



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

A

CHILDREN'S RESIDENTIAL CENTRE

IN THE

HSE Dublin Mid-Leinster Area

INSPECTION REPORT ID NUMBER: 425

Inspection Date: 9th & 10th November 2010.

Publication Date: 14 January 2011

SSI Inspection Period: 12

Centre ID Number: 255

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Contents

1. Introduction

1.1 Methodology

1.2 Acknowledgements

1.3 Management structure

1.4 Data on young people

2. Summary of findings

3. Findings

4. Summary of recommendations

1. Introduction

The Health Information and Quality Authority (HIQA) Social Services Inspectorate (SSI) carried out an unannounced inspection of a children's residential centre in the Health Services Executive Dublin Mid-Leinster area (HSEDML) under Section 69 (2) of the Child Care Act 1991, on the 9th-10th November 2010. The lead inspector was Nuala Ward, and the co-inspector was Sharron Austin. The centre had been inspected last in March 2009 with a follow up inspection in April 2010. These reports can be accessed on www.hiqa.ie as reports numbers ID 157 and 318.

The centre was situated in a four-bedroomed detached house in a large rural town. At the time of inspection there were four siblings, two boys and two girls with a shared model of care by the staff team and the children's parent. The purpose and function of the centre was specifically for this sibling group.

At the time of the inspection, inspectors found that the centre had an experienced and committed staff team that provided good quality care to the children. Most of the standards were met. The standard on monitoring was not met. Other standards that were mostly or partly met were supervision, staffing levels, individual planning, emotional and specialist support and budgeting.

1.1 Methodology

Inspectors' judgements are based on evidence verified from several sources gathered through direct observation, examination of relevant records and documentation, an inspection of accommodation, and interviews with one child, a parent, the centre manager, four centre staff, a social worker, a community child care worker, the residential services co-ordinator and the local health manager. The inspectors spent time with all children.

Inspectors had access to the following documents:

- the centre's statement of purpose and function,
- the centre's policies and procedures,
- a health and safety statement,
- confirmation of fire safety arrangements,
- confirmation of insurance,
- the centre's register,
- the children's care plans,
- the children's care files,
- administrative records,
- personnel records, including supervision records,
- questionnaires completed by two children.

1.2 Acknowledgements

The inspectors wish to acknowledge the co-operation of the children, their parent and HSE managers and staff who participated in this inspection.

1.3 Management structure

The centre manager reported to the regional children's residential services co-ordinator who in turn reported to the local health manager for Dublin South. The centre was administratively funded and provided a service to the Wicklow local health area.

1.4 Data on children

At the time of the inspection the following children were resident in the centre:

Listed in order of length of placement

<i>Child</i>	<i>Age</i>	<i>Legal Status</i>	<i>Length of Placement</i>	<i>Number of previous placements</i>
# 1 (girl)	11	Voluntary Care	3 months	3 foster care
# 2 (girl)	8	Voluntary Care	3 months	One foster care
# 3 (boy)	5	Voluntary Care	2 weeks	None
#4 (girl)	4	Voluntary Care	2 weeks	None

2. Summary of Findings

Practices that met the required standard

Care Practices

The children were being well cared for. The individual needs of the children were addressed through specific activities for each child such as swimming and dance lessons. This was commendable. The staff team and the children's parent worked closely together in a shared parenting approach in caring for the children. Inspectors observed warm interactions between the children, their parent and the staff members including playing together. It was a busy house with four adults ensuring the four children were being cared for well and taken to their various activities. The staff team spoke warmly about the children and were concerned about their futures and how best their needs could be met.

Historically this staff team cared for one sibling group of children all of whom moved successfully onto other placements and aftercare with the last child moving out of the centre in July 2010. The staff team had provided a family home for these children and there was evidence of the strong attachment between this previous sibling group and the staff team.

The staff team presented as committed in providing a similar standard of care to this new sibling group of children. However, the transition from caring for one child to caring for four children with significant challenging behaviour had a significant impact on the staff team. Staff members told inspectors that they felt that the staff team had been in crisis during the summer months. Inspectors were told that sick leave had increased with one staff on sick leave for a number of weeks following an injury sustained in one incident in the centre.

During this time the two younger children of this sibling group also moved into the centre earlier than planned due to serious child welfare concerns. From the review of records inspectors noted that this was a very busy time and that some of the basic infrastructures of residential care had fallen into abeyance including staff supervision, placement planning and record keeping.

All of these factors contributed to a sense of disempowerment and the loss of confidence that was evident in the staff team on this inspection. However, there were also significant strengths as this team had committed and dedicated individuals. Inspectors found that the centre was stabilising. A positive management programme to address the aggressive outbursts for one child had been successfully implemented by the staff team. This had significantly reduced the number of aggressive incidents. Two of the older children were moved into separate bedrooms which also had a positive impact on the children.

Inspectors were told that there was a marked improvement in the confidence of the two younger children in their school placements. Overall, this family had begun to settle into the centre. Many of the recommendations in this report are focussed on building on this progress, rebuilding the staff team and focusing on meeting the individual needs of the children.

Management

The standard on management was met. The centre was managed by a suitably qualified person. The centre manager provided an informal on-call out of hours service to staff. The parent interviewed by inspectors found the manager and staff team welcoming. Inspectors found that the manager's role was significantly affected by having to work a considerable number of shifts to provide cover when there were staff shortages. The staff team spoke well of the manager and the support provided to them in their work. The line manager met with the centre manager on a regular basis and also attended team meetings. The centre manager and line manager met with external agencies in core group meetings on a fortnightly basis as part of the case management for this family. These core group meetings were highly valued by the management.

Notifications of significant events, and administrative files

The standard on the notification of significant events was well met. There had been fifteen significant events relating to incidents of aggression by two young people towards staff members. The social workers, parents and line manager were informed of these events.

Register

The centre's register met the requirements of the regulations. Inspectors advised that details of where a child's care file is archived should be recorded in the register.

Children's rights

The standard was met. The children had access to information about their rights although the information booklet for children needed to be updated and in an age appropriate format considering the young age of the children. There was a good complaints policy and no complaints had been made in the past year. The older children knew how to make a complaint and could identify people they could make a complaint to.

The children attended their care plans although consideration should be given to ensuring the younger children have a good understanding about the plans for them and their siblings.

Contact with families

The staff team and one of the children's parents were working together in a shared parenting model in providing care for the children. This approach was guided by the social worker and community child worker. Both the children's parent and the staff team worked together in nurturing and minding the children as well as providing appropriate boundaries around behaviour. The parent spoke highly of both the staff team and the social work department in the care provided to the children and the support provided to her. The children return home for a day at weekends and inspectors were told that this may extend to longer visits dependent on the ongoing assessment of the safety and welfare of the children when at home. The children's second parent had not yet engaged with the staff team in providing care to the children. The assessment of both parents ability to care for the children safely and well is a key aspect of assessing progress in this case and should be closely monitored and developed by the staff team and social work department.

Training

The staff had received training in core subjects, such as Therapeutic Crisis Intervention (TCI) and Children First. The centre manager had identified the need for specific training in attachment theory and had arranged in house training in this area. Other specific training such as caring for younger children and any other relevant training should be provided to support this placement and strengthen the team.

Safeguarding and child protection

The standard on safeguarding and child protection was well met. The staff had a good awareness of the principles of safeguarding, and there were clear procedures in place for notifying child protection concerns. Discussions by one child about previously investigated disclosures had been appropriately notified to the social work department.

Education

The standard on education was well met. The staff team had sourced school placements for the children and were actively supporting the children in this regard. The community child care worker worked closely with the younger children and inspectors were told of the significant improvement in their behaviour and confidence at school. This was commendable. Some issues that were raised by one school were being addressed at the time of inspection. The children's keyworkers should continue to develop strong working ties with each school to ensure each educational placement is sustained.

Practices that partly met the required standard

Purpose and function

The standard on purpose and function had not been updated since the arrival of the new sibling group of children. The centre had a statement of purpose and function supported by a range of comprehensive written policies. As the current model is in many ways a shared care arrangement with the parents of the children, this should be reflected in the purpose and function.

Staffing

The centre was staffed with six and a half posts, five full time posts and three part-time. Seven staff had qualifications in social care, and one had a relevant qualification. There were three posts vacant at the time of inspection. The manager had to provide cover on evenings at times. Agency staff members had been used in recent months due to sick leave. The centre had recently recruited three full time workers from a HSE funded voluntary agency that provided

relief cover to HSE centres. The manager hoped that this would provide stability to the team. It is essential that there is also adequate staffing including relief staff to cover staff absenteeism. This issue was also identified in the previous inspection report in 2009.

Supervision and Support

The standard on supervision was partly met. Inspectors were told that the centre's policy was for staff to have supervision every eight weeks. However, on examination of personnel files inspectors noted this had not occurred, with some staff members not receiving supervision for a number of months. The centre manager had supervision each month from their line manager. The infrequency of staff supervision had been raised in previous reports. Inspectors recommend that the line manager reviews the current supervision structure to identify improvements and monitor its implementation.

Financial and budget management

Inspectors found that the financial arrangements in the centre were not consistently robust or implemented effectively. Clothes and other items had been purchased in a timely manner for the two older children shortly after their admission. However, a request for money to purchase these items for the younger children had been made by the centre manager the day before the unannounced fieldwork. The outcome was that at the time of the inspection the two younger children that had been living in the centre for a couple of weeks, had only a small number of toy cars provided by a staff member to play with and had insufficient clothing.

The staff members and children spoke of the limits to money that could be spent. While the need to manage money appropriately is an essential part of household management it was a serious concern that essential items had not been purchased without delay.

Inspectors brought this matter to the attention of the local health manager during fieldwork and immediate steps were taken by the HSE to purchase the required items. Inspectors requested the HSE to immediately examine the current budget, management of same and the financial system to ensure this deficit does not occur again.

Planning for the care of the children

Inspectors noted that moving the children together into the centre was a carefully planned and considered move by the social work department. The focus of this placement was to maintain the links between the siblings and to work with the parents in maintaining the family unit. Inspectors were provided with a detailed needs assessment for each individual child and for the sibling group as a whole. It was a comprehensive and detailed piece of work completed by the social worker and community child care worker. From this assessment individual care plans were developed for two children and were on file in the centre.

Inspectors noted that the significant importance of the sibling attachments was given due weight and importance. There were fortnightly inter-disciplinary core group meetings attended by social work, community child care, residential management and psychology. Minutes of these meetings were available on file. The social worker and the community child care worker had worked on shift with the team to help ease the transition for the children from the family home and previously placements into this service. This reflected the commitment of the workers involved to this family.

However, inspectors found that inter-disciplinary working relationships and communication needed to improve. The majority of the staff team had not read the assessment report on the children. The staff team and the social work department did not have an agreed plan for the future of the children. The external professionals had one view and the staff members told

inspectors a different view. This was a significant concern and should be addressed immediately.

A second concern was that the individual needs assessment had not resulted in individual targeted interventions for the children. As the children and staff team were beginning to develop positive relationships and form attachments this should occur as a matter of urgency. Statutory reviews occurred in accordance with the regulations and the care plans for the two youngest children would be developed at the next review in the coming weeks.

Social Work role

This standard was well met. The social worker worked closely with the children and their parents in planning this move into the service. The assessment of their needs was to a high standard and due consideration was given to the previous experiences of the children and their needs. One of the parents told inspectors that the social worker and their team leader was a significant person in their lives. The social worker visited on a regular basis and had worked shifts in the centre to ease the impact of the transition for the children. This was commendable and reflected a high level of commitment and child centred practice by the social work department.

One older child remained at home. The social worker told inspectors that this child was not on the child protection register as a safety plan was in place. The second parent of the children had not engaged with the shared model of care. These concerns had been identified by the social work department.

Inspectors were concerned about the pending transfer of this case from the current duty social worker to a social worker on the long term team. Inspectors urge that this transfer is carefully managed. The positive relationships between the social work team and this family especially the parents was part of the protective strategy in managing child welfare and safety concerns. The need for close monitoring and protective interventions when the children are in the family home should remain paramount as part of the transfer of this case.

Health

The standard on health was met in part. The young people were all registered with a local GP and two of the children had medical assessments on admission. The staff team had begun to make contact with the local public health nurse in relation to the specific developmental needs of the younger children. It was a concern that there was a lack of clarity regarding the management of enuresis of some of the children. Again this reflected the need for improved communication and the development of individual interventions for each child to address the issues identified in their assessments and care plans. This should be addressed as soon as possible.

Encouraging healthy eating was identified as a particular challenge for the staff team in working with the children. This issue should be carefully monitored and external expertise sourced if required to support this essential aspect of health.

Discharges

One young person who had lived in the centre for a number of years left in July 2010. This had been carefully planned and the young person was now living in supported accommodation. The young person remains in regular contact with the staff team. However, some staff members expressed their concern that the planned leaving party for the young person had to be cancelled. Inspectors noted that the staff team wished to mark the end of this placement with this young person and were angry on behalf of the young person that it had not occurred.

Inspectors recommend that the staff team and management re-arrange this event for the young person in accordance with his wishes. Alongside this event a formal professional process needs to occur with the staff team to mark the end of that time in the life of this service. This should acknowledge the positive outcome for the previous sibling group and prepare for the new attachments with the current sibling group.

Care files

The care files for the children were not well maintained. The files did not contain all the information required under the regulations. Inspectors were told that records were not being maintained as staff members had insufficient time to do this work. Two of the younger children did not have any case files. The files for the children that had previously lived in the centre had not been archived.

Care files are tools for the staff team in guiding interventions, sharing information and assisting in developing consistent practice. Keyworking records, placement plans, and individual targeted interventions should all be recorded and discussed at team and core group meetings. The centre manager should consider a means to allow staff members to complete this work and record appropriately.

The centre did not have a policy for managing computer generated records. This should be addressed.

Management of behaviour

There were 15 incidents of verbal and physical aggression towards the staff members by two of the children in the last four months. The care practices in these incidents were reviewed by two TCI trainers as part of quality assurance and safeguarding. These incidents had significantly decreased recently for one child following the development and implementation of a positive reinforcement model to address this behaviour. The child in question told inspectors of how proud she was of her improved behaviour.

Staff members were trained in the HSE approved model of Therapeutic Crisis Intervention (TCI) as a means of managing aggressive behaviour. Each child had an individual crisis management plan on their file which detailed the best way to appropriately manage aggression by each child. The centre operates a no restraint policy as over 50% of the staff team are unable to carry out restraints due to medical issues.

Inspectors found there was some disagreement between the staff team on the most effective way of managing these outbursts. There should be consistency across the team in responding to aggressive outbursts and verbal abuse. Having a clear consistent effective way on caring for the children also provides role modelling for the children's parent in the best way for caring for the children when they are upset and angry or acting out. The wider core team should engage with the parents in formulating and implementing this approach.

The children told inspectors that they felt the rules were fair in the house.

Emotional and specialist support

The standard on emotional and specialist support was partly met. As stated previously a comprehensive assessment had been carried out on this family and each individual child. This assessment identified key needs of each child including health and emotional needs. Care plans had been developed for the two older children based on this assessment. However, the identified psychological support for individual work with the children as well support to the

overall case management had not been implemented. This should occur as soon as possible considering the needs identified in the assessment.

Premises and safety

The centre was situated in a four-bedroomed detached house on a new estate on the edge of town but near to schools. The house was homely and nicely decorated with a large well maintained back garden. Inspectors examined the maintenance log and found that while some requests were responded to immediately a large hole in plaster board had not been repaired. Of note was that this occurred following a staff member tripping at the top of the stairs. This highlighted the risks associated with the stair well as there was no banister. As stair gates had been recently installed due to the younger children moving in, the actual trip hazard had increased but there had been no action to date on this matter. This should be addressed as a matter of urgency.

There was a health and safety audit completed in May 2010 and the majority of the identified hazards had been addressed. Fire equipment and alarm system was regularly checked and maintained. No fire drills had been completed since the current young people had moved into the centre. Inspectors were provided with evidence of valid, current insurance covering employers and public liability.

Standard 10.19 was not met. The HSE should ensure that the centre has written confirmation of compliance with fire safety and building control regulations in accordance with standard 10.19 and Article 12 of the Child Care (Placement of Children in Residential Care) 1995.

Vetting

The standard on vetting was met in part. From a review of the sample of files inspectors found that all staff members had three references on file. However, some staff members did not have the full vetting from the Garda Síochána. This should be addressed immediately.

Practices that did not meet the required standard

Monitoring

The standard on monitoring was not met as this post has been vacant for a number of years. Inspectors were informed that a monitoring officer was appointed and due to commence in the coming weeks.

3. Findings:

1. Purpose and function

Standard The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.			
	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Purpose and function		√	

Recommendation:

1. The HSE should update the purpose and function to reflect the current model of care of shared care.

2. Management and staffing

Standard The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.			
	<i>Practice met the required standard</i>	<i>Practice 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	√		

Recommendations:

2. The HSE should review the current supervision system and ensure that it is implemented in accordance with HSE policy.
3. The HSE should review the training needs of the staff team with due regard to the needs of the children living in the centre.
4. The HSE should ensure that the centre has sufficient staffing and that all staff have the correct vetting from the Garda Síochána on file.

3. Monitoring

Standard

The Health Service Executive, 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 Service Executive 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			√

Recommendation:

- The HSE should ensure that the monitoring function in the local health area is carried out fully in accordance with the regulations.

4. Children's rights

Standard

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

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

Recommendation:

- The HSE should ensure that children are provided with information about the centre in an age appropriate format.

5. Planning for children and young people

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

	<i>Practice met the required standard</i>	<i>Practice 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	√		
Discharge		√	
Aftercare		√	
Children's care records		√	

Recommendations:

7. The HSE should ensure that there are case files for each child which contain all of the regulatory information required and that appropriate arrangements in place for archiving files.
8. The HSE should ensure that the individual emotional and specialist needs of the children are met through adequate psychological and specialist support as identified in their care plans.
9. The HSE should ensure that there is an ongoing monitoring and assessment of risk for all children when in the family home.
10. The HSE should ensure there is a policy for managing computer generated information and records.

6. Care of young people

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

	<i>Practice met the required standard</i>	<i>Practice 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	√		

Recommendations:

11. The HSE should ensure that inter-disciplinary communication and planning is improved so that individual placements plans and targeted interventions are implemented.
12. The HSE should review the following:
 - that the current budget allowance is sufficient to meet the needs of the children,
 - that the financial management system is robust to ensure that money is accessible to staff members at all times,
 - that any flaws in the system which gave rise to children having insufficient clothes and toys for a number of weeks are identified and addressed.
13. The HSE should ensure that there is improved consistency in managing difficult behaviour which is informed by the views of the children, their parents and external professionals

7. Safeguarding and Child Protection

Standard

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Safeguarding and child protection	√		

8. Education

Standard All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.			
	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Education	√		

Recommendation:

- The HSE should ensure that keyworkers work closely with each educational placement to ensure placements are maintained.

9. Health

Standard The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.			
	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Health		√	

Recommendation:

- The HSE should ensure that the health needs of all of the children are assessed and met through agreed interventions and by liaising with external professionals.

10. Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 & 13 of the Child Care (Placement of Children in Residential 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		√	

Recommendations:

16. The HSE should ensure that the stairs are risk assessed and appropriate safeguards put in place.
17. The HSE should ensure that fire drills occur on a regular basis.
18. The HSE should ensure that the centre has written confirmation of compliance with fire safety and building control regulations in accordance with standard 10.19 and Article 12 Child Care (Placement of Children in Residential Care) 1995.

4. Summary of recommendations

- 1.** The HSE should update the purpose and function to reflect the current model of care of shared care.
- 2.** The HSE should review the current supervision system and ensure that it is implemented in accordance with HSE policy.
- 3.** The HSE should review the training needs of the staff team with due regard to the needs of the children living in the centre.
- 4.** The HSE should ensure that the centre has sufficient staffing and that all staff have the correct vetting from the Garda Siochana on file.
- 5.** The HSE should ensure that the monitoring function in the local health area is carried out fully in accordance with the regulations.
- 6.** The HSE should ensure that children are provided with information about the centre in an age appropriate format.
- 7.** The HSE should ensure that there are case files for each child which contain all of the regulatory information required and that appropriate arrangements in place for archiving files.
- 8.** The HSE should ensure that the individual emotional and specialist needs of the children are met through adequate psychological and specialist support as identified in their care plans.
- 9.** The HSE should ensure that there is an ongoing monitoring and assessment of risk for all children when in the family home.
- 10.** The HSE should ensure there is a policy for managing computer generated information and records.
- 11.** The HSE should ensure that inter-disciplinary communication and planning is improved so that individual placements plans and targeted interventions are implemented.
- 12.** The HSE should review the following:
 - that the current budget allowance is sufficient to meet the needs of the children,
 - that the financial management system is robust to ensure that money is accessible to staff members at all times,
 - that any flaws in the system which gave rise to children having insufficient clothes and toys for a number of weeks are identified and addressed.
- 13.** The HSE should ensure that there is improved consistency in managing difficult behaviour which is informed by the views of the children, their parents and external professionals
- 14.** The HSE should ensure that keyworkers work closely with each educational placement to ensure placements are maintained.

- 15.** The HSE should ensure that the health needs of all of the children are assessed and met through agreed interventions and by liaising with external professionals.
- 16.** The HSE should ensure that the stairs are risk assessed and appropriate safeguards put in place.
- 17.** The HSE should ensure that fire drills occur on a regular basis.
- 18.** The HSE should ensure that the centre has written confirmation of compliance with fire safety and building control regulations in accordance with standard 10.19 and Article 12 Child Care (Placement of Children in Residential Care) 1995.