the time of the inspection.

The purpose and function of the centre was to provide short-term emergency care to any child experiencing homelessness in the HSEDNE region aged between 12 and 17 years on admission. This did not reflect national policy on the placing of children aged 12 and under in residential care. The length of stay in the centre was not to exceed four weeks. However some children's placements did. One of the reasons for this was a delay in finding a follow-on placements for some children. (See also admissions and discharges)

Inspectors found that amongst the reasons children found themselves accessing this crisis intervention service due to homelessness, was their discharge from another HSE residential centre, and/or the identification by social workers of an appropriate placement for the child that was not made available to them. Some of the reasons children were discharged from other centres were the challenging behaviours or risks they presented, or the inability of the previous centre to manage the risks to the

children involved. Some of these were children who had been in the care of the HSE for a long period of time. The impact of their move to the centre was that their long-term need for safety continued to be unmet. Other children had been offered a place in the centre, and although their names were entered on the centre register as residents, they refused to live there and had never spent a night in the centre. This issue should be addressed when reviewing further the purpose and function of the centre and determining which children it can safely care for.

In the endeavour to keep some children safe, the centre's external doors were locked on a permanent basis. Access to and from the centre was controlled by the staff, and all external doors required a staff member to open them with a key, including fire escapes. Some of the children interviewed by inspectors referred to the centre as a 'lock up'. This was not in keeping with the purpose and function of the centre (see also safety). To meet this standard, inspectors recommend that the HSEDNE ensures that the centre and external managers review and amend the purpose and function to:

- reflect national policy on the placing of under children 12 in residential care
- determine whom the centre can safely care for without compromising its viability
- reflect its location in relation to other HSE residential care services.

*Management*

This standard was partly met. The centre was managed by a social care manager who was experienced, suitably qualified and in post since 2009. She provided guidance and support to the staff team and was well versed in the needs of each of the children living in the centre. There was evidence of the social care manager quality assuring records and reports produced by the centre. There were good systems of communication and recording introduced by the social care manager and supervision was mostly provided within the HSE's policy. The social care manager was supported by a deputy social care manager and they, with the alternative care manager provided an on-call service to the staff team when they were not on the premises.

The social care manager was line managed by an alternative care manager and there was evidence that the alternative care manager read and quality assured centre records and decision-making. Inspectors found that there were clear lines of accountability within these roles.

Although there was evidence of good management of the centre, inspectors found that some of the practices required immediate attention by the managers (internal and external). These included how the centre met its purpose and function and promoted the rights of children, the use of CCTV inside the centre, the locking of all external doors to the centre, and the extent to which admissions were effectively risk assessed. Inspectors recommend that the HSEDNE ensures that the centre is managed in a way that fully promotes the rights of children, meets the centre's purpose and function and provides safe care. (See also purpose and function for further recommendations)

*Supervision and support*

This standard was partly met. Supervision records showed that not all staff received supervision within the timescales outlined in the HSE's policy and also showed that it did not always refer to direct work with the children. Inspectors recommend that the HSEDNE ensures that the centre's practice in supervision is consistent with the HSE's supervision policy.

*Children's rights*
This standard was partly met. The centre staff team were found to be pro-active in promoting the rights of the young people. There was evidence of consultation with the children, and the children interviewed by inspectors were aware of their right to read their files. Children's meetings were held regularly and any issues the children had were addressed here. Where possible, children were encouraged to be involved in the day-to-day running of the centre

Some of the children interviewed during the inspection said they were not aware of their right to complain but were confident that they would if they needed to. They named family members, staff members and social workers as people they would complain to. There were two complaints made by children prior to the inspection. These were found to have been dealt with. However, records showed that one of these was not dealt with in a timely fashion or assessed adequately by the social work department. Inspectors recommend that the HSEDNE ensures that all complaints are treated equally and dealt with in accordance with HSE policy.

The centre had installed CCTV cameras in living areas inside of the centre including the children's bedroom corridors. The Authority's position was that this constitutes an infringement of the rights of the children living in the centre. The removal of CCTV cameras installed inside the centre was a recommendation of three previous inspection reports. This recommendation still stands. This was brought to the attention of the National Director of Children and Families Services following the inspection. Inspectors recommend that the National Director of Children's and Families Services and the HSEDNE ensures that CCTV cameras in use inside of the centre are removed.

*Suitable placements and admissions*
This standard was partly met. There were 102 admissions to the centre in the year prior to inspection, 57 boys and 45 girls. Inspectors found that some children were inappropriately placed in the centre, and the risks their placements presented were inadequately assessed and managed.

Although all of the children met the criterion of the admissions policy and the centre's purpose and function since they were all children with no other alternative living arrangement a the time, it was a matter of concern to inspectors that some were made homeless from other HSE residential centres.

One recent placement was of a child discharged from another centre due to the level of risk the child presented inside and outside the centre. These risks continued for the child when admitted to the centre being inspected. Centre records showed that the placement in the centre was not in keeping with the child's care plan and was not the placement required for him. Admission to the centre was clearly based on having no available preferred option. This was unacceptable. Despite the commitment and professionalism of the staff, inappropriate placements in the centre placed some children at continuing significant risk.

In another case, a child was placed in the centre and it was apparent within a short period of time that he/she required a mental health service. This was not available and resulted in the staff spending two days with him/her in an Accident and Emergency department of a general hospital in order to ensure that he/she received the appropriate intervention. This was unacceptable.

Although inspectors did not review every admission to the centre in the year prior to the inspection, the cases referred to above indicated that the centre sometimes catered for children whose needs they did not have the capacity to meet.

Through interviews and centre records inspectors found that some children were admitted to the centre in name only. Following a placement being provided for them, some children refused to live there and never actually spent a night in the centre. Their names remained on the centre register and they were continuously notified as missing from the centre. (See also purpose and function and for further recommendations).

Inspectors recommend that the HSEDML region carries out a review of one child's care history from his first admission to residential care in order to:

- identify how key decisions about this child were made
- assess the effectiveness of interventions used during residential placements, including therapy
- satisfy itself that decisions made were made in the best interests of the child and met his needs
- satisfy itself that the responses to the risk and child protection concerns for this child as they emerged were adequate, managed and timely
- furnish the Authority and the child's legal guardian with a copy of a written report on its findings.

Inspectors also recommend that the HSE National Director of Children's and Families Services ensures that access to mental health services is available and accessible as a matter of priority to all children in care.

*Statutory care plans and reviews*

This standard was partly met. Only two of the five children in the centre at the time of the inspection had a care plan. It is a requirement of the child care regulations that every child in care has a care plan and this was not the case for many of the children that had passed through this centre. This was unacceptable. All of the children interviewed knew what a care plan was and one had read the plan. The care plans seen by inspectors identified the needs of the children involved. Where the centre was not provided with a care plan, an interim document was developed by the social care manager to record identified key areas of concern. These were completed by the centre following mostly telephone conversations with the social workers involved. Although this was a good initiative by the centre, it did not absolve the social workers of their statutory duty. It is unacceptable that within a reasonable period of time a care plan, interim or otherwise, was not furnished by the placing social workers in accordance with their statutory obligations.

In the care files examined by the inspectors there was evidence of only one child having had a statutory care plan review. For the other four children it was unclear whether these had not occurred or whether they had and the centre had not been provided with copies of the reviews. One child was not aware of any review taking place, and of the decisions made about him/her. Inspectors recommend that the minutes and date of the last review for a child placed in the centre be provided to the centre by placing social workers in accordance with the standard. Inspectors also advise the centre manager to request a copy of statutory care plan reviews for each child placed at the centre.

Inspectors found that in one case a specific stipulation about risk management contained in a care plan was not followed through for a child and this had resulted in serious consequences for both the child and the centre staff. The decision to disregard the agreed strategy for managing the risk was made by both the centre staff and the social worker involved, and was not a decision made in the context of a statutory review. (See also suitable placements and admissions for further recommendations on one child's placement history and managing behaviour)

Inspectors found from the centre register that some children were discharged to the care of their social worker with no onward address. Others were found to have been subsequently placed in other crisis intervention centres (short or medium-term) by their placing social work departments as part of a planned response to an assessment of their needs. This meant that having been placed in the centre because they were 'newly homeless' they were 'newly homeless' again at the point of discharge. In light of these findings, inspectors were of the view that overall long-term care planning for this group of children was poor. Inspectors recommend that:

- the HSE ensures the all children in the centre have a promptly prepared care plan and that it is forwarded to the centre as a matter of priority as part of the admission process or immediately after the child is admitted
- the referring social workers ensure that children have good quality care plans that are reflective of their long-term needs
- that statutory reviews of care plans are carried out and copies of the minutes of review meetings are forwarded to the centre without delay.

*Contact with families*

This standard was partly met. The centre held records of all family access for most children. As there were no care plans on file for many of the children, it was not possible for inspectors to judge if this access was in keeping with their care plan. The children said they were happy with the access they had and could see their families when they wished. The centre continuously risk assessed family contact and notified the social workers of any concerns they had.

The centre provided adequate space for family visits. However, these were monitored by CCTV. Inspectors were of the view that this was inappropriate and that supervision of a family visit should be risk assessed and the level of supervision required was a matter for the respective social work departments. For most access arrangements supervision would be provided in person by an appointed supervisor. Inspectors recommend that supervision of family visits is determined by the child's social worker in conjunction with the centre and is reflected in each child's care plan. (See also children's rights and management in relation to CCTV)

*Social Work Role*

This standard was partly met. The level and nature of the service individual children accessing this centre received from social workers was found to vary from case to case. Of the children living in the centre at the time of the inspection, four had a social assigned to them and one did not. His/her case was being monitored by a duty social worker. Some children had regular visits from their social workers and others had none. Two of the children knew their social worker and had a good relationship with them. One child said he/she did not know his/her social worker well and did not have a contact phone number. Some social workers were found to have read the children's records when visiting the centre, as required by the standards. Others had not.

Although inspectors acknowledge the difficulty in providing the centre with information on children that are newly admitted to care and were not known to the social work department before their admission to the centre, inspectors found a considerable lack of key information on some children, even those known to the social work departments for a long period of time. Where the child is not known to the social work departments, it is the view of the inspectors that full co-operation with the centre in drafting a collective risk assessment for each child is imperative to support them in developing a placement plan that is safe. This also should consider the requirement of the standard to assess the potential of for abuse between peers when a new admission to the centre is being planned. . (See suitable placements and admission, and care planning and statutory reviews for recommendations).

Inspectors recommend that the HSE DNE ensures that all children accessing crisis intervention services have an allocated social worker and that all social workers provide a service to all children that is in keeping with the national standards and regulations.

*Emotional and specialist support*

This standard was partly met. Inspectors found, through centre records, interviews with the children, staff members and other professionals that the staff team provided crucial emotional support to the children living in the centre. One child expressed thanks to the staff team for all the support and safety they provided to him/her. Another valued the friendship offered by the team, and another expressed complete trust in the staff. All the children interviewed said that they felt safe in the centre.

Inspectors found that overall, specialist supports were available to most of the children living in the centre. This included educational supports. However one case showed that where there was a need for immediate mental health services for a child and this was not forthcoming. This was unacceptable. (See suitable placements and admissions for further recommendations).

*Discharges*

This standard was partly met. There were 100 discharges from the centre in the year prior to the inspection. The centre register showed that most of these were planned discharges, and that children were discharged back to their home, to a family member, to foster care or to another longer term residential centre. There was also evidence of the centre requesting that a child stay in the centre for a longer period to ensure they were discharged to an appropriate placement. Centre records showed that the centre completed a discharge report and these were placed on the children's care files. This was good practice.

The centre register also showed however, that 25 of the 100 children discharged were either discharged to their social worker or other homeless services within the voluntary sector (see also care plans and reviews). It also indicated that some of the discharges were emergency discharges that occurred following a serious incident in the centre. Interviews and centre records also indicated that some children were discharged whilst they were missing from care. Inspectors were told that onward placements were found for some of these children whilst they were missing from care, but this was not always the case.

Inspectors recommend that the HSEDNE ensures that that appropriate follow-on placements are secured before the child is discharged and all discharges are planned. (see also care planning and reviews). Inspectors also recommend that the National Director for Children's and Families Services, having considered the possible implications of homelessness for children, provides guidance to social work departments and residential care centres, on discharging children from residential care placements whilst they are missing from care.

*Children's case and care records*
This standard was partly met. The centre held a care file for each child living there. These were mostly well structured, well maintained and accessible, and they were stored in a safe place. However, since some placing social workers did not fulfil the requirements of the regulations and standards, the files did not always hold the regulatory information on the children. Considerable resources were required by the centre trying to get this information from the social work departments. This was unacceptable. Inspectors recommend that, in accordance with the regulations and standards, social work departments ensure that referring social workers provide the centre with all of the regulatory information required.

*Managing behaviour*
This standard was partly met. The centre was found to have few sanctions and they were well recorded and monitored by the centre managers. However, the most used sanction was the docking of pocket money. The centre manager and some of the children interviewed agreed that this did not have much of an effect on the children's behaviours. This was supported by centre records.

The centre had several types of challenging behaviours to deal with since the last inspection. These included non-school attendance, unauthorised absences, bullying, aggressive behaviour in the centre, and at risk behaviours displayed in the community by some of the children. Centre records and interviews with social workers showed that the centre worked closely with families and other professionals (such as social workers and Gardai) in an effort to manage these behaviours. Despite this, these behaviours continued for some of the children and in some cases resulted in a discharge from the centre. Centre records and interviews also showed that there was a dependence on the gardai to intervene in certain situations and also, a reluctance by the staff team to fully utilise all levels of Therapeutic Crisis Interventions methods (TCI) in order to appropriately manage risk.

There was a significant incident review group established for the area and one of their functions was to examine practices and outcomes of serious incidents in the centre. The staff team members also had input into this group. This was good practice.

A recent series of incidents over a two-day period highlighted some of the challenges facing the centre when dealing with a serious incident. These incidents included assault, bullying, a child identified as at risk being unsupervised in the community, and criminal damage. Inspectors were of the view that a team review of these two days would be of benefit to the team in identifying the team's strengths and focussing on areas requiring improvements in their response to various types of challenging behaviours.

Inspectors recommend that the HSEDNE ensures that the centre team carries out a review of the series of incidents that occurred in the centre just prior to inspection and

them reviews their policy and practice in managing behaviour, risk and serious incidents. These incidents should also be the subject of a critical incident review.

*Absence without authority*
This standard was partly met. There were 169 absences notified by the centre since December 2010. The length of time the children were absent varied from seven days to one day. For some children in excess of 20 absences without permission had been notified. Centre records showed that these absences were appropriately notified to all relevant parties, and that the centre worked closely with families, social workers and Gardai in order to address these absences with the children and manage the risk in as much as was possible whilst the children were absent from the centre. Inspectors recommend that the HSE carries out a review of policy and practice in the centre in order to develop a strategy to reduce the incidence of unauthorised absences to a minimum.

*Safeguarding and child protection*
This standard was partly met. There were seven child protection reports made in relation to five children since the last inspection. The centre held a central register of these. This was found to have been well maintained by the centre. These concerns included bullying and risk factors identified in the community. Inspectors found that some social work assessments of these concerns had yet to be completed and were ongoing when the child was discharged from the centre. In those cases, the centre was not always aware of the outcome of a social work assessment. Inspectors recommend that social work departments inform the centre of the outcome of all child protection reports made to them by the centre.

One recent series of events that took place over several days raised concerns in relation to how the centre and the child's social worker managed potential and actual risks to one child. (See suitable placements and admissions for further recommendations)

*Education*
This standard was partly met. The centre held a comprehensive record of school attendance for each child living there. This was good practice. This record showed that although the centre placed a high value on education, attendance was often poor for some of the children. Inspectors found that the nature of the centre, its location and the length of placement did not always facilitate school attendance. Some children did not know where they would be placed next, others were living a considerable distance from their school/training course and others had been out of school or education for a significant period of time. For some children this was reflective of their often chaotic lifestyles. For others, it was found to be a symptom of multiple placements.

Inspectors recommend that the HSE ensures that referring social workers make every effort to ensure that children are placed close to their school placements and that they attend school. Inspectors also advise that a review of the purpose and function includes the impact of a placement in the centre on every child's educational requirements.

*Health*
This standard was partly met. The children living in the centre had access to a doctor and records were kept of each visit and medication prescribed and administered.

Records also showed that although each child had a medical check when in the centre, this was not always carried out on or immediately after admission. Previous health and medical histories of the children in the centre were not routinely provided to the centre by the placing social workers. As a result the centre had developed an admission form that attempted to compensate for this deficiency in the social work department carrying out its statutory duty in this regard. This was good practice by the centre. However, it was unacceptable that social workers could not furnish the centre with known medical information on a child at the time of admission or immediately after.

Inspectors recommend that all children have a medical on or immediately following admission to the centre and that social work departments ensure that medical histories are provided to the centre for each child. (See children's case and care records for recommendations)

*Maintenance and repairs*

This standard was partly met. Overall, the centre was maintained to a high standard. There were some maintenance matters outstanding. For example, there was a loose slate on the roof, a downpipe was damaged, there was some loose cabling outside one of the buildings, a bath had settled leaving a space between it and the tiles, a damaged bedroom window had not been repaired promptly, and the surround of a bedroom doorway that had been repaired soon after the centre opened had been left unpainted. Inspectors did not receive evidence of a rolling programme of maintenance. Inspectors were shown areas where repainting had been carried out by staff. Inspectors are of the view that the centre was on the cusp of moving from a regime of maintenance to a regime of repair, and that, as well as conforming to the standard, a rolling programme of maintenance would be timely since the building is in general good order and the level of repairs required is low. The centre had a maintenance log in which it noted maintenance requirements reported to the HSE maintenance department. This was not always responded to in a timely fashion.

The centre was well decorated and this was primarily due to the commitment of the staff team and the high value they placed on keeping the centre looking well, as opposed to ongoing maintenance by the HSE. Although this was commendable of the staff team, the response by the maintenance department required improvement. Inspectors recommend that all of the maintenance requirements of the centre are attended to on an ongoing basis by the HSE maintenance department, and that a rolling programme of maintenance be developed in accordance with the standard.

*Fire safety*

This standard was mostly met. An inspector examined the fire register and found that there was a system in place for weekly checks of the emergency lighting system and all weekly checks for 2011 had taken place within the agreed timelines. Inspectors also found that that there had been some slippage in fire safety routines in the centre during 2011.

Specifically, the inspector found:

- Fire evacuation drills took place once a month. There had been one each month throughout 2010 and from February to April 2011, but one was missed in January 2011.

- The fire precaution/prevention system was serviced by a fire safety company, and checks were due every quarter. Inspectors found evidence of only three checks in 2010, in March, June and December, and none in 2011. However, the majority of the fire extinguishers had been checked in August 2010. The fire extinguisher in the boiler house had not been checked since January 2009. Some had been checked and refilled in February 2011.
- There was no clear evidence of checks on smoke alarms, but they were present in all the rooms of the centre. It was unclear whether there were smoke sensors in the attic spaces. The centre manager should consult the HSE fire safety officer about this as there is considerable attic space above the centre overall.
- Centre staff carried out regular checks of fire safety equipment. The centre's records showed that there should be daily and weekly checks. During the inspection the weekly fire-glass check was carried out. The record showed that this was sporadic during the months from January to May 2011, with only one check carried out in April. The fire register showed that there had been 16 fire alarm 'events' from January 2011 to the date of the inspection.
- Training in fire safety for the whole staff group last took place in January 2009. The safety officer acknowledged that refresher training was overdue.
- Inspectors found that all doors in the centre were locked, and that fire exits could be used only if they were unlocked by staff (see also purpose and function). In the course of the inspection of accommodation two fire exits were found to be obstructed, one, in the kitchen, by a refuse bin.

Inspectors recommend that fire safety checks are held in accordance with centre policy and that the centre reviews and changes the practice of locking all fire exits from the premises (see also purpose and function).

***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.**

| | *Practice met the required standard* | *Practice partly met the required standard* | *Practice did not meet the required standard* |
|---|---|---|---|
| Purpose and function | | √ | |

**Recommendation:**

**1. The HSEDNE should ensure that the centre and external managers review and amend the purpose and function to:**

- **reflect national policy on the placing of under children 12 in residential care**
- **determine whom the centre can safely care for without compromising its viability**

- **reflect its location in relation to other HSE residential care services.**

## 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.**

| | *Practice met the required standard* | *Practice partly met the required standard* | *Practice did not meet the required standard* |
|---|---|---|---|
| Management | | √ | |
| Register | √ | | |
| Notification of significant events | √ | | |
| Staffing (including vetting) | √ | | |
| Supervision and support | | √ | |
| Training and development | √ | | |
| Administrative files | √ | | |

**Recommendations:**
**2. The HSEDNE should ensure that the centre is managed in a way that fully promotes the rights of children, meets the centre's purpose and function and provides safe care. (See also purpose and function)**

**3. The HSEDNE should ensure that the centre's practice in supervision is consistent with the HSE's supervision policy.**

## 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.**

| | *Practice met the required standard* | *Practice partly met the required standard* | *Practice did not meet the required standard* |
|---|---|---|---|
| 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.**

| | *Practice met the required standard* | *Practice partly met the required standard* | *Practice did not meet the required standard* |
|---|---|---|---|
| Consultation | √ | | |
| Complaints | | √ | |
| Access to information | √ | | |

**Recommendations:**
**4. The HSEDNE should ensure that all complaints are treated equally and dealt with in accordance with HSE policy.**

**5. The HSEDNE should ensure that CCTV cameras are removed from the inside of the centre.**

## 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.**

| | *Practice met the required standard* | *Practice partly met the required standard* | *Practice did not meet the required standard* |
|---|---|---|---|
| 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 | | √ | |

**Recommendations:**
**6. The HSEDNE should ensure that the referring social work department carries out a review of one child's care history from his first admission to residential care in order to:**

- **identify how key decisions about this child were made**
- **assess the effectiveness of interventions used during residential placements, including therapy**
- **satisfy itself that decisions made were made in the best interests of the child and met his needs**
- **satisfy itself that the responses to the risks to and by this child as they emerged were adequate and timely**
- **furnish the Authority and the child's legal guardian with a copy of a written report on its findings.**

**7. The HSEDNE should ensure that access to mental health services are available and accessible as a matter of priority to all children in care.**

**8. The HSEDNE should ensure that referring social workers provide the centre with the minutes and date of the last review for a child placed in the centre in accordance with the standard.**

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

- **all children in the centre have a promptly prepared care plan and that it is forwarded to the centre as a matter of priority as part of the admission process or immediately after the child is admitted**
- **the referring social workers ensure that children have good quality care plans that are reflective of their long-term needs**

**10. The HSEDNE should ensure that the supervision of family visits is determined by the child's social worker in conjunction with the centre and is reflected in each child's care plan. (See also children's rights and management in relation to CCTV)**

**11. The HSE National Director of Children's and Families Services ensures that all children accessing crisis intervention services have an allocated social worker and that all social workers provide a service to all children that is in keeping with the regulations and national standards .**

**12. The HSEDNE should ensure that appropriate follow-on placements are secured before the child is discharged and all discharges are planned. (see also care planning and reviews).**

**13. The National Director for Children's and Families Services, having considered the possible implications of homelessness for children, should provide guidance to social work departments and residential care centres , on discharging children from residential care placements whilst they are missing from care.**

**14. The HSEDNE should ensure that in accordance with the regulations and standards, social work departments ensure that referring social workers provide the centre with all of the regulatory information required.**

## 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.**

| | ***Practice met the required standard*** | ***Practice partly met the required standard*** | ***Practice did not meet the required standard*** |
|---|---|---|---|
| Individual care in group living | √ | | |
| Provision of food and cooking facilities | √ | | |
| Race, culture, religion, gender and disability | √ | | |
| Managing behaviour | | √ | |
| Restraint | √ | | |
| Absence without authority | | √ | |

**Recommendations:**
**15. The HSEDNE should ensure that the centre team carries out a review of the series of incidents that occurred in the centre just prior to inspection and them reviews their policy and practice in managing behaviour, risk and serious incidents. These incidents should also be the subject of a critical incident review.**

**16. The HSEDNE should ensure that a review of policy and practice in the centre is carried out in order to develop a strategy to reduce the incidence of unauthorised absences to a minimum.**

## 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.**

| | *Practice met the required standard* | *Practice partly met the required standard* | *Practice did not meet the required standard* |
|---|---|---|---|
| Safeguarding and Child protection | | √ | |

**Recommendations:**
**17. The HSEDNE should ensure that social work departments inform the centre of the outcome of all child protection reports made to them by the centre. (See also suitable placements and admissions)**

## 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.**

| | *Practice met the required standard* | *Practice partly met the required standard* | *Practice did not meet the required standard* |
|---|---|---|---|
| Education | | √ | |

**Recommendation:**
**18. The HSE DNE should ensure that referring social workers make every effort to ensure that children are placed close to their school placements and that they attend school.**

## 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.**

| | *Practice met the required standard* | *Practice partly met the required standard* | *Practice did not meet the required standard* |
|---|---|---|---|
| Health | | √ | |

**Recommendation:**
**19. The HSEDNE should ensure that all children have a medical on admission to the centre and that social work departments ensure that medical histories are provided**

**to the centre for each child. (See children's case and care records for recommendations)**

## 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.**

| | *Practice met the required standard* | *Practice partly met the required standard* | *Practice did not meet the required standard* |
|---|---|---|---|
| Accommodation | √ | | |
| Maintenance and repairs | | √ | |
| Safety | √ | | |
| Fire safety | | √ | |

**Recommendations:**

**20. The HSEDNE should ensure that all of the maintenance requirements of the centre are attended to on an ongoing basis by the HSE maintenance department, and that a rolling programme of maintenance be developed in accordance with the standard.**

**21. The HSEDNE should ensure that fire safety checks are held in accordance with centre policy and that the centre reviews and changes the practice of locking all fire exits from the premises (see also purpose and function).**

## 4. Summary of Recommendations:

**1. The HSEDNE should ensure that the centre and external managers review and amend the purpose and function to:**

- **reflect national policy on the placing of under children 12 in residential care**
- **determine whom the centre can safely care for without compromising its viability**
- **reflect its location in relation to other HSE residential care services**.

**2. The HSEDNE should ensure that the centre is managed in a way that fully promotes the rights of children, meets the centre's purpose and function and provides safe care. (See also purpose and function)**

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