



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

A HIGH SUPPORT UNIT IN THE HSE DUBLIN NORTH EAST

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Contents

1. Introduction

1.1 Methodology

1.2 Acknowledgements

1.3 Management structure

1.4 Data on young people

2. Analysis of findings

3. Findings

4. Summary of recommendations

Action Plan

1. Introduction

The Health Information and Quality Authority (the Authority), Regulation Directorate carried out an announced inspection of a high support unit in the Health Services Executive Dublin North East Area (HSE DNE) under Section 69 (2) of the Child Care Act 1991. Maeve O'Sullivan (lead inspector), Ann Delany and Grace Lynam (co inspectors) carried out the inspection on the 10 and 11 Sept 2012.

The high support unit had been previously inspected by the Regulation Directorate in December 2009, and a follow up inspection occurred in October 2010. During the follow up inspection, of the 14 recommendations, eight were met, five were met in part and one was unmet. These reports can be accessed on the Authority's website www.hiqa.ie as inspection reports 344 and 442. The Authority also carried out a triggered inspection of the special care unit in February 2012.

The high support unit offers residential care and high support to six children and young people of mixed gender aged from 12 to 17 years that are having some difficulty in their lives and need additional support.

The high support unit was a large purpose-built facility located a short distance from a north Dublin town. The facility was divided into three accommodation units; two were occupied, while the third unit, which was unoccupied at the time of the inspection, is used as a secure and targeted facility when required. The centre had an on-site school, a gym and outdoor recreational facilities. At the time of inspection there were five young people living at the centre, two boys and three girls, aged between 12 and 16 years of age.

In this inspection inspectors found that there continued to be an overall high standard of care in the high support unit, with a strong emphasis on the quality of day-to-day relationships between staff and young people, children's rights, managing behaviour, therapeutic interventions, and the maintenance of a safe and homely environment. The areas that meet the required standards in part were in relation to staffing, statutory care plans and reviews, safeguarding and child protection, aftercare, health, maintenance and repairs and fire safety.

1.1 Methodology

Inspectors' 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. The inspectors met with four young people and the school principal. Inspectors also interviewed the acting Director, the acting Deputy Director, two acting Unit Managers, three residential childcare workers, the Monitoring Officer, one social worker, one social worker team leader, the Mater Support Team (part of the Mater Hospital Child and Adolescent Mental Health Team consisting of a Psychiatrist, a Clinical Psychologist and a Systemic Family Therapist). Inspectors also conducted telephone interviews with two social workers.

The inspectors had access to the following documents:

- The centre's statement of purpose and function
- The centre's 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
- Questionnaires completed by young people, social workers and parents
- Administrative records
- Details of unauthorised absences for the previous twelve months
- Details of physical interventions for the previous twelve months
- The centre's fire register and fire safety certificate
- Building insurance
- Health and safety documents
- Previous inspection reports
- The monitoring officers' report
- Department of Education and Skills Inspection Report

1.2 Acknowledgements

The inspectors wish to acknowledge the co-operation of the young people, parents, the management and staff of the centre, external professionals and others who were involved in this inspection.

1.3 Management structure

The management structure of the high support unit consisted of an acting Director who reported to the Acting National Director of the National High Support and Special Care Services (NHSSCS). The Director of the centre was supported by a management team that consisted of an acting Deputy Director, two high support unit managers and two deputy unit managers. The Deputy Director reported directly to the Director. The two unit managers were responsible for the day to day management of the two units and they reported to the Deputy Director. The shift coordinators, care staff and chefs reported to the relevant unit manager. The administrative staff, campus assistants and maintenance staff reported to the Director of the high support unit, while the domestic assistant reported to the unit manager.

1.4 Data on young people

<i>Young Person</i>	<i>Age</i>	<i>Legal Status</i>	<i>Length of Placement</i>	<i>No. of previous placements</i>
# 1	15	Voluntary agreement	6 months	1 residential placement
# 2	14	Interim care order	5 months	4 foster care placements 1 residential placement
# 3	16	Interim care order	5 months	6 residential placements 1 special care placement
# 4	16	Interim care order	1.5 months	2 special care placement
# 5	12	Interim care order	1 month	1 residential placement

2. Summary of Findings

Practices that met the required standard

Purpose and Function

This standard was met. The high support unit's statement of purpose and function stated that it provided care to boys and girls aged 12 – 17 who are experiencing difficulty in their lives, and needed some extra help. The statement also included the option of the high support unit providing special care with certain restrictions of liberty to young people if and when required.

Copies of the statement of purpose and function were visible in strategic locations around the high support unit. Inspectors found that the staff were aware of the purpose and function and that the day-to-day operations of the unit reflected this. Inspectors found that the five young people currently living in the centre were appropriately placed given their individual needs at the time of placement.

The centre had colourful and accessible children's booklets that outlined its purpose and function and explained the rules of the high support unit and the complaints process. Inspectors found that the high support unit policies and procedures were consistent with the policies and procedures for children's residential centres (Dublin North East).

Management

This standard was met. The high support unit was managed by an acting director who was suitably qualified. The director managed all staff working in the centre and was assisted by a deputy director. There were two unit managers who also reported to the deputy director. The unit operated an on-call system that ensured a named member of the management team was contactable at all times in the event of an emergency. Inspectors found evidence of good communication systems with other key professionals including the school principal and the Mater support team. The director informed inspectors that they attended a fortnightly national managers meeting coordinated by the acting national director of the NHSSCS. One of the objectives of these meetings was to showcase best practice and standardise systems across the five high support and special care units within the NHSSCS.

Inspectors found evidence, through documentation and interviews of clearly outlined delineation of roles and responsibilities between the director and the deputy director. Members of the Mater support team informed inspectors that they attended weekly clinical meetings with care workers in each of the units. Issues discussed included young people's placement objectives, key working and therapeutic input.

Register

This standard was met. The high support unit had a register that was found to be up-to-date and was maintained in accordance with the regulations. The register recorded the discharge dates and destination details of the young people.

Notification of Significant Events

This standard was met. Inspectors noted that significant events were recorded in each young person's file and dealt with in accordance with HSE policy and regulation. The unit manager routinely emailed a summary of each significant event to the relevant people, including the young person's social worker, the monitoring officer and the Guardian Ad Litem.

The majority of significant events reported related to young people being absent from the high support unit. The HSE monitoring officer, the Mater support team and social workers confirmed to inspectors that they received notification of all significant events that occurred in the unit. There was one episode of a young person missing in care in the year prior to inspection. Inspectors found that the unit had managed the incident in compliance with *Children First* 2011.

Inspectors were informed that a high support unit significant event review group (SERG) was established in 2006. The purpose of the SERG group is to ensure that practice in the unit relating to significant events and their management is compliant with national standards. The process of reviewing significant events is currently being reviewed by the Best Practice Working Group linked to the NHSSCS.

Supervision and Support

This standard was met. The unit had a policy on staff supervision. A sample of staff files reviewed by inspectors showed that supervision occurred on a six to ten weekly basis and that it focused on the needs of the young people, their placement plans and on staff accountability. This timeframe is in compliance with the unit's policy on staff supervision. Staff informed inspectors that they valued the supervision. The director informed inspectors that they received regular supervision from the acting national director, and that the acting national director was accessible to them at all times.

Records identified that staff team meetings were held on a weekly basis. Agenda items were solution focused. Minutes demonstrated a good standard of leadership, and meetings were found to be child-centred with guidance being provided by the director and the unit managers. Inspectors were informed that the latter part of the weekly staff meetings were set aside for staff training or discussing care related issues such as child protection or quality file maintenance. Fortnightly management meetings took place. The meetings were attended by the deputy director, unit managers, deputy unit managers and the school principal and addressed issues such as significant events, school attendance and clinical issues.

Inspectors were informed by staff and managers that a handover session occurred at the end of each shift. Inspectors reviewed log books kept in each unit, which documented day to day events in the unit. Information specific to each young person was documented in their individual file. Staff reported to inspectors that these methods of communication and documentation facilitated an effective transfer of information.

Training and Development

This standard was met. Inspectors found evidence that the director regularly reviewed the training needs of the staff based on the needs of the young people, and encouraged staff to participate in further education and training on skills development. The unit had a comprehensive induction programme for new staff.

Administrative Files

This standard was met. The unit had a policy on report writing and record keeping, a policy on handovers and a policy on confidentiality. Inspectors found through interviews and a review of daily unit records that staff were familiar with these policies. The NHSSCS was piloting a new record keeping system in the unit. This system was to be reviewed later in the month. The administrative files were found to be accessible and staff records facilitated good communication across the team. Young peoples' daily logs showed good systems of recording, reporting and communication across the staff team and inspectors found evidence of the deputy director quality assuring the records kept by staff. Inspectors also observed an effective system for managing petty cash in the units.

Monitoring

This standard was met. The monitoring officer for the NHSSCS informed inspectors that they had visited the unit in April and August 2012. Monitoring officer's visits were both announced and unannounced. From time to time the monitoring officer conducts thematic visits and also reviews progress on recommendations from the most recent Authority inspection. In the monitoring officers' April 2012 report, they noted that ten recommendations had been progressed. However, work was still required in relation to four recommendations. The areas that required improvement included care plans, the management of risk, access to remedial and continuing education and the provision of information on a child or young person's medical history.

The director informed inspectors that the monitoring officer was always accessible to the unit and provided support to the staff team. The monitoring officer confirmed that they were notified promptly of significant events, and that there was effective communication between them and the unit.

Children's Rights - Consultation, Complaints and Access to Information

This standard was met. Children's rights were upheld. The unit had policies on children's rights, on consultation with young people, and on access to information. Staff were aware of these policies and inspectors found that they were operationalised on a day to day basis. Inspectors observed over the course of the inspection that staff listened to children and young peoples' preferences and acted on them in an age appropriate manner.

Three of the young people interviewed reported that they felt consulted about their care and decision making in the unit. Inspectors reviewed minutes of meetings held between the young people and staff, as well as regular key working sessions. The young people interviewed told inspectors that they liked their key workers. Inspectors observed records that demonstrated regular and child centred one to one and group meetings. The young people told inspectors that they get pocket money and a clothing allowance.

The centre had a complaints process in place which was supported by a policy for the management of complaints and grievances. The deputy director was the nominated complaints officer. Inspectors reviewed the centre's complaints book which showed that complaints were recorded and responded to appropriately and in a timely manner, with feedback to the complainant documented. Three young people confirmed that they knew how to make a complaint. Records indicate that all complaints were notified to the relevant social workers.

Access to Information

This standard was met. Through interviews inspectors found that the staff team were well informed about the young people's right to access information held about them. Two young people told inspectors that they had looked at their file and their daily log. The unit had consulted with young people and jointly developed a young persons' booklet that provided information in an accessible way. Records of direct work with the young people reviewed by inspectors showed that key workers discussed the young person's access to information regularly with them. A representative from EPIC (Empowering People in Care) visited the unit on a regular basis, and young people had the option to meet with the representative. Inspectors saw information leaflets from EPIC in areas that were accessible to the young people.

Suitable Placement and Admissions

This standard was met. The five young people currently living in the unit were found to be appropriately placed. Inspectors reviewed the unit's statement of purpose and function, admission policy and risk assessments completed on the young people and all supported the appropriateness of their placement in the unit. Young people told inspectors that they knew why they were in the unit and what their placement hoped to achieve.

Contact with Families

This standard was met. The unit promoted contact between the young people and their families. Inspectors found, through interviews with young people, staff and reviews of the young people's care plans and daily logs that contact with families was facilitated and maintained and was in line with the young person's care plan. Parents were invited to the unit and could share a meal with their child. Family contact was also facilitated external to the unit. The centre had a number of visitor's rooms where young people could meet with their family in private, if appropriate, and if the young person wished to. Details of contact with family members were maintained on each young person's daily log.

Social Worker Role/Supervision and Visiting of Children

This standard was met. The young people in the unit were aware that they had access to a social worker and the majority were confident that they could confide any concerns or worries in relation to any aspects of their care to their assigned social worker. Through documentation review, inspectors found that each young person living at the unit at the time of the inspection was assigned a social worker and that all social workers met with the young people in private on a regular basis.

The social workers informed inspectors that they had a good relationship with the management team and staff and were notified in a timely manner of significant events including child protection issues. Inspectors observed that the young people's care files contained detailed records of all communications between the unit and the social workers, as well as a record of the social workers' visits with the young person.

The social workers interviewed by inspectors also identified that they received updated crisis management plans for the young people and that they read the unit records and the young people's files on a regular basis. Inspectors found that the social workers interviewed had a good knowledge of the young people and their needs.

Emotional and Specialist Support

This standard was met. Young peoples' emotional and specialist needs were well supported in the unit. The unit had on-site access on a part time basis to a psychiatrist, a clinical psychologist, a systemic family therapist and a speech and language therapist. Inspectors found, through a review of meeting notes and case file reviews that this team attended weekly clinical meetings with the social care staff to discuss the young people's progress and were available to meet and work with the young people when required. Members of this team reported to inspectors that the social care team were very receptive to their professional advice and to learning new ways of working with young people and managing behaviours that challenge.

Preparation for Leaving Care.

This standard was met. Young people were prepared for leaving the unit. Through a review of care files and interviews with young people and staff, inspectors found evidence of key working sessions with young people to prepare them for adulthood which included developing their social skills and encouraging independence. Staff were aware of the temporary nature of a young person's placement in the unit, and of the short window of opportunity that existed to prepare a young person for leaving care. This was found to be in line with the unit's policy on planning for leaving care.

Discharge

This standard was met. Discharges were found to be undertaken in a planned manner. This was in keeping with the units' policy on discharges.

Children's Care Records

This standard was met. Each young person had an individual care file that was well organised. Daily records were maintained in the unit and the information was transferred to the individual historic care file on a fortnightly basis. Inspectors found that the care files were securely stored, and staff used a signing out system to access the files. Care files contained good evidence of educational achievement and school attendance, healthcare and medication administration. Inspectors also found evidence of good practice regarding direct and individual work with the young people.

Individual care in Group Living

This standard was met. The young people in the unit were cared for in a manner that took account of their individuality and their wishes. The young people told inspectors that they liked the unit and that they trusted the staff team. Throughout the two days of the inspection, inspectors observed respectful interactions between the young people and the staff members working in the unit.

Interviews with staff demonstrated that they had an in depth knowledge of the young people and their needs. Young people's care files reviewed by inspectors demonstrated good direct work carried out with each young person, particularly through the key working sessions. One young person was taken to play golf by a member of the staff team on the first day of the inspection.

Food and Cooking Facilities

This standard was met. Young people had easy access to adequate quantities of nutritious and appetising food. Meals were prepared for the young people by two chefs and inspectors shared a tasty meal with the young people and the staff during the inspection. The young people told inspectors that they were happy with the food and food choices. The two kitchens were clean and bright. Although the kitchens were locked at night, the young people told inspectors that they could have snacks whenever they wished. Inspectors reviewed the young people's daily log where records of what

the young people ate were recorded. There were occasions where no entry was made on the record.

Race, Culture, Religion, Gender and Disability

This standard was met. Inspectors found through discussions with staff and from reading the unit records that there was a culture of tolerance and respect for differences. Inspectors also found that staff had a good awareness regarding disability issues. This was in keeping with the unit's policy on recognising diversity.

Managing Behaviour

This standard was met. Inspectors found evidence that staff were proactive in monitoring and managing the provision of a safe environment for all the young people in line with the unit's policies. The unit had a policy on the management of behaviour, bullying and harassment and on sanctions. Staff told inspectors that they adopted a minimal approach to managing behaviour which reinforced positive behaviour. An individualistic approach was adopted in the management of behaviour with care files clearly documenting agreements with young people in relation to their behaviour and the use of sanctions. Records demonstrated the lifting of sanctions where good behaviour was observed. Staff meeting minutes demonstrated the regular review of the system of behavioural management and the use of sanctions. Each young person's file had an up to date individual crisis management plan.

The young people told inspectors about an incentive initiative, linked to positive behaviour, which they felt was fair. Care files reviewed by inspectors clearly documented patterns of behaviour and how staff managed this in the best interest of the young person and their personal development.

The staff team had also identified that a young person was at risk of being bullied and had taken appropriate action to minimize the risk. Unit records highlighted the actions taken by staff to support the young people in addressing individual behaviours and their potential impact on others.

Restraint

This standard was met. Physical restraint was found to be used in a way that was consistent with the unit's policy on restraint. Inspectors found that 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 director closely monitored and reviewed each incident of physical restraint and a critical incident review group provided regular external review.

The unit records showed that all of the team had received restraint management training.

There were 15 incidents of physical restraint and four incidents of physical intervention

in the year prior to inspection. The young people's individual crisis management plans were found to be reviewed and updated after each incident. The staff team were aware of and proactive in monitoring and managing the potential impact on all the young people both in promoting their safety and minimising the impact of physical restraint.

Inspectors were satisfied that there was appropriate use of restraint and that it was used to protect the young person from immediate risk of injury to themselves and others.

Absence Without Authority

This standard was met. Absences were managed in line with unit policy and all the relevant professionals were notified. The unit had a policy on unauthorised absences and held a register of absences. Records of absences and their management were clearly recorded in the young people's care files.

Education

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

Inspectors met with the school principal and with the teachers and saw evidence of clear and consistent communication and systems in place between the school and the unit staff to encourage and maximise school attendance. During the inspection, a young person returned home from school, and inspectors observed staff successfully encouraging the young person to return to school. Inspectors also observed one to one tuition that focused on the young person's strengths and developed their weaknesses. At the time of inspection the school was preparing to welcome back a group of young people who had completed a state examination in the school in the previous year.

Accommodation

This standard was met. The premises, while institutional in physical structure, was found to be nicely decorated and created a pleasant ambience for the young people living there. Each young person had their own bedroom with en suite facilities. The young people informed inspectors that they could choose the paint colour of their room if they wished. One young person volunteered to show their bedroom to inspectors. The room was nicely decorated and contained photos, posters and personal items.

The units were clean and tidy, while the living room and dining area of both units were nicely furnished and homely. Each unit had a small room that was used for private meetings for the young people to meet with their families. The buildings and grounds were well maintained and a well equipped gym was used on occasion by the young people. A large hall also provided opportunities for the young people to access other

leisure activities such as dancing and gymnastics.

Practices that met the required standard in some respect only

Staffing

This standard was met in part. Inspectors found that the unit had a long standing team, who were experienced, confident, flexible and motivated. However, records of staff qualifications were not available for all staff.

The high support unit employed a total of 50 staff which represented 47.5 WTE (whole time equivalent) staff. In addition to the director and deputy director, there were two unit managers and two deputy unit managers, 31.5 residential childcare support workers, two chefs, one part time maintenance person, 4.5 campus assistants, one domestic worker and two administrators. The unit had five whole time equivalent residential childcare support worker vacancies. The moratorium on staff recruitment meant that agency staff were used regularly to address gaps in the roster. Inspectors found evidence that the same agency staff were used, all had received formal induction and for agency staff who had worked in the high support unit for 100 hours or more, supervision was provided.

A review of a sample of personnel files by inspectors showed that the staff were appropriately Garda vetted. However, inspectors found that most of the files reviewed did not contain evidence of staff qualifications.

Information received by the inspectors from the unit prior to the inspection indicated that 10 members of staff were not qualified and this was verified at inspection. And while unqualified members of staff had been encouraged and supported to undertake further education, many had chosen not to do so.

Inspectors recommend that the HSE national high support and special care service:

- carry out an audit of all personnel files and address any deficiencies identified and
- ensure that all staff are appropriately qualified to meet the needs of the children and young people in the unit.

Statutory Care Plans and Reviews

This standard was met in part. Up-to-date statutory care plans were not in place for all five young people living in the centre. Inspectors reviewed each of the young people's care files and found that four of the five young people had an up-to-date statutory care plan on file. The care plans were clearly recorded and well organised. Each young person and their parents had been consulted in the process of drawing up the care plan. Inspectors found that each young person's care plan was subject to a formal, systematic and regular review in accordance with the standards and regulations, and that the placement plan reflected the objectives in the statutory care plan.

Inspectors recommend that the HSE national high support and special care service ensures that each young person has an up-to-date care plan in place.

Safeguarding and Child Protection

This standard was met in part. Inspectors found that not all child protection concerns were managed in line with *Children First* 2011 guidelines.

Young people interviewed by inspectors said that they felt safe living in the unit and named a particular staff member that they would go to if they had a problem. Staff informed inspectors that there was a culture of openness and accountability in the high support unit whereby staff were encouraged to question and express their concerns and felt safe in doing so.

The unit had comprehensive written policies on safe practice and child protection. The director was the designated child protection officer. From a review of unit records and interviews with staff, inspectors found that staff were knowledgeable about what constituted a child protection issue. When there was a concern about a child the information was recorded and dealt with in a timely manner. Whilst *Children First* 2011 was implemented in relation to the actions taken to safeguard young people, recording was not complete in some files viewed. Documentation did not always adhere to the special considerations regarding especially vulnerable children contained within *Children First* Part IV 8.4.2. Inspectors found that the decision making process in relation to this procedure was not always followed or recorded in the documentation reviewed. Social workers informed inspectors that they were notified of all relevant child protection concerns in the unit.

Inspectors recommend that the HSE national high support and special care service ensures that practice adheres to *Children First* guidance specifically with regard to especially vulnerable children.

The high support unit had a risk assessment register that assessed risk areas such as staff ratios and visitors to the high support unit. Inspectors observed records of risk assessments on young people's individual care files.

Aftercare

This standard was met in part. One young person who was due to leave the high support unit did not have an allocated aftercare worker. Difficulties in accessing aftercare workers in the Dublin North Region were expressed by those interviewed. Inspectors recommend that the HSE national high support and special care service should ensure that aftercare resources meet the needs of the young people placed in high support unit's in the Region.

Health

This standard was met in part. The high support unit had a policy on general physical health, on sexual health, on drugs and alcohol and on medical attention. All young people living in the unit had a medical card and had access to a general practitioner. Information on various aspects of health was maintained on file for each young person as well as details of appointments attended.

Medication was safely stored in a locked cabinet in each unit and medication administration was properly administered in line with unit policy.

Care files reviewed by inspectors demonstrated the efforts that social workers and unit staff went to secure additional specialist supports for the young people such as optician and dental services. However, some of the young people chose not to attend at times. Non attendance was recorded in the young person's file.

Evidence of a medical assessment on admission to care was evident in all young persons' files.

Not every young person's file contained a record of their health and medical history, unit records demonstrated the attempts that staff had made to obtain this information. Inspectors recommend that in compliance with the regulations, the files of all young people should contain a complete record of their health, medical and immunisation history.

Maintenance and Repairs

This standard was met in part. The unit had a part time maintenance person. Inspectors found the maintenance log in the units detailed maintenance requests made to and addressed by the HSE maintenance department. Maintenance requests were found to be addressed within an acceptable timeframe. However, inspectors found that the director did not maintain a record of all maintenance works or a programme of works to ensure the structural and decorative order of the centre.

Inspectors recommend that the HSE national high support and special care service maintains a record of all maintenance work carried out in the centre and develops a programme of works to ensure the structural and decorative order of the centre.

Fire Safety

This standard was met in part. The unit had written confirmation from a chartered engineer that all statutory requirements relating to fire safety and building control had been complied with. A number of staff were designated fire officers and linked in with the Health and Safety Group. There was an interlinked fire alarm system between the main office and the units. There was a contract in place with an external specialist to ensure all fire alarms and sensors are checked at three monthly intervals. Inspectors observed records that demonstrated that these fire alarm checks were happening.

Inspectors found that daily and weekly fire checks were not being conducted and documented. This was not in accordance with the unit's safety statement.

Inspectors recommend that the HSE national high support and special care service ensures that fire safety processes are undertaken in accordance with the safety statement.

Practices that did not meet the required standard

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

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	√		

2. Management and staffing

Standard

The high support unit 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	√		

Recommendations:

1. The HSE national high support and special care service should carry out an audit of all personnel files and address any deficiencies identified.
2. The HSE national high support and special care service should ensure that all staff are appropriately qualified to meet the needs of the children and young people in the unit.

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 high support units.

	<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	√		

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:

- The HSE national high support and special care service should ensure that each young person has an up-to-date care plan in place.
- The HSE national high support and special care service should ensure that aftercare resources meet the needs of the young people placed in the high support unit.

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 high support unit 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		√	

Recommendation:

- The HSE national high support and special care service should ensure that staff are adhering to *Children First* guidance particularly with regard to especially vulnerable children. When decisions are taken not to follow the procedure they should be clearly documented in all relevant records.

8. Education

Standard

All young people have a right to education. Supervising social workers and high support unit management ensure each young person in the high support unit 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	√		

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		√	

Recommendation:

- The HSE national high support and special care service should ensure that the files of all young people contain a complete record of their health, medical and immunisation history.

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 high support unit 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:

7. The HSE national high support and special care service should maintain a record of all maintenance work carried out in the centre and develop a programme of works to ensure the structural and decorative order of the centre.
8. The HSE national high support and special care service should ensure that fire safety processes are undertaken in accordance with the safety statement.

4. Summary of Recommendations

- 1.** The HSE national high support and special care service should carry out an audit of all personnel files and address any deficiencies identified.
- 2.** The HSE national high support and special care service should ensure that all staff are appropriately qualified to meet the needs of the children and young people in the unit.
- 3.** The HSE national high support and special care service should ensure that each young person has an up-to-date care plan in place.
- 4.** The HSE national high support and special care service should ensure that aftercare resources meet the needs of the young people placed in the high support unit.
- 5.** The HSE national high support and special care service should ensure that staff are adhering to *Children First* guidance particularly with regard to especially vulnerable children. When decisions are taken not to follow the procedure they should be clearly documented in all relevant records.
- 6.** The HSE national high support and special care service should ensure that the files of all young people contain a complete record of their health, medical and immunisation history.
- 7.** The HSE national high support and special care service should maintain a record of all maintenance work carried out in the centre and develop a programme of works to ensure the structural and decorative order of the centre.
- 8.** The HSE national high support and special care service should ensure that fire safety processes are undertaken in accordance with the safety statement.



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

ACTION PLAN

578

Action Plan for Inspection No. 578

High support unit ID: 257

HSE Area: HSE NHSSCS

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	The HSE national high support and special care service should carry out an audit of all personnel files and address any deficiencies identified.	The NHSSCS will ensure that an audit of the personnel files will be carried out. Communication to take place with HSE – HR department as they hold the qualifications information.	Director/Deputy Director/NHSSCS	31.01.13
2	The HSE national high support and special care service should ensure that all staff are appropriately qualified to meet the needs of the children and young people in the unit.	A letter to be sent to all staff that do not hold the qualification, outlining the need for them to apply for a relevant college placement.	Director	February 2013
3	The HSE national high support and special care service should ensure that each young person has an up-to-date care plan in place.	The NHSSCS will ensure that the management of the High Support will continue to work with the Social Work Department to ensure that there is a current care plan on each young person's file.	Unit managers/ Director/Deputy Director	Ongoing

Action Plan for Inspection No. 578

High support unit ID: 257

HSE Area: HSE NHSSCS

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
4	The HSE national high support and special care service should ensure that aftercare resources meet the needs of the young people placed in the high support unit.	<p>The NHSSCS will continue to work with the Social Work Department to ensure that an aftercare worker is provided for any young person over the age of 16.</p> <p>Currently, the NHSSCS provides a bridging support to young people that move on.</p>	Unit managers/ Director/Deputy Director	Ongoing
5	The HSE national high support and special care service should ensure that staff are adhering to <i>Children First</i> guidance particularly with regard to especially vulnerable children. When decisions are taken not to follow the procedure they should be clearly documented in all relevant records.	This issue has been followed up with the social work department and records now reflect the current concerns.	Director – with responsibility for Child Protection	Resolved

Action Plan for Inspection No. 578

High support unit ID: 257
HSE Area: HSE NHSSCS

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
6	The HSE national high support and special care service should ensure that the files of all young people contain a complete record of their health, medical and immunisation history.	<p>The NHSSCS will continue to work with the Social Work Department in receiving information regarding the records of health on any young person coming in.</p> <p>The NHSSCS will introduce a flagging system based on the requests that have been made with the Social Work Department.</p> <p>The NHSSCS will also enhance the referral system to requesting all health records when a referral is made.</p>	Unit Managers/Deputy Director/NHSSCS	Ongoing
7	The HSE national high support and special care service should maintain a record of all maintenance work carried out in the centre and develop a programme of works to ensure the structural and decorative order of the centre.	The NHSSCS will record all work requested for maintenance is now located in all buildings. This is now signed off by the maintenances person and the Director.	Maintenances personnel and Director	18.10.12 - resolved

Action Plan for Inspection No. 578

High support unit ID: 257

HSE Area: HSE NHSSCS

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
8	The HSE national high support and special care service should ensure that fire safety processes are undertaken in accordance with the safety statement.	The NHSSCS has implemented a new recording system for fire safety processes, which has been signed off by the Health and Safety Authority.	Deputy Director	18.10.12 - resolved