



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

INSPECTION OF A CHILDREN'S RESIDENTIAL CENTRE IN THE HSE DUBLIN NORTH EAST AREA

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1. Introduction

The Health Information and Quality Authority (the Authority), Social Services Inspectorate (SSI) carried out an unannounced inspection of a children's residential centre in the Health Service Executive, Dublin North West Area (HSE DNW) under Section 69(2) of the Child Care Act 1991. Helen Donovan (lead inspector) and Bronagh Gibson (co-inspector) carried out the inspection over two days from the 19-20 June 2012.

The centre was previously inspected by the Authority in June 2009 and a follow-up inspection occurred in March 2010. The reports can be accessed on the Authority's website www.hiqa.ie as inspection reports ID numbers 311 and 383.

The centre was a large semi-detached house with independent living accommodation for one young person attached to the house. The house was located in a housing estate in North West Dublin close to local amenities such as schools, shops and public transport. The centre was well established within the local community and had good relationships with neighbours nearby. The house was well maintained and similar to the other houses.

The centre had a written statement of purpose and function. At the time of inspection it provided short-to-medium-term residential care for four young people aged between 12 and 18 years on admission. In exceptional circumstances, the centre offered short-term emergency placement to young people. The centre provided care for children less than 12 years of age only in exceptional circumstances and for the shortest period of time possible in accordance with the *HSE National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive*. The centre also provided care to young mothers/young mothers to be, care to a young person who was in transition between living in care and independent living, and long-term care to young people under specific circumstances.

There were four young people and a baby living at the centre at the time of the inspection.

Overall, inspectors found that the quality of care was of a good standard. An experienced and committed team of staff were committed to the provision of child centred care that was responsive to the individual needs of the young people. There was a warm and relaxed atmosphere in the centre that closely resembled a typical family home.

1.1 Methodology

Inspector's judgments are based on an analysis of findings verified from several sources including evidence gathered through direct observation of practice, interviews, examination of records and documentation, and an inspection of accommodation, interviews with three young people, the Alternative Care Manager, Centre Manager, Deputy Manager, the HSE monitoring officer, three social workers, three members of staff, three childcare workers at the centre and the guardian-ad-litem for one young person.

Inspectors had access to the following documents:

- the statement of purpose and function
- policies and procedures
- the centre register
- the young people's care plans and care files
- census form on staff
- census form on young people
- staff personnel files
- questionnaire completed by guardian-ad-litem
- questionnaires completed by social workers
- administrative records
- details of unauthorised absences for the previous twelve months
- details of physical interventions for the previous twelve months
- previous inspection report and follow-up report
- health and safety documents.

1.2 Acknowledgements

The inspectors wish to acknowledge the cooperation of the young people, the centre staff and all other professionals who participated in this inspection.

1.3 Management structure

The centre is under the management of the HSE. The Centre Manager reported to the Alternative Care Manager who in turn reported to the Area Manager. The Centre Manager was supported by a deputy manager. All care staff at the centre reported directly to the Centre Manager.

1.4 Data on young people

Listed in order of length of placement

<i>Young Person</i>	<i>Age</i>	<i>Legal Status</i>	<i>Length of Placement</i>	<i>No. of previous placements</i>
# 1	17	Full Care Order	5 years 4 months	One relative foster care placement One residential care placement
# 2	11	Full Care Order	3 years 10 months	Twelve foster care placements One residential care placement
# 3	18	Aftercare	2 years 4 months	One foster care placement One residential care placement
# 4	14	Full Care Order	3 months	None

2. Summary of Findings

Practices that met the required standard

Management

This standard was met. The centre manager was an appropriately qualified person. The centre also had a deputy manager. The centre manager and the deputy manager had clearly defined roles and responsibilities. The centre had a staff code of practice that addressed professional practice and working with young people. Management styles were complementary and as a team they formed a guiding coalition to ensure child centred effective care to the young people. Inspectors observed that the young people were relaxed and confident in their conversations with the centre manager and proactively sought out the centre manager for "on the spot chats".

Inspectors found that the centre manager and deputy manager were well respected, provided leadership and direction, and were accessible to the young people and the staff. Staff valued the emphasis placed on a child centred approach to the care of the young people, the pleasant atmosphere in the centre and the effective communication between management, staff and young people. External professionals informed inspectors that communication practices to them regarding the transfer of key information relevant to each individual young person were proactive and effective.

The alternative care manager provided external line management to the centre, had approved the statement of purpose and oversaw the work of the centre. The centre manager told inspectors that there was effective communication with the alternative care manager through the weekly manager meetings for the area. The alternative care manager also attended staff meetings and called into the centre informally from time to time to have a cup of tea with the young people and the staff. The alternative care manager was well briefed on all aspects of centre practice, and also had a very good knowledge of the four young people.

There was a weekly/fortnightly management team meeting which facilitated the opportunity for collaborative work between six local centres. Both the centre manager and the deputy manager attended these meetings and they found these to be helpful and to provide a good learning environment.

Staffing

This standard was met. The centre had a full complement of staff that included the centre manager, deputy manager, two full-time team leaders, nine full-time social care workers and one part-time social care worker. Inspectors found that the centre had a long standing team, who were experienced, confident, flexible and motivated. The centre did not use agency staff. A regional staff rota had been developed to facilitate staff providing relief cover as required across four different HSE DNW residential care centres.

Information received by the inspectors from the centre prior to the inspection indicated that all staff had been garda vetted and had undergone reference checks. A sample of staff files reviewed by inspectors indicated that staff had been garda vetted and had undergone reference checks.

Supervision and support

This standard was met. The centre had a policy on staff supervision. The centre manager and the deputy manager were both committed to the provision of supervision to staff. They shared responsibility for undertaking supervision with staff and ensuring this was undertaken in a timely manner. The alternative care manager provided regular supervision to the centre manager. The centre manager provided supervision to the deputy manager. All staff had commenced regular supervision since 2012 and told inspectors they valued the opportunity offered through this process.

Centre records showed that the staff team met regularly and discussed the care of the young people, roles and responsibilities, aftercare, policies and staff training. Staff told inspectors they were confident to raise issues for discussion at staff meetings and were satisfied that issues were addressed in an open and transparent manner. Inspectors found that staff were vigilant in ensuring that individual and collective needs of the young people were met.

Training and development

This standard was met. The centre had policies on staff induction and staff training. The centre held a training register and had carried out an audit of staff training. All staff had received full training in *Children First: National Guidance for the Protection and Welfare of Children 2011* and were also up-to-date on therapeutic crisis intervention (TCI) training. Staff had also attended a wide variety of training courses that further developed their skills including first aid, teenage health initiative programme, parenting programme, children and family support service, behaviour management with children and supporting young people who have learning difficulties.

Register

This standard was met. The centre had a register that was found to be up-to-date and contained all relevant information for the past 12 months.

Notification of significant events

This standard was met. The centre had a policy on significant events. Inspectors found that the centre had a clear system of notifying significant events that was in accordance with regulation and *Children First: National Guidance for the Protection and Welfare of Children (2011)*. There was detailed documentation regarding the notification of significant events. There were 58 significant events reported by the centre since May 2011. The majority of these incidents related to one young person and included assault behaviours and property damage. External professionals confirmed to inspectors that they received notification of significant events promptly.

The centre had an agreement with the social work department that they continued to send in significant event notifications for one young person, in the young person's best interest, despite the fact that she is over 18 years of age and receiving aftercare.

Inspectors note the recommendation of the HSE monitoring officer's report to re-establish the significant event review group set up in the HSE DNW to review significant events in the area and endorse this recommendation.

Administrative Files

This standard was met. The centre had a policy on report writing and record keeping, a policy on handovers and a policy on confidentiality. The administrative files were found to be accessible and facilitated good communication across the team. The young person's daily report books were reviewed and signed by the centre manager and deputy manager. Inspectors were informed by the centre manager that they signed off on all documentation and that if the documentation was not to a satisfactory standard issues were addressed and reports were rewritten to the required standard.

Monitoring

This standard was met. The HSE monitoring officer for the area had visited the centre and had assessed the standards of care. This was undertaken through interviews and meetings with the centre management, staff members and the young people, analysis of case files and centre records, and contact with guardians, social workers, parents and other professionals deemed relevant by the HSE monitoring officer. One of the young people told inspectors that they knew the HSE monitoring officer.

The written report of this monitoring process was completed just prior to the inspection. The HSE monitoring officer stated that they found the centre provided a child centred and professional service. The HSE monitoring officer made recommendations including placing an outcomes section in the complaints register, re-establishment of the significant event review group, ensuring maintenance issues are addressed promptly, specific recommendations were made for one young person regarding both education and requirement for the HSE to implement the outstanding recommendations from psychological assessments.

The centre manager told inspectors that the HSE monitoring officer was always accessible to the centre and provided support to the staff team. The centre manager and the HSE monitoring officer had worked collaboratively to develop policies and report writing systems.

The HSE monitoring officer confirmed that she was notified promptly of significant events, and that there was effective communication between the monitoring office and the centre.

Consultation

This standard was met. The atmosphere at the centre was relaxed and friendly and reflected the centre philosophy of care to be "as close to a family home as possible".

The centre had a policy on consultation with young people. Each young person had a daily report book and there was evidence that young people read and signed these daily logs from time-to-time. Young people were offered choices regarding different aspects of daily living such as food and activities choices. On occasion young people attended staff meetings to discuss individual issues. Although there were also young people's meetings, these were infrequent. Where appropriate, the young people attended all or part of their care review meetings.

Access to information

This standard was met. The centre had a policy on access to information, including computers and mobile phones. Three of the young people participated fully, or in part, in their statutory care plan review meetings. While the fourth young person did not attend the most recent statutory care plan review meeting, inspectors found that this decision was appropriate. Inspectors found that this young person's needs were identified and their views were sought regarding decisions that affected both daily and future life choices.

One young person told inspectors about the life story work that had been undertaken with them by their key worker so that they could remember their past. A staff member told inspectors about the work that they had undertaken as a key worker for one young person regarding the promotion of personal safety.

The staff ensured that general information that may be of benefit to the young people, such as the *Empowering People in Care* booklet and information about children's rights were available to young people in the centre. The young people had access to information from the internet through the use of personal mobile telephones and a personal computer.

Contact with families

This standard was met. The centre had a policy on contact with family and a policy on contact with friends. Inspectors found that the staff team made every effort to encourage and facilitate ongoing contact for the young people and their family. Young people told inspectors about different sources of contact with their families and friends and visits from family and friends to the centre. One young person showed inspectors photographs taken with their family having a party at the centre.

Inspectors found that the staff team were proactive in seeking to improve strained relationships between the young people and their families and in tracing and engaging with family members who had lost contact with the young person.

Social work role/supervision and visiting

This standard was met. Each of the three young people living at the centre was assigned a social worker and the young person receiving aftercare had ongoing informal contact with the principal social worker. Inspectors found that there was a high-level of engagement and communication between the social workers, the young people and their families to promote positive outcomes for the young people. The social workers met privately with the young people and from time to time they took the young people outside the centre and on activities.

Inspectors also found that there was a good working relationship, with frequent and effective communication, between the social workers and the centre. The centre manager informed inspectors that if any significant event involved more than one young person, all relevant social workers were notified so that each young person's individual best interest was promoted. All social workers interviewed confirmed that they were contacted promptly by staff at the centre regarding any of the young people's issues or concerns and notifications of significant events.

The social workers read centre files on the young people from time to time in accordance with the *National Standards for Children's Residential Centres*.

Preparation for leaving care

This standard was met. The centre had a policy on planning for leaving care. Inspectors found that plans were in place for the young people who were approaching an age where they would be leaving care. There was a strong culture of providing support to young people once they had left the centre. On the day of inspection a young person who had moved into aftercare had returned to visit the centre.

Discharges

This standard was met. The centre had a policy on discharges from the centre. The centre register showed that there were two planned discharges from the centre in the year prior to inspection. Inspectors found that one young person had moved into foster care and the other young person had moved to aftercare in protected lodgings and was undertaking further education.

Individual care in group living

This standard was met. The centre provided a good standard of care to the young people living there. The young people told inspectors that they liked the centre, trusted the staff team and were positive about living there. Inspectors observed warm and respectful interactions between the young

people and the staff members working in the centre. The young people had individual social networks including family and friends. The staff team encouraged young people to be involved in activities outside the centre and this was confirmed by the young people interviewed. The staff team actively supported the young people to participate in outside events by transporting and accompanying them to outside activities and events as necessary.

Provision of food and cooking facilities

This standard was met. The kitchen was clean, bright and accessible and like most family homes, was the central hub where everybody met to chat and eat. There was a wide choice of nutritious food available to the young people and inspectors observed that young people were comfortable in the kitchen and had snacks whenever they wished.

One of the young people told inspectors that they liked cooking to reflect the cookery style of their country of origin and that they were encouraged to undertake this at the centre. This young person also told inspectors how staff obtained food that they liked to eat that was associated with their country of origin.

Race, culture, religion and disability

This standard was met. The centre had a policy on recognising diversity. The young people at the centre came from different cultural and religious backgrounds and inspectors found that there was a culture of tolerance and respect for differences. The staff assisted and supported one young person to go to church in accordance with their wishes. Inspectors found that staff had good awareness regarding disability issues.

Managing behaviour

This standard was met. The centre had a policy on behaviour management, a policy on bullying and harassment and a policy on sanctions. Inspectors found that staff were proactive in monitoring and managing the provision of a safe environment for all the young people in line with the centre policies.

The centre register of significant events over the past year showed that the centre had experienced challenging and aggressive behaviours by one young person. The staff team had reviewed these behaviours, had undertaken a risk assessment and had developed a plan to address these behaviours. This plan was reviewed and revised as often as necessary. One-to-one direct work had also been undertaken with the young person by their key worker.

The staff team had also identified that a young person was at risk of being bullied and had implemented appropriate levels of supervision and discussion with external professionals to minimise this risk. A workshop facilitated by an external professional had been organised to support the young people and the staff in addressing individual behaviours and the impact of these.

Restraint

This standard was met. The centre had a policy on the management of challenging behaviour. The use of physical restraint was comprehensively documented in a register and all relevant stakeholders were notified promptly. Each young person had an individual crisis management plan. The centre manager closely monitored and reviewed each incident of physical restraint and the critical incident review group (CIR) provided regular external review.

Centre records showed that all of the team were trained in TCI and staff interviewed informed inspectors that they were confident to participate in restraint, if required.

There were 15 incidents of physical restraint and four incidences of physical intervention in the year prior to inspection. All of the incidents related to one young person. Each incident which required the use of physical restraint and/or physical intervention was comprehensively documented. The young person's social worker was notified promptly regarding these incidents. The young persons' individual crisis management plan was reviewed and updated after each incident. The staff team were aware of, and proactive in, monitoring and managing the potential impact on other young people both in promoting their safety and minimising the impact on those who witnessed the use of physical restraint. One staff member told inspectors of the work they had undertaken with a young person to reassure the young person and also to ensure the young person understood the action required during these times to maintain their personal safety.

Absence without authority

This standard was met. The centre had a policy on unauthorised absences and held a register of absences. Documentation received from the centre indicated that there were no unauthorised absences from the centre in the year prior to inspection.

Safeguarding and Child Protection

This standard was met. The centre had comprehensive written policies on safe practice and child protection. All staff had received full training in *Children First: National Guidance for the Protection and Welfare of Children 2011*. Inspectors were informed that staff discussed issues relating to safeguarding and *Children First: National Guidance for the Protection and Welfare of Children 2011* collectively on a regular basis. The centre also had a policy on safe practice and working alone. Review of the staff meetings book indicated that staff discussed these policies and staff roles and responsibilities.

All of the young people at the centre have an allocated social worker and two of the young people have a guardian-ad-litem.

There were two child protection concerns reported to the relevant social work departments in 2012. Inspectors found that one of the child protection

concerns involved three young people and that the individual social workers were notified so that account was taken of the impact of the event on each individual young person. One child protection was resolved in a timely manner and one recent child protection concern was in the assessment phase.

Health

This standard was met. The centre had a policy on general physical health, a policy on sexual health, a policy on drugs and alcohol and a policy on medical attention. All young people living at the centre had a medical card and had access to a general practitioner (GP). One young person had identified health needs and these were monitored and managed in collaboration with relevant healthcare professionals. Inspectors found, on review of care files, that young people had access to relevant specialist services when required.

Accommodation

This standard was met. The centre was a large semi-detached house located in a housing estate in North West Dublin. There was independent living accommodation for one young person attached to the house to facilitate transition between living in care and independent living. Although the independent living arrangements were attached to the main house, there were separate entrances to the centre and the independent living arrangements to promote privacy and independence. There was also a connecting door from the interior of the centre to the independent living accommodation. This allowed access to the centre to be monitored and managed to promote safety and independence. The house was well maintained externally and similar to the other houses in the neighbourhood.

The house design offered opportunities for young people to have both private time and to engage with others. It was decorated to a good standard that created a pleasant and homely atmosphere. There was a spacious kitchen, adjacent to a conservatory that contained a large dining table and a living area with comfortable seating. The kitchen and conservatory opened out into the garden which also contained a pleasant seating area. The main sitting room was pleasant and homely and decorated with numerous photos of the young people.

Each young person had their own bedroom. Two of the young people volunteered to show their bedrooms to inspectors. Both the young people's bedrooms were nicely decorated and contained photos, posters and personal items. The bedroom of one of the young people contained lots of cuddly toys while the second young person's bedroom contained a fish tank.

The centre was found to be appropriately insured.

Safety

This standard was met. The centre had a policy on creating and maintaining a safe and homely environment and a designated safety officer. The centre had a health and safety statement dated 2012 and scheduled for revision in 2013

or as guided by risk management requirements. The declaration of intent for this had been signed by the centre manager. A risk assessment which identified mitigating factors and controls had had been undertaken in February 2012.

Fire Safety

This standard was met. The centre had written confirmation from a chartered engineer that all statutory requirements relating to fire safety and building control have been complied with. The centre had a procedure for evacuation in the event of a fire and a procedure for contingencies for evacuation in the event of a fire. A staff member was designated as a fire officer.

Practices that met the required standard in some respect only

Purpose and function

This standard was partly met. The centre had a written statement of purpose and function signed by the centre manager and the alternative care manager that described the population that it provided care to and the circumstances under which such care was to be provided.

Inspectors found that the centre's policies and procedures were consistent with the policies and procedures for children's residential centres Dublin North East. A user friendly version of these policies which had been developed with the assistance of young people was available.

The statement of purpose and function indicated that the centre provided care "for children under 12 years of age only in exceptional circumstances and for the shortest period of time possible." However, one young person had lived at the centre for almost four years. Inspectors were informed that following extensive interdisciplinary discussion and collaboration, a decision had been made that the young person's placement in residential care currently offered the best support to meet the young person's current needs. The relevant professionals who were providing care to this young person acknowledged that the preferred placement for this young person was a foster care placement.

Inspectors recommend that the centre ensures that young people continue to be cared for in accordance with the centre's statement of purpose and function.

Complaints

This standard was partly met. The centre had a policy for the management of complaints and grievances which referred to formal complaints and informal complaints or grievances. There was no definition of an informal complaint or grievance.

Review of the register of complaints showed that there were no complaints in 2011 and five complaints in 2012. The register of complaints facilitated documenting the name of the person making the complaint, the type of complaint, the date of the complaint and a reference number. There was little detail in relation to the type of complaint. An example of what was recorded for type of complaint included "aspect of service", "against a young person", or "against a staff member". The 2012 complaints were observed to have been made by relatives of the young people. It was reported that two complaints remained outstanding at the time of the inspection.

During the inspection, one young person told inspectors that they had made a complaint to staff in the past and that they were happy with the outcome of this. External professionals told inspectors that they found that care workers

were very good at addressing issues on behalf of the young person and gave examples of incidents and complaints that had been dealt with appropriately. A staff member acknowledged that a young person had made complaints which were addressed with the social work department but were not recorded as complaints.

Inspectors found, through review of care files and administration files that issues or concerns raised by young people were documented and addressed promptly. However, informal complaints and grievances were documented in different places in accordance with the centre policy, therefore, it was unclear how individual and collective trends could be monitored and reviewed to facilitate continuous quality improvement.

The HSE monitoring officer's report recommended that the register of complaints be amended to include a section where the date and the outcome of the complaint is clearly recorded.

Inspectors recommend that:

- (a) the centre maintains a record of all complaints detailing the investigation and outcome of the complaint and whether or not the complainant is satisfied
- (b) the centre should also review the systems in place to monitor the incidence and outcomes of all complaints and grievances to facilitate continuous quality improvements and system learning.

Suitable placements and admission

This standard was partly met. There were four young people and a baby, living at the centre.

The centre had a policy on admissions and there was good communication between the manager and external stakeholders regarding planned and unplanned admissions to the centre. Inspectors found that the most recent admission of a young person to the centre was planned in a manner that placed the needs of the young person and their parent at the centre of the process and that promoted effective interdisciplinary working and communication.

As previously referred to, a young person, aged under 12 years, had been living in the centre for almost four years. Significant work had been undertaken to date without success to secure a foster care placement for this young person. Other measures deemed to offer opportunities to this young person included the attainment of a place at a designated school and increased therapeutic interventions. However, the professionals acknowledged that the school placement had not been confirmed and that they would monitor and review the impact of the increased level of therapeutic interventions and the young person's level of engagement with these.

Inspectors recommend that HSE DNW should ensure practice adheres to *The National Policy on placement of children aged 12 years and under in the Care or Custody of the Health Service Executive*.

Statutory Care Plans and Reviews

This standard was partly met. Two of the three young people living in the centre each had an up-to-date statutory care plan on their file. The young person who was receiving aftercare had an up to date aftercare plan. Each of the young people had statutory care plan reviews and the young people and their relatives attended these meetings.

One young person did have a statutory care plan review meeting within the last 12 months and the care of this young person was also discussed at regular multidisciplinary meetings.

Inspectors recommend that the care of young people aged under 12 years is subject to a statutory care review meeting at one monthly intervals in accordance with the *National Policy on placement of children aged 12 years and under in the Care or Custody of the Health Service Executive*.

Emotional and specialist support

This standard was partly met. Inspectors found that the staff team were aware of the emotional and specialist support required individually by the young people. One young person had complex emotional needs and inspectors found that the staff were vigilant in monitoring and responding to these.

Another young person had become a parent in the year preceding the inspection. Inspectors found that the staff were proactive and worked collaboratively with external professionals to ensure the young person's needs and those of their baby were identified and addressed.

Staff supported young people to avail of specialist supports such as psychology and counselling. However, professionals interviewed described a delay in accessing support for one young person.

Inspectors recommend that the HSE DNW ensures that specialist supports are available to young people when required.

Aftercare

This standard was partly met. One young person was receiving aftercare at the centre and continued to require support from staff at the centre. The young person had not been allocated a named worker from the aftercare service as per the *HSE Leaving & Aftercare Services: National Policy and Procedure Document*.

The young person was being prepared to move out of the centre. The centre manager informed inspectors that there was a plan to support the young person, as much as possible, following discharge from the centre.

Inspectors recommend that HSE DNW ensure that aftercare service provision for young people is in accordance with the *HSE Leaving & Aftercare Services: National Policy and Procedure Document*.

Children's care records

This standard was mostly met. The centre had a policy on care planning and placement planning. The centre also had policies on report writing and record keeping, handovers, confidentiality and key working. Each young person had an individual care file. The care records were well organised and stored in a manner that maintained privacy and confidentiality. They contained good evidence of educational achievement and school attendance, healthcare and medication. Inspectors found evidence of good practice regarding direct work and individual work with the young people.

The care file of one young person did not contain the original or a copy of the original birth certificate of the young person. Inspectors recommend that the centre management ensure that the original or a copy of the original birth certificate of all young people is kept on file.

Education

This standard was mostly met. The staff team were proactive in supporting the young people to reach their educational potential. The centre had a policy on a young person attending education, a policy on a young person who has difficulty in attending education and a policy on young people who refuse to attend education.

Staff at the centre took an interest in the young people's education and attended relevant school functions and meetings. Two out of three of the young people living in the centre were participating in education. The fourth young person living in aftercare was due to return to education in the autumn.

One young person had not attended formal education for most of the current year. The centre manager and the social work team proactively worked with the school to maintain the current school placement and to source ongoing assistance for this young person. A likely school placement that was anticipated to meet the needs of the young person was being sourced for the next school term in autumn. However, there was no formal agreement in place that the young person had been accepted to attend the school.

The deputy manager spoke of their previous experience working with a young person with similar needs and was confident that the agreed school placement would be a starting point to support the achievement of other positive outcomes for this young person. Inspectors found that the staff team

continued to assist the young person to undertake their schoolwork at the centre to minimise the impact of being out of education at present.

Inspectors recommend that HSE DNW ensures that all young people have access to appropriate education facilities.

Maintenance and Repairs

This standard was mostly met. Inspectors found the maintenance log detailed maintenance requests made to and addressed by the HSE maintenance department. Maintenance requests were addressed within an acceptable timeframe. Inspectors did observe two obvious holes in the walls and recommend that the centre undertake a rolling programme of maintenance works.

3. Findings

1. Purpose and function

Standard
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Purpose and function		√	

Recommendation:

1. The HSE DNW should ensure that the centre ensures that young people continue to be cared for in accordance with the centre's statement of purpose and function.

2. Management and staffing

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

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

3. Monitoring

Standard

The HSE, for the purposes of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the health board to monitor statutory and non-statutory children's residential centres.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Monitoring	√		

4. Children's rights

Standard

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Consultation	√		
Complaints		√	
Access to information	√		

Recommendation:

2. The HSE DNW should ensure that:

(a) the centre maintains a record of all complaints detailing the investigation and outcome of the complaint and whether or not the complainant is satisfied.

(b) the centre should also review the systems in place to monitor the incidence and outcomes of all complaints and grievances to facilitate continuous quality improvement and learning.

5. Planning for children and young people

Standard

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Suitable placements and admissions		√	
Statutory care planning and review		√	
Contact with families	√		
Supervision and visiting of young people	√		
Social work role	√		
Emotional and specialist support		√	
Preparation for leaving care	√		
Discharges	√		
Aftercare		√	
Children's case and care files	√		

Recommendations:

3. The HSE DNW should ensure practice adheres to *The National Policy on placement of children aged 12 years and under in the Care or Custody of the Health Service Executive*.
4. The HSE DNW should ensure that the care of young people aged under 12 years is subject to a statutory care review meeting at one monthly intervals in accordance with *The National Policy on placement of children aged 12 years and under in the Care or Custody of the Health Service Executive*.
5. The HSE DNW should ensure that specialist supports are available to young people when required.

6. The HSE DNW should ensure that aftercare service provision is in accordance with the *HSE Leaving & Aftercare Services: National Policy and Procedure Document*.
7. The centre management should ensure that the original or a copy of the original birth certificate of all young people is kept on file.

6. Care of young people.

Standard

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Individual care in group living	√		
Provision of food and cooking facilities	√		
Race, culture, religion, gender and disability	√		
Managing behaviour	√		
Restraint	√		
Absence without authority	√		

7. Safeguarding and Child Protection

Standard

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

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

8. Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Education		√	

Recommendation:

8. The HSE DNW should ensure that all young people have access to appropriate education facilities.

9. Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Health	√		

10. Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 & 13 of the Child Care Regulations, 1995.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Accommodation	√		
Maintenance and repairs		√	
Safety	√		
Fire safety	√		

Recommendations:

9. The HSE DNW should ensure that the centre undertake a rolling programme of maintenance.

4. Summary of Recommendations

1. The HSE DNW should ensure that the centre ensures that young people continue to be cared for in accordance with the centre's statement of purpose and function.
2. The HSE DNW should ensure that:
 - (1) the centre maintains a record of all complaints detailing the investigation and outcome of the complaint and whether or not the complainant is satisfied.
 - (2) the centre should also review the systems in place to monitor the incidence and outcomes of all complaints and grievances to facilitate continuous quality improvement and learning.
3. The HSE DNW should ensure practice adheres to *The National Policy on placement of children aged 12 years and under in the Care or Custody of the Health Service Executive*.
4. The HSE DNW should ensure that the care of young people aged under 12 years is subject to a statutory care review meeting at one monthly intervals in accordance with *The National Policy on placement of children aged 12 years and under in the Care or Custody of the Health Service Executive*.
5. The HSE DNW should ensure that specialist supports are available to young people when required.
6. The HSE DNW should ensure that aftercare service provision is in accordance with the *HSE Leaving & Aftercare Services: National Policy and Procedure Document*.
7. The centre management should ensure that the original or a copy of the original birth certificate of all young people is kept on file.
8. The HSE DNW should ensure that all young people have access to appropriate education facilities.
9. The HSE DNW should ensure that the centre undertake a rolling programme of maintenance.



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

ACTION PLAN

Action Plan for Inspection No. 567

Centre ID: 108
HSE Area: HSE DNE

Date Action Plan Issued: 9 August 2012.

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	The HSE DNW should ensure that the centre ensures that young people continue to be cared for in accordance with the centre's statement of purpose and function.	The centre will amend the statement of purpose and function to reflect the National Policy in relation to the Placement of Children aged 12 years and under in the Care or Custody of the Health Service Executive.	Manager ACM	21/08/2012
2	The HSE DNW should ensure that: (a) the centre maintains a record of all complaints detailing the investigation and outcome of the complaint and whether or not the complainant is satisfied (b) the centre should also review the systems in place to monitor the incidence and outcomes of all complaints and grievances to facilitate continuous quality improvement and learning.	(a)The complaints register has been amended to incorporate the relevant information. (b) Complaints to be monitored on a monthly basis as part of the review group for Significant events. Grievances to be put on the agenda at weekly staff meetings to ensure continuous quality improvement and learning.	Manager CFW	21/08/2012

Action Plan for Inspection No. 567

Centre ID: 108
HSE Area: HSE DNE

Date Action Plan Issued: 9 August 2012.

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
3	The HSE DNW should ensure practice adheres to <i>The National Policy on placement of children aged 12 years and under in the Care or Custody of the Health Service Executive</i> .	Continuous work being carried out to identify a suitable placement that will meet the young person's needs.	Social work department Fostering department Resource panel	Ongoing at monthly meetings
4	The HSE DNW should ensure that the care of young people aged under 12 years is subject to a statutory care review meeting at one monthly intervals in accordance with <i>The National Policy on placement of children aged 12 years and under in the Care or Custody of the Health Service Executive</i> .	A monthly care plan review will take place as part of the National Policy on placement of children aged 12 years and under.	Social work department	At a monthly interval
5	The HSE DNW should ensure that specialist supports are available to young people when required.	The HSE DNW are continuously in communication about ensuring specialist supports are available to young people.	Manager CFW Social work department	25/07/12 and on-going

Action Plan for Inspection No. 567

Centre ID: 108
HSE Area: HSE DNE

Date Action Plan Issued: 9 August 2012.

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
6	The HSE DNW should ensure that aftercare service provision is in accordance with the <i>HSE Leaving & Aftercare Services: National Policy and Procedure Document</i>	An aftercare worker has been appointed as per HSE Leaving & Aftercare services- National Policy.	ACM	22/08/2012
7	The centre management should ensure that the original or a copy of the original birth certificates of all young people is kept on file.	Management will ensure birth certificate is copied and left in file if the original is left for an alternative purpose.	Management Team CFW	21/08/2012
8	The HSE DNW should ensure that the all young people have access to appropriate education facilities.	Every effort is made to ensure all young people in our care are supported and encouraged in appropriate education opportunities. An application has been made to a school which is deemed appropriate for this young person's changing needs.	Social work department Team CFW	September 2012

Action Plan for Inspection No. 567

Centre ID: 108
HSE Area: HSE DNE

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No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
9.	The HSE DNW should ensure that the centre undertake a rolling programme of maintenance	Maintenance issues reviewed at team meeting to ensure prompt and regular response.	Management CFW Staff team	21/08/2012