Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

INSPECTION OF A CHILDREN'S RESIDENTIAL CENTRE

IN THE HSE DUBLIN MID LEINSTER

Inspection Report ID Number: 350
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Contents

1. Introduction

The Health Information and Quality Authority (the Authority), Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Services Executive, Dublin Mid Leinster Area (HSE DML) under Section 69 (2) of the Child Care Act 1991. Orla Murphy (lead inspector) and Helen Donovan (co inspector) carried out the inspection over 2 days from the 29 – 30 May 2012.

The centre was previously inspected by the Authority in May 2010 and a follow-up inspection occurred in July 2011. The reports can be accessed on the Authority's website www.hiqa.ie as inspection reports ID numbers 392 and 483.

The centre is a large detached two storey house, which shares a site with a similar Residential Centre, located in a city. Each of the centres was managed independently. The centre was purpose built in the early 1980s and aimed to provide a comfortable family home.

The centre had a written statement of purpose and function. At the time of inspection it provided medium to long term residential care for male and female young persons aged between 13 and 17 years at the time of admission. Referrals for admission were made through the Central Referrals Committee HSE DML.

Four young people, boys and girls were living in the centre at the time of the inspection.

The position of Centre Manager had been vacant for six months prior to this inspection. External managers took on various aspects of the manager's role. Overall, inspectors found that this centre had a committed staff team who provided a good standard of overall care which the young people valued.

There were positive relationships between young people and staff and staff were very aware of the individual needs of the young people. However the staff lacked the leadership and support of a Centre Manager which impacted on many aspects of the service.

This report makes a number of recommendations in relation to management, supervision and support, monitoring, notification of significant events, staffing, training and development, administration, consultation, complaints, contact with families, statutory care plans and statutory care plan reviews, emotional and specialist support, preparation for leaving care and aftercare, individual and group living, managing behaviour, restraint, absences without authority, safeguarding and child protection, education, maintenance and repairs, safety and fire safety.

1.1 Methodology

Inspector's judgements 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, an inspection of accommodation, interviews with three young people, the parent of one young person, the Centre Manager of another service who had an oversight role, the Residential Care Coordinator, five Social Workers, two members of staff at the centre and the HSE Monitoring Officer.

Inspectors had access to the following documents:

- The centre's statement of purpose and function
- Some of the centre's policies and procedures
- The centre's register
- The young people's care plans and care files
- Census form on staff
- Census form on young people
- Staff personnel files
- Questionnaires completed by young people,
- Questionnaires completed by social workers
- Questionnaire completed by a parent
- Administrative records
- Details of unauthorised absences for the previous 12 months (43)
- Details of physical interventions for the previous 12 months(1)
- Previous inspection report and follow-up report

1.2 Acknowledgements

The inspectors wish to acknowledge the co-operation of the young people, their families, the centre staff and all other professionals who participated in this inspection.

1.3 Management structure

The Centre Manager reported to the Residential Care Coordinator. The Residential Care Coordinator reported to the Regional Coordinator Children's Residential Services who in turn reported to the Regional Director for Children and Family Services, HSE DML. The Centre Manager's post had been vacant for six months and the Manager of the neighbouring Residential Centre who worked part-time had an overseeing role in the management of the centre.

1.4 Data on young people

Listed in order of length of placement

Young Person	***Age***	***Legal Status***	***Length of Placement***	***No. of previous placements***
#1 Girl	17	Voluntary Care	1 year 9 months	1 foster care placement 2 residential care placements
#2 Girl	17	Full care order	2 years 2 months	4 foster care placements
#3 Girl	18	Voluntary Care	2 years 2 months	None
#4 Boy	16	Voluntary Care	9 months	None

2. Summary of Findings

Practices that met the required standard

Purpose and function
This standard was met. The centre had a statement of purpose and function that stated it provided medium to long term care for young people, male and female, aged between 13 and 17 years of age on admission. There were admission criteria outlining the reasons why young people are considered suitable to be placed at this centre.

Suitable placement and admissions
This standard was met. The centre had a clear admissions policy which outlined why young people were considered suitable to be placed at this centre. Inspectors found that the young people living in the centre were suitably placed. Referrals to the centre were made through the Central Referrals Committee, Health Service Executive, Dublin Mid Leinster (HSE DML).

Access to Information
This standard was met. The young people interviewed were aware of the content of their care files but had not read their files.

Social Work Role
This standard was met. Each young person living at the centre was supervised by a social worker. Most of the social workers met privately with the young people and at times took them outside the centre for activities. The young people commented favourably on the support provided by the social workers. This was reflected in the comments from the young people regarding their social workers. Such comments included my social worker: "is a very nice person and cares about what happens to me," "is a very good social worker and always picks up when I call" and "I get on well with my social worker". One young person said they would like to see their social worker more often.

Social workers acknowledged that they did receive significant events notifications and child protection concerns but these were not always received in a timely manner. This is discussed further in the *Significant Events* section of this report.

Inspectors found that social workers read care files on the young people from time to time.

Discharges
This standard was met. Staff at the centre and social workers endeavoured to ensure that all young people were discharged from the centre in a planned manner. There was one unplanned discharge in the week prior to inspection based on risk and inspectors found that this discharge was managed appropriately.

Children's care records
This standard was met. Each young person had an individual care file that was well structured, accessible and held all of the regulatory information. Each young person had a log book which described daily events and activities.

Register
This standard was met. There was an up to date and complete register specifying all the information required by regulations. The information contained in the centre register was found to be accurate at the time of inspection. Inspectors found that there had been two admissions and one discharge in the year prior to inspection.

Provision of food and cooking facilities
This standard was met. Inspectors found that young people used the kitchen to meet and chat and they had snacks whenever they wanted. There was a wide choice of nutritious food available to the young people. The kitchen was clean and accessible and homely.

Race, culture, religion, gender and disability
This standard was met. The young people at the centre came from a range of different cultural and religious backgrounds. Inspectors found that staff promoted a culture of tolerance and respect for differences. The centre's spirituality policy was comprehensive and provided guidance in relation to a wide range of cultural and spiritual beliefs.

Accommodation
This standard was met. The centre was a large detached two storey house, located near a large city. The centre aimed to provide a comfortable family home. The house design offered opportunities for young people to have privacy and to engage with others. The centre was decorated to a satisfactory standard and created a pleasant and homely atmosphere. There was a kitchen adjacent to a pantry and a laundry, a dining room and two sitting rooms. Each young person had their own bedroom.

The centre was found to be appropriately insured.

Practices that met the required standard in some respect only

Notification of significant events.
This standard was partly met. The administration of the significant event notification process was not consistent in all instances. Some of the data reviewed by inspectors was found to contain errors, for example one notification of a significant event was identified for two different dates, another was dated as commencing on a particular date but ending on a date prior to the date of commencement, another notification of a significant event indicated that the Residential Care Coordinator was notified of the event three months before the significant event happened. There was also a manual correction of the electronically generated report of another notification of significant events.

Social workers informed inspectors that they did not always receive notifications of significant events in a timely manner. Similarly, inspectors were informed by staff at the centre that they did not always receive clarification from Social Work of the outcome of some significant event notifications.

The monitoring officer told inspectors that she monitored the quality of significant event notifications, however there was no system in place to monitor the quality of documentation and the of unit records as a whole.

Inspectors were not satisfied that there was sufficient oversight, analysis and review of the significant events in the absence of a centre manager. Subsequently, this information was not used to inform practice. Inspectors also found that the care of one young person may have been improved by a review of his/her individual significant events.

Inspectors recommend that:

- Centre management should ensure that the administrative process for all significant events notifications is in accordance with the requirements of regulation and *Children First: National Guidance for the Protection and Welfare of Children 2011.*

- Communication between the centre and the social work service is reviewed so that there is agreement to ensure optimum sharing of information to support effective care.

Staffing
This standard was partly met. Inspectors observed that staff were committed and the young people were well cared for in the centre. The interactions observed during the inspection between staff and young people were friendly and respectful.

The Residential Care Coordinator, external professionals and the overseeing Manager all acknowledged the impact of the absence of a Centre Manager and insufficient staffing on service delivery and care provision. They told inspectors of the ongoing challenges and difficulties experienced by staff in managing the more complex needs of some of the young people. Inspectors found that this was having an impact on the current staff team, and despite their commitment and best efforts, this impacted negatively at times, on the young people at the centre.

The Residential Care Coordinator informed inspectors that there were ongoing staffing deficiencies due to illness and leave. To address this, agency staff who were known to the centre were employed to cover shifts and staff told inspectors that some regular staff were also undertaking additional shifts to address shortages of staff. Inspectors recommend that there are sufficient staff at the centre at all times.

Inspectors found that although staff meetings took place, attendance at these meetings had reduced since the departure of the previous manager. Inspectors recommend that staff meetings take place regularly and are attended by all staff.

Staff were appropriately vetted and references were validated. Information received by the Inspectors prior to the inspection indicated that all staff had been Garda vetted and had undergone reference checks and a review of a sample of personnel files by inspectors showed that the staff had undergone reference checks and were appropriately garda vetted.
Agency staff had also undergone reference checks and were garda vetted.

Training and development
This standard was partly met. Information received by inspectors prior to the inspection indicated that all staff had received training in Therapeutic Crisis Intervention, *Children First: National Guidance for the Protection and Welfare of Children 2011* and First Aid. However, inspectors were unable to verify this information on inspection as required training records were not made available. Inspectors recommend that the HSE DML ensure that all staff have received mandatory and any relevant training and that records exist to demonstrate that this has been undertaken.

Administration
This standard was partly met. While inspectors found that staff endeavoured to complete all relevant documentation, records viewed failed to meet the required standard.

During the course of the inspection, Inspectors sought to obtain relevant documentation, this was not always available. Inspectors recommend that:
HSE DML must ensure that all relevant documentation and policies are in place and accessible within the centre.

Monitoring
This standard was met in part. The HSE Monitoring Officer received notification of all significant events. She informed Inspectors that she reviewed the notifications at weekly intervals and undertook a risk based approach to the follow-up and response of these, to ensure that all issues of concern were appropriately addressed by the relevant personnel.

While the HSE Monitoring Officer had visited the centre and met with staff and the young people, there was no written report for this centre. Inspectors recommend that a written monitor's report is issued on an annual basis.

Consultation
This standard was partly met. There was no formal system in place for the views of young people to inform policies and practice and influence daily life within the centre. Inspectors found that young people were consulted individually with varied frequency; but that group meetings were largely avoided due to the group dynamic. One young person stated that they missed talking about issues as a group. There was a mixed response from young people in written questionnaires regarding whether they knew or were advised what their rights were as a person living in care. While Inspectors observed that young peoples' rights were promoted by staff, written questionnaire responses indicated that one young person felt listened to sometimes and another young person stated "I would like to be listened to more often". Inspectors recommend that the HSE DML review the practice of consultation with young people and ensure formal opportunities are in place to consult with the young people frequently.

Contact with families
This standard was mostly met. Young people were encouraged and supported to have ongoing contact with their families. One parent who was visiting the centre on the day of the inspection told the inspectors that she liked coming to the centre and valued being able to contact staff at the centre for advice and support.

During the course of the inspection, inspectors were informed that in the case of two young people, there was a considerable delay in contacting parents to advise of particular significant events regarding the young people. Inspectors recommend that the centre ensures that parents of young people are given information in a timely manner.

Statutory Care Plans and Statutory Care Plan Reviews
This standard was mostly met. All of the young people had statutory care plans on file. Each of the care plans addressed the needs of the young people.

However, in the case of one young person, although their emotional needs and wellbeing was identified as an ongoing issue through the care planning process, there was no comprehensive evaluation of this aspect of the care plan and the extent to which the relevant aims and objectives were achieved.

Inspectors recommend that the HSE DML reviews his/her care plan and take any measures necessary to ensure the young person receives the appropriate emotional and specialist support.

Emotional and Specialist Support
This standard was partly met. There were two separate situations that were impacting on the emotional wellbeing of the young people at the centre. Inspectors found that in the case of one young person, the staff team had been extremely responsive and supportive to the young person when this young person experienced difficulties. The placement of this young person was maintained despite the high levels of support and staffing required at times.

Inspectors found another young person had also demonstrated significant distress. While Inspectors found incident specific responses to these episodes, there was no overview of these events and no formal action to address these needs. Inspectors acknowledge that the young person had chosen not to engage with specialist services but engagement was not revisited frequently, so each incident was addressed as an isolated incident, not as a cumulative issue. Inspectors found that not all possible options to support this young person to manage his/her emotional distress and to encourage the young person to engage with specialist services had been acted upon. Inspectors found that this young persons' complex emotional needs were not being fully addressed in a proactive and coordinated manner.

Inspectors also found that the needs of one young person with the most complex needs were, at times, prioritised above those of the other young people where crisis situations occurred, and this led to some young people receiving less support on these occasions. Inspectors found that the absence of a Centre Manager, the absence of formal supervision and depleted staffing levels also compounded this difficult situation.

Inspectors recommend that:
- Centre management undertake a review of the cumulative incidents of emotional distress experienced by the young person.
- All necessary support is sought for the young person identified.

Preparation for leaving care and Aftercare
This standard was partly met. The *HSE Leaving & Aftercare Services: National Policy and Procedure Document* promotes the provision of Aftercare to enable young people to adequately prepare for leaving care and to ensure consistency of support to these young people. This is to provide better outcomes for them in their move into adulthood. The Aftercare Service is responsible for the appointment of a named worker to the young person on his/her 16th birthday and following referral to the service.

All four young people were being actively prepared for leaving care. One young person had an aftercare plan and had attended the first year at college while she continued to live at the centre. Her social worker acknowledged the commitment shown by the centre over a significant period of time to this young person, and this had resulted in positive outcomes for her. Inspectors found that the aftercare worker and the social worker were working collaboratively to support a structured process of leaving care for the young person. However, this young person expressed concern to inspectors regarding their placement in the centre now that they are over 18 years. The external line manager and the social worker were aware of these concerns and were addressing this issue.

Two other young people were both 17 and despite the best efforts of their individual social workers, did not have an after care worker assigned to either of them. Inspectors recommend that an aftercare worker is assigned to each of these two young people and that an aftercare plan is developed for each young person.

Individual care in group living.
This standard was partly met. There were mixed responses from the young people regarding some aspects of their relationships with staff members. Three young people stated that they were assigned a key worker but felt that they did not spend enough private time with their key worker.

Inspectors found that there was an ongoing and unresolved dynamic between three of the young people in the house and this had an overall general negative effect on young people. This had been ongoing for over a year. During this time the dynamic had become more fraught and some young people informed inspectors that they felt uneasy at times. Initial attempts had been made to resolve the issue, but in recent months staff and young people acknowledged that avoidance strategies were promoted. This manifested as incidents of conflict, young people not talking to each other and staying away from the centre. Inspectors found that one young person was becoming increasingly isolated as a result of the impact of this.

Inspectors recommend that:

- A facilitative process is undertaken as a matter of urgency and a plan is developed, implemented and monitored to address this issue.
- One young person receives allocated one to one working time with his/her key worker regardless of the competing needs of other young people at the centre
- One to one individual key working sessions with young people are provided more frequently.

Managing behaviour

This standard was partly met. As previously referred to in the sections *Emotional and Specialist Support* and *Individual and Group Living* respectively, there were some issues that impacted on the effective management of behaviour.

Some young people had identified complex emotional and behavioural needs and while staff had been proactive in responding to these needs overall, there was significant time spent supporting one young person in particular. This resulted in the maintenance of this young person's placement. However, Inspectors found that the behaviour of this young person at times impacted on other young people, and one young person in particular had similar emotional needs but had begun to disengage from the service.

Additionally, Inspectors found that the ongoing and unresolved dynamic between three of the young people in the house for over a year had an overall general negative effect on both young people and staff, causing tension and being at the centre of any escalated incidents.

As previously stated in this report, Inspectors found that the absence of a Centre Manager, depleted staffing and absence of oversight and monitoring and management of significant events compounded this situation, and led to the issue drifting for a long time.

Inspectors did not receive requested details of all sanctions applied to the young people in the last year and therefore could not adequately assess the appropriateness of sanctions. The recommendation to ensure that all relevant documentation and policies are in place and accessible within the centre is discussed further in the *Administration* section.

Restraint

This standard was partly met. There was one episode of physical restraint in the previous year which was appropriately recorded and the relevant stakeholders were notified. However, the timeframe indicated on the documentation submitted to inspectors was inaccurate. This was clarified during the inspection and the correct duration of the incident was confirmed. Inspectors requested a copy of the staff training records to confirm that staff had received Therapeutic Crisis Intervention (TCI) training but these records were not made available. Inspectors recommend that the HSE DNL ensure

that Therapeutic Crisis Intervention (TCI) training is being undertaken regularly and that all staff are trained to participate in restraints. The recommendation relating to this is described in the *Administration* section of this report*:* The HSE DML must ensure that all relevant documentation and policies are in place and accessible within the centre.

Absences without authority
This standard was met in part. The centre followed the National protocol: *The Children Missing from Care: a Joint Protocol between an Garda Siochana and the Health Service Executive* and held a log of absences. Inspectors found that unauthorised absences were recorded and reported appropriately. There were 43 absences from the centre in the year prior to inspection. These absences had been managed through inter-agency co-operation and the promotion of the safety and welfare of the young people in accordance with *The Children Missing from Care: A Joint Protocol between An Garda Siochana and the Health Service Executive.*

One young person accounted for 41 of these absences. Approximately twenty-five per cent of these absences were under five hours duration, a further twenty percent were over 25 hours duration and a small number of absences were greater than 45 hours duration with the longest being 64 hours 30 minutes duration. This young person told Inspectors that when she was absent without authority, the staff at the centre telephoned her to check she was safe and to encourage her to return, by offering to bring her home. Inspectors recommend that the HSE Staff Team continues to be relentless in their efforts to ensure that absences without permission cease.

Safeguarding and Child Protection
This standard was partly met. The centre did have The HSE DML *Child Protection Policy: Children's Residential Services.*

Inspectors did not receive requested child protection data prior to inspection and found that there was no clear documentation at the centre that indicated the number of child protection concerns and status of these concerns. Inspectors found written documentation regarding two Child Protection concerns relating to one young person which had been forwarded to the Social Work Department. However Inspectors were informed during an interview that there was a third Child Protection concern regarding this young person which had been notified to the Gardai.

Social workers informed inspectors that they did not receive notifications of significant events in a timely manner at all times.

Inspectors also found that the centre had not received information regarding the outcomes in relation to two Child Protection concerns from the relevant social work department centre.

Inspectors found that although records indicated that all staff had received training in *Children First: National Guidance for the Protection and Welfare of Children 2011,* in the absence of training records, inspectors were unable to confirm this.

Inspectors recommend that HSE DML ensures that:

(1) A review is undertaken to clarify the number and status of all child protection concerns, and that any outstanding concerns are reported/concluded.

(2)Recording systems are maintained to ensure management of child protection concerns and accountability.

Education

This standard was mostly met. The centre placed a high value on education and actively encouraged the young people to engage in suitable education and training courses. One young person was attending third level education, a second young person was undertaking secondary education and planned to progress to college. At the time of inspection, a third young person was not in education/training but was being encouraged and supported to undertake a training course. Regarding the fourth young person, the staff team had developed creative ways to encourage this young person to remain in education/training.

Inspectors recommend that continued efforts are made to access an education/training placement programme for the young person identified.

Health

This standard was partly met. Each of the young people living at the centre had a Medical Card and access to a General Practitioner. Inspectors found that young people had access to relevant specialist services when required.

Inspectors found detailed records of the administration of medications which were satisfactory.

Inspectors were unable to verify that all of the young people had received a Medical Assessment on admission. However, there was evidence of contact and review by Medical Services as necessary for individual young people. Some young people had significant emotional needs and this is discussed in *Emotional and Specialist Support.*

Inspectors recommend that the HSE DML ensures that every young person receives a Medical assessment from a General Practitioner on their admission to the centre.

Maintenance and Repairs
This standard was partly met. Inspectors found that the centre was maintained to a reasonable standard. However, inspectors found no evidence that external line managers routinely monitored the centre to ensure the maintenance of standards and safety or that there was a rolling programme of maintenance and capital works. Inspectors recommend that the HSE ensures that it is satisfied that there is a rolling programme of maintenance and capital works for the centre and that safety standards are maintained and monitored routinely.

Practices that did not meet the required standard

Management
This standard was not met. The centre manager resigned in late December 2011 and the position had not been filled. In the interim external managers endeavoured to fulfil the manager's role but inspectors found the centre was not managed effectively. It was evident to inspectors that the lack of leadership within the centre impacted on outcomes for the young people. Young people, staff, social workers and line managers identified this as a significant issue.

The Manager of the adjoining centre was providing oversight management to the centre and acknowledged the difficulties of trying to meet the needs of the young people and staff in the centre while in a substantive post elsewhere. The Residential Care Coordinator spoke of her endeavours to provide additional management support to the centre in addition to her wider management responsibilities. She acknowledged that the lack of a dedicated manager had impacted negatively on staff and resulted in some poor outcomes for young people in certain aspects of their time in the centre. Staff external to the centre spoke of the difficulties in ensuring effective internal and external communication processes due to the lack of a central coordination and a key lead person. Inspectors were advised by the Residential Care Coordinator that the current moratorium on recruitment had impacted on the capacity to address this in a timely manner.

Following the inspection, Inspectors were told that the interview process to appoint an Acting Manager for the centre was completed and a new manager was appointed.

Inspectors recommend that HSE DML ensure that there is an appointed Centre Manager in charge of the service on an ongoing basis.

Supervision and support
This standard was not met. Effective supervision provides accountability, good communication, co-operation and consistency between staff in providing consistency of care and maintaining safety. Given that there was no centre manager in post, it was even more imperative that staff were given formal

guidance and support through supervision. These factors have a direct impact on outcomes for young people.

At the time of inspection, there was no supervision undertaken with staff at the centre. Issues already identified in this report include the fact that there was no centre manager to provide leadership, management and coordination of care. There was a shortage in available staff at times to provide effective care to young people with clearly identified complex care needs. Therefore, inspectors found that there was a need for more frequent supervision and support of all staff.

Inspectors recommend that formal supervision takes place for staff as a matter of urgency.

Complaints
This standard was not met. Inspectors did not receive the requested information prior to inspection regarding the number and status of complaints at the centre. During the inspection, inspectors found a lack of clarity regarding how many complaints there were and the status of these complaints. In written questionnaires received from the young people at the centre, there were different responses regarding knowledge about making a complaint and two young people were unhappy with the outcome of the investigation of their individual complaints.

One young person's social worker was concerned with the follow up and communication in relation to one complaint she had submitted on behalf of a young person. In the course of their conversation with Inspectors, a young person also raised some concerns. Inspectors forwarded these concerns to the external line manager for investigation.

Inspectors recommend that the HSE DML ensures that:
- All current concerns and complaints are reviewed and recorded appropriately and any outstanding complaints are addressed without delay.
- Systems are put in place to monitor the incidence and outcomes of all complaints.

Safety
This standard was not met. There was no up to date Health and Safety Statement and no Health and Safety audit to establish if the centre was a safe and secure place for young people to live in and staff to work in.

Inspectors were informed that the most recent Health and Safety Statement had been archived and that work was being undertaken to update this document. Inspectors recommend that the HSE undertakes a proper risk assessment of the centre and that the Health and Safety Statement is updated as a matter of urgency.

Fire safety
This standard was not met. The centre carried out daily fire checks and there were fire extinguishers available throughout the centre that had been serviced recently. Fire drills were carried out in 2011 but inspectors were unable to establish if any fire drills were undertaken in 2012. Inspectors found that two young people had not participated in a fire drill since admission.

The centre did not provide written confirmation from an architect or certified engineer that all requirements in relation to fire safety and building control regulations had been complied with. This letter was also outstanding in the previous two inspections in May 2010 and July 2011. Inspectors recommend that written confirmation from a certified engineer or a qualified architect is obtained without delay certifying that all statutory requirements relating to fire safety and building control have been complied with.

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.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
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.

	Practice met the required standard	*Practice met the required standard in some respects only*	*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:

1. The HSE DML should ensure there is an appointed Centre Manager in charge of the service on an ongoing basis.

2. (a) The Centre Management should ensure that the administrative process for all significant events notifications is in accordance with the requirements of regulation and *Children First: National Guidance for the Protection and Welfare of Children 2011.*

(b) The HSE DML should ensure that communication between the centre and the social work service is reviewed so that there is agreement to ensure optimum sharing of information.

3. The HSE DML should ensure that there are sufficient staff at the centre at all times.

4. The HSE DML should ensure that staff meetings take place regularly and are attended by all staff.

5. The HSE DML should ensure that formal supervision takes place for staff as a matter of urgency.

6. The HSE DML should ensure that all staff have received mandatory and any relevant training and that records exist to demonstrate that this has been undertaken.

7. The HSE DML must ensure that all relevant documentation and policies are in place and accessible within the centre.

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.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Monitoring		√	

Recommendation:

8. The HSE DML should ensure that a written monitor's report is issued on an annual basis.

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.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Consultation		√	
Complaints			√
Access to information	√		

Recommendations:

9. The HSE DML should review the practice of consultation with young people and ensure formal opportunities are in place to consult with young people frequently.

10. The HSE DML should ensure that that:
(a) All current concerns and complaints are reviewed and recorded appropriately and any outstanding complaints are addressed without delay.

(b) Systems are put in place to monitor the incidence and outcomes of all complaints

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.

	Practice met the required standard	*Practice met the required standard in some respects only*	*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	 √	√	
Aftercare Children's case and care files	 √	√	

Recommendations:

11. The HSE DML should review the care plan of the identified young person and takes any measures necessary to ensure this young person receives emotional and specialist support.

12. The HSE DML should ensure that parents of young people are given information in a timely manner.

13. The HSE DML should ensure that:
(a) Centre management undertake a review of the cumulative incidents of emotional distress experienced by the young person.
(b) All necessary support is sought for the young person identified.

14. The HSE DML should ensure that an individual aftercare worker is assigned to each of the two young people without delay and that an aftercare plan is developed for each young person.

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.

	Practice met the required standard	*Practice met the required standard in some respects only*	*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 HSE DML should ensure that:
(a) A facilitative process is undertaken as a matter of urgency and a plan is developed, implemented and monitored to address this issue.
(b) One young person receives allocated one to one working time with his/her key worker regardless of the competing needs of other young people at the centre.
(c) One to one individual key working sessions with young people are provided more frequently.

16. The HSE DML should ensure that Therapeutic Crisis Intervention (TCI) training is being undertaken regularly and that all staff are trained to participate in restraints.

17. The HSE DML Staff Team should continue to be relentless in their efforts to ensure that absences without permission cease.

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.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Safeguarding and child protection		√	

Recommendation:

18. The HSE DML should ensure that:
(a) A review is undertaken to clarify the number and status of all child protection concerns, and that any outstanding concerns are reported/concluded.
(b) Recording systems are maintained to ensure management of child protection concerns and accountability.

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.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Education		√	

Recommendation:

19. The HSE DML should ensure that continued efforts are made to access an education/training placement programme for the young person identified.

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.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Health		√	

Recommendation:

20. The HSE DML should ensure that every young person receives a Medical Assessment on admission to care.

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.

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

Recommendations:

21. The HSE DML should ensure that it is satisfied that there is a rolling programme of maintenance and capital works for the centre and that safety standards are maintained and monitored routinely.

22. The HSE DML should undertake a proper risk assessment of the centre and ensure that the Health and Safety Statement is updated as a matter of urgency.

23. The HSE DML should ensure that written confirmation from a certified engineer or a qualified architect is obtained without delay certifying that all statutory requirements relating to fire safety and building control have been complied with.

4. Summary of recommendations

1. The HSE DML should ensure there is an appointed Centre Manager in charge of the service on an ongoing basis.

2. (a) The Centre Management should ensure that the administrative process for all significant events notifications is in accordance with the requirements of regulation and *Children First: National Guidance for the Protection and Welfare of Children 2011.*
(b) The HSE DML should ensure that communication between the centre and the social work service is reviewed so that there is agreement to ensure optimum sharing of information.

3. The HSE DML should ensure that there are sufficient staff at the centre at all times.

4. The HSE DML should ensure that staff meetings take place regularly and are attended by all staff.

5. The HSE DML should ensure that formal supervision takes place for staff as a matter of urgency.

6. The HSE DML should ensure that all staff have received mandatory and any relevant training and that records exist to demonstrate that this has been undertaken.

7. The HSE DML must ensure that all relevant documentation and policies are in place and accessible within the centre.

8. The HSE DML should ensure that a written monitor's report is issued on an annual basis.

9. The HSE DML should review the practice of consultation with young people and ensure formal opportunities are in place to consult with young people frequently.

10. The HSE DML should ensure that that:

(a) All current concerns and complaints are reviewed and recorded appropriately and any outstanding complaints are addressed without delay.
(b) Systems are put in place to monitor the incidence and outcomes of all complaints

11. The HSE DML should review the care plan of the identified young person and takes any measures necessary to ensure this young person receives emotional and specialist support.

12. The HSE DML should ensure that parents of young people are given information in a timely manner.

13. The HSE DML should ensure that:
(a) Centre management undertake a review of the cumulative incidents of emotional distress experienced by the young person.
(b) All necessary support is sought for the young person identified.

14. The HSE DML should ensure that an individual aftercare worker is assigned to each of the two young people without delay and that an aftercare plan is developed for each young person.

15. The HSE DML should ensure that:
(a) A facilitative process is undertaken as a matter of urgency and a plan is developed, implemented and monitored to address this issue.
(b) One young person receives allocated one to one working time with his/her key worker regardless of the competing needs of other young people at the centre.
(c) One to one individual key working sessions with young people are provided more frequently.

16. The HSE DML should ensure that Therapeutic Crisis Intervention (TCI) training is being undertaken regularly and that all staff are trained to participate in restraints.

17. The HSE DML Staff Team should continue to be relentless in their efforts to ensure that absences without permission cease.

18. The HSE DML should ensure that:
(a) A review is undertaken to clarify the number and status of all child protection concerns, and that any outstanding concerns are reported/concluded.
(b)Recording systems are maintained to ensure management of child protection concerns and accountability.

19. The HSE DML should ensure that continued efforts are made to access an education/training placement programme for the young person identified.

20. The HSE DML should ensure that every young person receives a Medical Assessment on admission to care.

21. The HSE DML should ensure that it is satisfied that there is a rolling programme of maintenance and capital works for the centre and that safety standards are maintained and monitored routinely.

22. The HSE DML should undertake a proper risk assessment of the centre and ensure that the Health and Safety Statement is updated as a matter of urgency.

23. The HSE DML should ensure that written confirmation from a certified engineer or a qualified architect is obtained without delay certifying that all statutory requirements relating to fire safety and building control have been complied with.

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

ACTION PLAN

Action Plan for Inspection No. 350

Centre ID: 359 **Date Action Plan Issued:** 9th August 2012
HSE Area: HSE DML

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	The HSE DML should ensure there is an appointed Centre Manager in charge of the service on an ongoing basis.	A Centre Manager was appointed and commenced on 30th July 2012. The centre Managers appointment has been notified to all Social Workers and Social Work Team Leaders.	Regional Coordinator	30th July 2012
2	(a) The Centre Management should ensure that the administrative process for all significant events notifications is in accordance with the requirements of regulation and *Children First: National Guidance for the Protection and Welfare of Children 2011.* (b) The HSE DML should ensure that communication between the centre and the social work service is reviewed so that there is agreement to ensure optimum sharing of information.	All significant events will be notified appropriately, as will Child Protection Concerns. All young people's Daily Journals will be reviewed and signed on a daily basis to ensure that information is both recorded and notified appropriately. All communication between the centre and social workers will be recorded on the Centre and Young Person's Communication Log.	Centre Manager Deputy Service Manager	30th July 2012

Action Plan for Inspection No. 350

Centre ID: 359 **Date Action Plan Issued:** 9th August 2012
HSE Area: HSE DML

3	The HSE DML should ensure that there are sufficient staff at the centre at all times.	Staff shortages in the Centre are currently being covered by staff from another centre and in exceptional circumstances by regular Agency Staff.	Centre Manager	Staff from another centre providing cover since June 2012
4	The HSE DML should ensure that staff meetings take place regularly and are attended by all staff.	The Centre Manager has now scheduled team meetings to occur on a fortnightly basis and informed the staff team that attendance is compulsory.	Centre Manager / Deputy service Manager	08.08.2012
5	The HSE DML should ensure that formal supervision takes place for staff as a matter of urgency	The Centre Manager has developed a Supervision schedule for all staff which has been implemented with immediate effect.	Centre Manager / Deputy service Manager	08.08.2012
6	The HSE DML should ensure that all staff have received mandatory and any relevant training and that records exist to demonstrate that this has been undertaken.	The Centre Manager will complete a Training Audit and address any Training needs identified.	Centre Manager / Deputy service Manager	17.08.2012

Action Plan for Inspection No. 350

Centre ID: 359
HSE Area: HSE DML

Date Action Plan Issued: 9th August 2012

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
7	The HSE DML must ensure that all relevant documentation and policies are in place and accessible within the centre.	The Centre Manager and Deputy service Manager will ensure that all Policies and relevant documentation are in the centre.	Centre Manager / Deputy Service Manager	17.08.2012
8	The HSE DML should ensure that a written monitor's report is issued on an annual basis.	The Monitoring Officer has advised that written report will be submitted on an annual basis.	Monitoring Officer	Annual - to be confirmed
9	The HSE DML should review the practice of consultation with young people and ensure formal opportunities are in place to consult with young people frequently.	There will be scheduled Young People's meetings and all young people will be encouraged to attend and participate. Discussions and subsequent feedback to the young people will be recorded. All young people will be given the contact details for EPIC and encouraged to make contact with them.	Centre Manager Deputy Service Manager	30/07/2012

Action Plan for Inspection No. 350

Centre ID: 359 **Date Action Plan Issued:** 9th August 2012
HSE Area: HSE DML

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
10	The HSE DML should ensure that that: (a) All current concerns and complaints are reviewed and recorded appropriately and any outstanding complaints are addressed without delay. (b) Systems are put in place to monitor the incidence and outcomes of all complaints.	All current concerns and complaints will be comprehensively reviewed by the Centre Manger and Deputy Service Manager. Any outstanding issues will be addressed without delay and outcomes will be clearly recorded. The Significant Event Notification System in place in the Centre will be closely managed.	Centre Manager Deputy service Manager	Review to be completed by 01.09.2012
11	The HSE DML should review the care plan of the identified young person and takes any measures necessary to ensure this young person receives emotional and specialist support.	A meeting has been arranged between the Centre/ Service Manager/ Social worker and Principal Social Work Team Leader to look at putting measures in place to address any outstanding actions on the young person's Care plan.	Centre Manager Deputy Service Manager / Service Manager Social Work Team Leader / Principal social worker	03.09.2012

Action Plan for Inspection No. 350

Centre ID: 359
HSE Area: HSE DML

Date Action Plan Issued: 9th August 2012

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
12	The HSE DML should ensure that parents of young people are given information in a timely manner.	Where it is agreed with the Social Worker that the young person's parent is to be informed of Significant Events and provided updates on the young person from the centre, this will be done on a regular and consistent basis. The key worker will be given the responsibility of this task.	Centre Manager Key worker	30.07.2012
13	The HSE DML should ensure that: (a) Centre management undertake a review of the cumulative incidents of emotional distress experienced by the young person. (b) All necessary support is sought for the young person identified.	A meeting has been arranged between the Centre/ Service Manager/ Social worker and Principal Social Work Team Leader to look at the incidents of putting measures in place to address any outstanding actions on the young person's Care plan, and also to review the distress experienced by the young person so that necessary and immediate supports can be put in place.	Centre Manager Deputy Service Manager / Service Manager Social Work Team Leader / Principal Social Worker	03.09.2012

Action Plan for Inspection No. 350

Centre ID: 359 **Date Action Plan Issued:** 9th August 2012
HSE Area: HSE DML

14	The HSE DML should ensure that an individual aftercare worker is assigned to each of the two young people without delay and that an aftercare plan is developed for each young person.	Application for aftercare workers have been submitted for both young people and the allocation of an Aftercare worker is awaited. Each young person has an Aftercare Section in their Placement Plan. A meeting will be arranged with both young people's social workers to explore the development of an Aftercare Plan.	Centre Manager Social worker	01.09.2012

Action Plan for Inspection No. 350

Centre ID: 359 **Date Action Plan Issued:** 9th August 2012
HSE Area: HSE DML

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
15	The HSE DML should ensure that: (a) A facilitative process is undertaken as a matter of urgency and a plan is developed, implemented and monitored to address this issue. (b) One young person receives allocated one to one working time with his/her key worker regardless of the competing needs of other young people at the centre. (c) One to one individual key working sessions with young people are provided more frequently.	A facilitative process with both young people will be discussed and a process for same to be agreed with young people and social workers. Both young people now have revised Behaviour Management Plans which address the issue between them and guide staff on its management. The young person's key worker has scheduled in One to One time. The young person has been allocated one named staff on each shift will receive informal one to one time every day. These plans are recorded on the Daily Shift Planner. Each key worker has now scheduled one to one time with young people. Informal opportunities to spend time with key workers is available.	Centre Manager Social worker	15/08/2012

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Centre ID: 359 **Date Action Plan Issued:** 9th August 2012
HSE Area: HSE DML

16	The HSE DML should ensure that Therapeutic Crisis Intervention (TCI) training is being undertaken regularly and that all staff are trained to participate in restraints.	The Centre Manager has completed a review of all TCI Training and staff have been booked in to complete refresher training.	Centre Manager Deputy Service Manager	13.08.2012
17	The HSE DML Staff Team should continue to be relentless in their efforts to ensure that absences without permission cease.	Each young person has an Individual Absence Management Plan in accordance with the National Protocols. A meeting has been arranged with the social worker to address the issue. Staff will continue to encourage the young person to return to the centre on time.	Centre Manager Deputy Service Manager	Immediate and ongoing

Action Plan for Inspection No. 350

Centre ID: 359 **Date Action Plan Issued:** 9th August 2012
HSE Area: HSE DML

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
18	The HSE DML should ensure that: (a) A review is undertaken to clarify the number and status of all child protection concerns, and that any outstanding concerns are reported/concluded. (b)Recording systems are maintained to ensure management of child protection concerns and accountability	Comprehensive review of all Child Protection Concerns will be carried out by the Centre Manger and Deputy Service Manager. Any outstanding issues will be addressed without delay and outcomes will be clearly recorded. The Significant Event Notification System and Child Protection Policy in place in the Centre will be closely managed to ensure that all Child Protection Concerns are recorded and notified and managed in an appropriate manner.	Centre Manager Deputy Service Manager	01.09.2012
19	The HSE DML should ensure that continued efforts are made to access an education/training placement programme for the young person identified.	The Acting Centre Manager at time of Inspection and key worker have attended meeting with Social worker to address the issue of securing an Educational Placement. A follow up meeting has been arranged.	Centre Manager Deputy Service Manager	03.09.2012

Action Plan for Inspection No. 350

Centre ID: 359 **Date Action Plan Issued:** 9th August 2012
HSE Area: HSE DML

20	The HSE DML should ensure that every young person receives a Medical Assessment on admission to care.	Each young person being admitted to care will receive a medical examination, in consultation with the young person and their social worker.	Centre Manager Deputy Service Manager	Immediate
21	The HSE DML should ensure that it is satisfied that there is a rolling programme of maintenance and capital works for the centre and that safety standards are maintained and monitored routinely	A list of maintenance works that enquire attention will be drawn up and forwarded to the Maintenance Department for immediate attention.	Centre Manager Deputy Service Manager	13.08.2012
22	The HSE DML should undertake a proper risk assessment of the centre and ensure that the Health and Safety Statement is updated as a matter of urgency.	Centre Manager has updated the Health and Safety Statement and has made arrangements for the Health and Safety Officer to visit the centre.	Centre Manager Deputy Service Manager	13/08/2012
23	The HSE DML should ensure that written confirmation from a certified engineer or a qualified architect is obtained without delay certifying that all statutory requirements relating to fire safety and building control have been complied with.	Deputy Service Manager has requested that a Certified Engineer visit the Centre and provide report on work required to ensure building is fire compliant. Report will be the given to the Maintenance Department or other to ensure works are completed.	Deputy Service Manager	13.08.2012