



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

INSPECTION OF A CHILDREN'S RESIDENTIAL CENTRE IN THE HEALTH SERVICE EXECUTIVE WESTERN AREA

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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 Service Executive Western Area (HSEWA) under *Section 69 (2) of the Child Care Act 1991*. Eimear Short (Lead Inspector) and Orla Murphy (Co-Inspector) carried out the inspection over two days, from the 15-16 May 2012.

The centre was last inspected in October 2008 (*report 265*) and follow-up inspections were carried out in May 2009 (*report 362*) and July 2010 (*report 405*). The majority of recommendations from the previous inspection were met. These reports can be accessed on the Authority's website www.hiqa.ie.

The centre was an attractive purpose-built seven bedroom, detached house. It was located in a quiet cul-de-sac on the outskirts of a large town. There was ample outdoor recreational space available for the young people to use. It was close to a host of local amenities which included schools, shops, churches, parks and hospitals.

The HSE had refurbished part of the house and converted it from office space into a semi-independent living facility. It provided accommodation for one young person aged between 17 and 18 years. This was decorated to a very high standard and was a welcome addition to the service.

The centre provided long-term residential care for up to five boys and girls aged between 12 and 17 years upon admission. It provided care for young people from Donegal, Sligo, Leitrim and West Cavan. At the time of inspection there were two young people living in the main part of the centre. Another young person was living in the semi-independent facility attached to the centre. Another young person was living locally in independent living, however their bed was being held until their 18th birthday. They continued to receive a high level of support from staff.

The aim of the centre was to address the individual needs of each young person, enabling them to reach their potential and to develop physically, intellectually and emotionally within a safe and caring environment.

Referrals were considered by the HSE Placement Forum and the statement of purpose and function specified that all admissions were planned in keeping with each young person's statutory care plan.

The house was spacious, comfortable and well maintained. It was very nicely decorated with lots of the young people's artwork displayed throughout.

The overall findings of the inspection were that the centre provided a good level of care to the young people and were responsive to their individual needs. There was a long-standing staff team who were committed to the young people and sought to create a nurturing and safe environment for them. Key recommendations made in this report relate to the notification of significant events and classification of child protection concerns, review of the centre's purpose and function and fire safety. Recommendations in relation to other areas of practice are outlined further in the report.

1.1 Methodology

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

- observation of practice
- examination of records and documentation, including:
 - the centre's statement of purpose and function
 - policies and procedures
 - questionnaires completed by young people (3)
 - questionnaires completed by parents (2)
 - questionnaires completed by social workers (4)
 - questionnaire completed by a mental health professional (1)
- young people's care plans and care files
- HSE Monitoring Officer's reports (2)
- young people's census forms (4)
- details of unauthorised absences (12)
- details of physical interventions (0)
- staff training records
- administrative records
- previous SSI inspection reports
- fire safety and building control compliance
- health and safety documents

During the inspection, inspectors met individually with four young people.

The following people were interviewed,

- the Centre Manager
- one social care worker
- one social care leader
- three social workers
- the HSE Monitoring Officer

Telephone interviews were conducted with one acting social work team leader and one aftercare worker.

1.2 Acknowledgements

Inspectors wish to acknowledge the hospitality and co-operation of the young people, parents, staff members and other professionals involved in this inspection.

1.3 Management structure

The centre was managed by the Centre Manager who was supported by two social care leaders. The Centre Manager reported to the Child Care Manager, who in turn, reported to the Area Manager.

1.4 Data on young people

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

Listed in order of length of placement

Young person	Age	Legal Status	Length of Placement	Number of previous placements
#1	17years	Voluntary Care	2 years	No previous placements
#2	18 years	By agreement	6 months	1 residential placement
#3	16 years	Voluntary Care	3 months	3 residential placements, 1 special care placement
# 4	14 years	Voluntary Care	2 months	1 foster placement

2. Summary of Findings

Practices that met the required standard

Register

This standard was met. The centre held a register of all young people living in the centre and all admissions and discharges from the centre. This was examined and contained all information required by regulation and was found to be well maintained and up-to-date. The register showed that there were three admissions and one discharge in the year prior to inspection.

Monitoring

This standard was met. The HSE Monitoring Officer told inspectors she had visited the centre on eight occasions in the year prior to inspection. The Monitoring Officer had produced two written reports (2011 and 2012) in which she had assessed practices within the centre under the National Standards, and made recommendations to address shortcomings. She placed a strong emphasis on meeting young people to obtain their views on the care they received. The young people interviewed by inspectors had met the Monitoring Officer and understood her role.

Inspectors found that she was committed to ensuring that standards were met. The Monitoring Officer had ongoing contact with the Centre Manager throughout the year and told inspectors that she was satisfied that she was kept fully informed of all significant events. She reported that the Centre Manager and regional external managers implemented the recommendations from her reports. Staff interviewed by inspectors were aware of her reports and recommendations.

Access to information

This standard was met. Each young person had an individual file. Inspectors found that overall they were organised and accessible. The young people who spoke to inspectors were aware that they could access their file. One young person stated they had done this on occasion but said they were not interested in reading the daily logs and files regularly. They told inspectors that they trusted staff to record information about them accurately. The key worker system was conducive to the young people reading their files in a supportive environment.

Contact with families

This standard was met. Inspectors found the centre placed a high value on working directly with young people and their families. Inspectors found that collaborative work with families was a fundamental principle of the work of the centre. Some parents had attended meals in the centre and efforts were made to involve parents as much as possible in their children's lives. The young people spoke to inspectors about the importance of this and clearly valued this supportive approach. This was also reflected in the questionnaires completed by two parents. The young people were confident that if they did not want to see particular visitors this would be respected by their social workers and staff.

Social work role and Supervision and visiting of young people

This standard was met. All of the young people living in the centre had an allocated social worker. In addition, two young people had an aftercare worker. The young people told inspectors that they were visited regularly by their social workers and met them in private. They also met them at scheduled meetings. A review of case files showed that young people currently residing in the centre had frequent and meaningful contact with their social workers. This was well above the minimum requirements set out in the National Standards. The frequency of contact was a key factor in the young people developing strong relationships with their social workers. The social workers interviewed by inspectors demonstrated commitment to the young people in the centre and were actively involved in trying to improve outcomes for the young people. Social workers read the young people's care files from time-to-time in accordance with National standards.

Statutory care plan reviews

This standard was met. Inspectors found that statutory care reviews were held in accordance with National standards and more frequently when

required. All of the young people residing in the centre had attended their review and informed inspectors they had been involved in the care planning process. Where appropriate parents, supervising social workers, key workers, the Centre Manager and other relevant professionals attended reviews. Strong emphasis was placed on full participation in reviews and interpreters were available to assist young people and parents where English was not their first language.

Emotional and specialist support

This standard was met. Inspectors found that the staff team and social workers provided strong emotional support to the young people. The young people had good access to external specialist support and centre records showed there was good communication between those providing specialist support and the supervising social workers and centre staff.

Discharges

This standard was met. The centre register showed that one young person was discharged from the centre in the year prior to inspection and they had moved to independent living. The discharge was planned and in keeping with the young person's care plan. Staff continued to maintain contact with this young person and provided an appropriate level of support.

Individual care in group living

This standard was met. Every effort was made to ensure that the young people had their own lives, support networks and friends. Young people spent time with their families and attended school within their local communities where appropriate. Inspectors found that staff were very aware of young people's interests and encouraged their individuality. Each young person had a key worker. When interviewed the young people told inspectors they felt comfortable speaking to key workers and the Centre Manager, especially if they were worried or had any grievances. A review of records showed good evidence of individual key working sessions and direct work on each care file. This work focussed on reducing risk-taking behaviour and promoting positive decision-making as well as helping young people to manage daily living activities within the centre. Three external professionals stated they believed the young people would benefit from increased and better resourced individual work and the Centre Manager was open to addressing this.

Provision of food and cooking facilities

This standard was met. Staff prepared nutritious meals and young people participated in meal-planning. The kitchen was clean and accessible and healthy eating habits were encouraged. There was an ample supply of food and young people had access to snacks between meals.

Race, culture, religion, gender and disability

This standard was met. Staff promoted a positive sense of identity amongst all of the young people. They worked well with two young people from different cultures and made efforts to source specific foods, learn key phrases

thus integrating aspects of their culture within the life of the centre. One young person was facilitated to observe their religious beliefs and staff showed respect for this. The young person told inspectors they would like to attend the same church every week in order to become more actively involved within the church community and the Centre Manager agreed to arrange this.

Health

This standard was met. Each of the young people had access to a general practitioner (G.P.) mostly within their local community. A medical examination was carried out on admission to the centre and medical records were held in each young person's care file. Medication was securely stored in a locked cabinet. One young person had received specialist treatment.

Accommodation

This standard was met. The centre was nicely decorated, clean and comfortable. There was an abundance of living space including a sitting room, a computer room, a sensory enrichment room and a large kitchen/dining room. There was also a visitor's room where young people could entertain their friends and family or meet their social workers in private. Each young person had their own bedroom and these were re-decorated prior to each young person's admission. This was very good practice.

Maintenance and repairs

This standard was met. The centre was very well maintained and there was documentary evidence of an effective system in place for upkeep of the centre. The maintenance record was examined and showed that any required maintenance work was reported and addressed promptly.

Safety

This standard was met. The Centre Manager provided inspectors with evidence of the centre's public liability insurance. The centre had an up-to-date safety statement dated March 2012. There was also a comprehensive Health and Safety Audit completed in March 2012. There were control measures in place to mitigate identified risks. Staff took immediate action to address any hazards identified and were aware of specific risks to young people who had engaged in self-harming behaviour. There were clear guidelines on individual case files instructing staff on actions to take in the event of a serious incident. This was good practice.

Practices that partly met the required standard

Purpose and Function

This standard was partly met. The centre had a written statement of purpose and function that was also available in a format that was accessible to young people and their families. The centre provided long term care for boys and girls aged between 12 and 17 years of age. HSE policy on the placement of children aged 12 and under in residential care should be reflected in the statement of purpose and function. The semi-independent facility provided care in the context of supported independent living for young people aged between 17 and 18 years of age. Inspectors found that practice largely reflected the statement and staff had a clear understanding of the centre's purpose and function.

The centre's statement of purpose and function clearly stated placements should be planned. However in the year prior to inspection one young person was admitted to the centre in an unplanned manner. This young person was admitted on the basis that they had previously lived in the centre and no alternative placement was available when required at short notice. Unplanned admissions to the centre are unfavourable and every effort should be made to ensure admissions are in keeping with the young person's care plan.

At the time of inspection, the HSE West was reviewing the overall purpose and function of the centre. Inspectors were advised that the requirement for long-term placements had diminished locally and there was an increased demand for short-term and respite placements. Consideration was being given to a proposed reconfiguration of the two residential centres in the locality. Inspectors recommend that any significant change to the purpose and function of the centre should:

- take account of the needs of the young people currently living in the centre
- be on a planned basis
- be carried out within an appropriate timeframe
- be communicated to all relevant stakeholders
- allow for ongoing training of staff to meet the needs of a changing cohort of young people.

The statement of purpose and function stated it was a mixed gender centre however; historically it has only had female occupants. This matter should be considered in the course of the overall review of the purpose and function of the centre.

Management

This standard was partly met. The centre was managed by a suitably qualified person who was in post for three years and had 12 years experience in residential care. The Centre Manager provided a high level of support to the staff team and was well informed about the needs of each of the young people living in the centre. Her management style facilitated good

communication across the staff team and staff and young people told inspectors that she was approachable and fair. External professionals corroborated this and told inspectors that her approach was conducive to maintaining good working relationships.

Inspectors found some evidence of the Centre Manager's quality assurance of documents and reports prepared by staff. However this was an area that required attention. Inspectors found records were not cross referable and it was particularly difficult to track information. Inspectors recommend a review of the system for quality assurance particularly in relation to the classification of child protection concerns, significant events and the recording of complaints.

Notification of Significant events

This standard was partly met. A review of centre records indicated notifications of significant events involving young people were made promptly and were sufficiently detailed to allow follow-up assessment and action to be taken by the relevant Social Work Departments. External professionals confirmed that they were notified promptly of incidents relating to young people both by phone and subsequently in writing.

However, a review of centre records showed that not all serious events had been formally notified to the relevant social work departments. Inspectors recommend that the HSE (WA) satisfy itself that all serious events that arose over the 12 months prior to inspection were classified correctly and notified to relevant social work departments in accordance with *Children First Guidance*.

Staffing

This standard was partly met. The staff team comprised one centre manager, two social care leaders, six full-time social care workers and three part-time social care workers.

Inspectors found the staff team were experienced and committed to the welfare of the young people living in the centre. Staff interviewed by inspectors spoke favourably of the way the team functions and said that they felt respected and supported in their work by the manager and their colleagues. Inspectors found that staff advocated on behalf of the young people with external professionals.

A review of personnel files showed that staff held Garda vetting and this had been updated for all staff in 2011. This was good practice and a factor in ensuring ongoing safe care. However, three members of staff, including the Centre Manager did not have the requisite three references on file. The Centre Manager advised that original personnel files were lost and copies of references were not available. Inspectors recommend that this matter is addressed through the provision of retrospective references or new references. The HSE should ensure that personnel files hold relevant documentation to account for the absence of references.

The Monitoring report noted that long and protracted negotiations and individual perspectives relating to changes in the staff roster had unsettled the team. This was relayed to inspectors during interviews with staff. Inspectors recommend that issues relating to the staff roster should be resolved as a matter of urgency in order to ensure the care of young people is not affected and to avoid disruption of the staff team.

Supervision and Support

This standard was partly met. Inspectors found that formal staff supervision was provided by the Centre Manager and the frequency of supervision was in line with HSE policy. Records showed that there was a focus on accountability and on the young people. The Centre Manager had not received formal supervision since February 2012. The Principal Social Worker who provided supervision had retired. Inspectors recommend the Centre Manager receives formal supervision in line with HSE policy.

Staff were supported by the Centre Manager who was approachable and available as required. Staff told inspectors they felt they could raise issues at any time.

A review of records showed that team meetings were held monthly. However, minutes of these meetings showed that attendance was poor, often with less than half the team in attendance. Inspectors acknowledge geographical constraints restricting attendance however, the needs of the young people must be prioritised and consideration should be given to ways of maximising attendance at staff meetings. Whilst there was a good system in place to communicate decisions made at team meetings whereby minutes were stored in a team meeting book and signed by all staff once they had read them, this did not encourage full team participation in planning and practice issues. Inspectors recommend a system is put in place to facilitate attendance at team meetings to ensure full participation, in the interests of continuity of care and practice development.

Training and Development

This standard was partly met. Inspectors examined the training record for all staff which showed that in the year prior to inspection staff had received training in *Children First* and Therapeutic Crisis Intervention (T.C.I.). One person had received fire safety training and *Mapping of children in care* training. This training looked at tracking a child's journey through the care system in order to map the services and interventions received. The training plan for 2012 showed all staff were due to receive training in fire safety and first aid. The centre manager and two social care leaders were due to receive management training. Staff told inspectors that they had persistently requested training in responding to self-harm and there was heightened anxiety around this issue in light of previous experiences within the centre. Inspectors recommend that this and all outstanding training is provided to all staff as a matter of priority.

Administrative files

This standard was partly met. Administrative files were generally of a good standard, however, at times lacked adequate detail. There were also some deficiencies in the cross-referencing of files. An example of this was a complaint made by a young person against a staff member. This was recorded in the daily log only and was not recorded in the complaints record. In this instance a review of the complaint showed that the matter had been taken seriously and that the complaint was dealt with appropriately, however, inspectors found that the actions were poorly recorded. Inspectors also saw evidence of good practice which was not always evident in centre records. Inspectors recommend the introduction of a detailed and methodical recording system in order to facilitate effective management, placement planning and clear communication for centre staff and external professionals.

Consultation

This standard was partly met. During interviews young people consistently told inspectors that they felt included and were consulted about day-to-day issues within the centre. They identified their key workers and social workers as people they could talk to and address concerns with. Young people were encouraged to identify personal goals and staff provided practical support to help them to achieve these. However, young people's meetings were infrequently held and this was a missed opportunity to involve the young people in a formal consultation process. Staff attributed the lack of formal meetings to the low number of young people living in the centre in 2011. Given the centre is now home to a larger number of young people, inspectors recommend that a formal consultation process for young people is implemented.

Complaints

This standard was partly met. The centre held a central register of complaints. The register showed no complaints were received in the year prior to inspection. All of the young people spoken to in the course of the inspection stated they knew how to make a complaint and would feel comfortable making a complaint if they deemed it necessary. All of the young people identified the centre manager, their key worker or their social worker as the people they would speak to if they had a grievance. However, through interviews and a review of centre records, inspectors found that some young people had made complaints that were not recorded or dealt with as such. Although they were not recorded as complaints, the issues were dealt with appropriately and there was evidence of efforts being made to resolve issues to the satisfaction of the young person. Inspectors also found there was a differential response towards a formal (written) and informal (verbal) complaint. Inspectors recommend that all complaints made by the young people, written or verbal, are treated equally and in accordance with the HSE policy.

Suitable placement and admissions

This standard was partly met. The centre had a clear admissions policy including detailed criteria for admission. Inspectors found that three of the young people living in the centre met these criteria at the point of their admission to the centre. Referrals to the centre were made to a placement forum that considered all referrals to residential care in the region. In the year prior to inspection there were three new admissions to the centre. As outlined, one of these was unplanned.

Staff were generally satisfied that the centre was appropriate to meet the needs of the young people living there. Some concerns existed in relation to one young person's placement in residential care as staff believed that they were more suited to living in a foster care placement. This young person informed inspectors that they wanted to be placed within a family environment and could not understand why this had not occurred. This issue had been identified at a recent child in care review and the supervising social worker had made a preliminary application for a foster care placement. Inspectors recommend that pending the outcome of a needs assessment, every effort would be made to secure a suitable foster care placement for this young person as soon as possible.

Statutory care plans

This standard was partly met. The four young people in the centre had an up-to-date care plan within their care file. Inspectors found that the quality of the care plans were generally good and gave sufficient detail to enable the young person's care needs to be met. However, inspectors were informed that there was a significant delay in updated care plans being forwarded to the centre. This matter should be addressed in order to ensure all parties fulfil their responsibility to meet the young person's identified needs. Inspectors recommend that care plans are provided to the centre in a timely manner.

Preparation for leaving care

This standard was partly met. The semi-independent facility attached to the centre aimed to facilitate the successful transition of young people from residential care into independent living. Inspectors found that staff were on site to provide practical and emotional support when required but they also encouraged young people to gradually assert their own independence. Staff worked closely with the young people to empower them to make good decisions and stated that they tried to support them to develop day-to-day living skills, for independent living. The young person living in the semi-independent facility informed inspectors that they really valued the opportunity to make a progressive transition to independent living and expressed strong appreciation of the support provided by staff during this process.

However, through a review of records, interviews with young people and staff and also observation over the two-day inspection, inspectors noted that young people were heavily reliant on staff in key areas of daily living. Staff

tended to be very supportive, and did things for the young people rather than encouraging them to be pro-active or teaching them the necessary skills. Examples of this included the limited assistance young people were asked to provide in preparation of meals, and that staff routinely provided transport to all of the young people in semi-independent/independent living for day-to-day tasks, instead of encouraging the use of public transport where appropriate. As a result, records showed that staff were frequently driving several young people to and from work, shopping, family/friends visits and socialising. An external professional also noted this and stated that this approach sometimes gave young people unrealistic expectations when they left the centre and did not prepare them adequately to be self-sufficient. Inspectors recommend that a formal programme to promote independent living skills should be implemented in order to enhance the young people's coping skills and ability to be self-sufficient when they leave care.

Aftercare

This standard was partly met. Inspectors found that staff continued to give ongoing, practical support to young people following their discharge from the centre. Two out of the three young people over the age of sixteen had an allocated aftercare worker.

One of the young people had been referred to the aftercare service and had been allocated an aftercare worker upon reaching sixteen. They spoke very highly of this support and had developed a good rapport with the individual worker. The focus of the work was on putting practical measures in place to enable the young person to live independently and to avail of supports and resources that would sustain them through further education/training. There was a written aftercare plan and this reflected a detailed needs assessment and had involved collaboration between the young person and their key supports. At the time of inspection the young person was unclear as to the availability of funding for their further education/training. External professionals strongly supported the young person's ambition to pursue further training and acknowledged that they would require formal support to achieve this. Inspectors recommend that every effort is made to facilitate this young person to avail of further training and that financial support is provided as part of an overall support package, as a matter of priority.

Inspectors had serious concern about the reluctance of the HSE to provide a full programme of aftercare support to another young person living in the centre. This young person was received into the care of the HSE six months prior to their eighteenth birthday. Inspectors were advised that in accordance with the current HSE national policy, the young person does not meet the criteria for aftercare provision. According to the National Policy and Procedure Document, Leaving and Aftercare services (2011) a young person must be in care for a minimum period of 12 consecutive months prior to their 18th birthday. However, the National Standards states "*Young people up to a minimum age of 21 should be supported, as they request, by the aftercare service.*" Whilst an aftercare worker had recently been allocated to this

young person, they had been refused financial support following completion of the Leaving Certificate in June 2012. Throughout the interview this young person repeatedly told inspectors that they were extremely worried about where they would live and how they would support themselves financially once their exams were over. In light of the high risks associated with leaving the care system when devoid of supports and given the poor further education outcomes for young people who have a history of care, everything possible should be done to ensure this young person is afforded the opportunity to pursue their wish to progress through the education system. Inspectors strongly recommend that assurance is provided to this young person as a matter of urgency that financial and emotional support will be provided to them, in line with National standards.

A third young person who was almost 17 had just been allocated an aftercare worker. Inspectors recommend that the aftercare service commence engaging with this young person and provide them with a written aftercare plan without further delay.

Children's case and care records

This standard was partly met. Each young person had a care file which was well structured, accessible and securely stored. However, as described previously, records were not cross referable and it was difficult to track information. Inspectors were satisfied that arrangements for archiving of records were appropriate. The files had copies of care plans, minutes of care reviews and records of direct work with young people. However, there was no record of a voluntary consent form signed by parents in the case of two young people. None of the four care files reviewed contained a social history report. Inspectors recommend these omissions are addressed as a matter of priority.

Managing behaviour

This standard was mostly met. Individual crisis management plans were in place for all of the young people. These identified times when the young person might display challenging behaviour and ways in which staff should respond to these. Inspectors found these to be comprehensive and reflective of the young person's individual needs. There was evidence of learning from practice and tailoring approaches to de-escalate individual's challenging behaviour.

In the year prior to inspection, staff had dealt with several types of challenging behaviour including unauthorised absence, assaultive behaviour, risk-taking behaviour and drug and alcohol misuse. There was evidence of ongoing review following these incidents to ensure the behaviours were managed effectively and risks to the young people were reduced.

The centre held a record of all sanctions as required by the standards. A review of centre records showed that in some instances sanctions were not

applied evenly across the board. Inspectors recommend that sanctions are proportionate and that sanctions are applied evenly to all young people.

Restraint

This standard was partly met. The centre register showed no incidences of physical restraint in the year prior to inspection. The Centre Manager emphasised that the primary approach was to use negotiation and discussion to diffuse incidents. The centre adhered to the HSE adopted Therapeutic Crisis Intervention method of managing challenging behaviour and all staff were up to date in their training. However, the Centre Manager was not confident that staff could hold a particular young person to restrict their movement in order to prevent serious harm, if required for safety reasons. Inspectors recommend a risk assessment be carried out in relation to this.

Absence without authority

This standard was mostly met. The centre had a clear system for reporting and recording when the young people were absent from the centre without permission and their whereabouts were unknown.

In the year prior to inspection, young people were absent without permission on 12 occasions. All of these absences triggered the relevant procedures within the joint Garda and HSE protocol, *'Missing from Care, a joint protocol between the Garda Síochána and the HSE'* and the Centre Manager met frequently with local Gardaí regarding these cases.

Inspectors found centre staff notified all relevant parties in an efficient manner and made concerted efforts to maintain contact with the young people in their absence. However, young people were engaging in risk-taking behaviours whilst absent without permission and inspectors recommend staff continue to be relentless in their efforts to reduce incidents of absence without authority.

Safeguarding and Child Protection

This standard was partly met. Inspectors found staff were clear in relation to the fundamental principles of safeguarding and were able to give practical examples of how this applied to everyday life within the centre. The young people interviewed said they felt safe and well cared for in the centre. They identified key external professionals and centre staff that they could talk to if they had any concerns.

In the year prior to inspection the centre did not notify any child protection concerns to the relevant social work departments, despite the fact that there were some incidents of a child protection nature relating to individual young people. Inspectors reviewed centre records and these showed there had been several incidents that should have been notified as a child protection concern that were wrongly categorised as significant events. These had been brought to a satisfactory conclusion but inspectors were concerned that where concerns were wrongly classified, the appropriate actions might not occur.

This was a significant risk. Inspectors also found that actions were not always satisfactorily recorded but the Centre Manager was aware of the outcomes of each significant event notification/child protection concern.

Inspectors found evidence of some child protection concerns that were not notified to social workers at all. This often related to information that was perceived to be known to other professionals or was not risk-rated by staff.

Inspectors recommend a review of all serious incidents in the 12 months prior to inspection to ensure all child protection concerns were classified correctly and notified to the relevant social work department in accordance with *Children First Guidance*.

Education

This standard was partly met. Two of the young people in the centre were attending school. Staff actively encouraged participation in education and placed a value on the role of education in improving outcomes for the young people. Inspectors observed staff being supportive of the young people's efforts and providing practical support with homework. However, one young person had not been in education/training for five months. Efforts had been made to encourage their participation in alternative programmes but they were reluctant to engage. Another young person had been engaged in training but was waiting to be allocated a place on a new course at the time of inspection. They were engaged in part-time work in the interim period. Inspectors recommend that the centre renew efforts to encourage the young person identified to engage in education/training.

Fire Safety

This standard was partly met. The centre had confirmation from a qualified architect that all statutory requirements relating to fire safety and building control had been complied with. The centre had a certificate confirming that the annual check of fire fighting equipment took place in November 2011.

Through interviews and review of documentation, inspectors found staff were not completing visual and test checks of lighting, alarms, fire doors and fire fighting equipment. Inspectors were concerned about the consequences of unchecked systems and equipment. All staff required updated fire training. Weekly checks should be clearly recorded and any faults reported immediately. Four fire drills were carried out in 2011 and 2012 (August, November, April and May). However, no young people participated in the fire drill in August 2011. It is imperative that regular drills are carried out at different times in order to test the ability to evacuate all young people and staff members. Inspectors also noted there was a deficit in the information recorded in relation to drills. In two instances there was no detail regarding who successfully evacuated. Inspectors recommend that:

- regular visual checks of lighting, alarms, fire doors and fire fighting equipment are carried out as a matter of priority in accordance with legislation.

- fire drills are carried out at frequent and varied intervals and are recorded in sufficient detail.
- Fire safety training is provided to all staff as a matter of priority.

Practices that did not meet the required standard

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

3. Findings

1. Purpose and function

Standard

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Purpose and function		√	

Recommendation:

1. The HSE (WA) should ensure that any significant change to the purpose and function of the centre:
 - takes account of the needs of the young people currently living in the centre
 - is on a planned basis
 - is carried out within an appropriate timeframe
 - is communicated to all relevant stakeholders
 - and allows for ongoing training of staff to meet the needs of a changing cohort of young people.

2. Management and staffing

Standard

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

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

Recommendations:

2. The HSE (WA) should ensure that the centre undertakes a thorough review of the system of quality assurance, particularly with regard to the classification of child protection concerns and significant events and the recording of complaints.
3. The HSE (WA) should satisfy itself that all serious events that arose over the 12 months prior to inspection were classified correctly and notified to relevant social work departments in accordance with *Children First Guidance*.
4. The HSE (WA) should ensure that any deficiencies in the vetting of staff are addressed and that this is reflected on centre files.
5. The HSE (WA) should ensure that any issues relating to the staff roster are resolved as a matter of urgency in order to ensure the care of young people is not affected and to avoid disruption of the staff team.
6. The HSE (WA) should ensure that the Centre Manager receives formal supervision in line with HSE policy.
7. The HSE (WA) should ensure a system is put in place to facilitate attendance at team meetings.
8. The HSE (WA) should provide training in first aid, fire safety and responding to self-harm, to all staff as a matter of priority.

9. The HSE (WA) should ensure detailed and methodical recording in order to facilitate effective management and clear communication across the staff team.

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 HSE to monitor statutory and non-statutory children’s residential centres.

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Monitoring	√		

4. Children’s rights

Standard
 The rights of children are reflected in all centre policies and care practices. Children and their parents are informed of their rights by supervising Social Workers and centre staff.

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

Recommendations:

10. The HSE (WA) should ensure a formal consultation process for young people is implemented.
11. The HSE (WA) should ensure that all complaints made by the young people, written or verbally, are treated equally and in accordance with HSE policy.

5. Planning for young people and young people

Standard

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Suitable placements and admissions		√	
Statutory care planning		√	
Statutory care reviews	√		
Contact with families	√		
Supervision and visiting of young people	√		
Social work role	√		
Emotional and specialist support	√		
Preparation for leaving care		√	
Discharges	√		
Aftercare		√	
Young people's care records		√	

Recommendations:

- 12.** The HSE (WA) should ensure that pending the outcome of a needs assessment every effort is made to secure a suitable foster care placement for one young person.
- 13.** The HSE (WA) should ensure that care plans are provided to the centre in a timely manner.
- 14.** The HSE (WA) should ensure a formal programme to promote independent living skills is implemented.
- 15.** The HSE (WA) should ensure that every effort is made to facilitate the two young people identified to pursue further training/education and financial support is provided as a matter of priority.
- 16.** The HSE (WA) should provide assurance to the young person identified that financial and emotional support will be provided to them, in keeping with National standards. This should occur as a matter of urgency.
- 17.** The HSE (WA) should ensure that aftercare services commence engaging with the young person identified and they are provided with a written aftercare plan.
- 18.** The HSE (WA) should ensure that care files contain all relevant documentation required by regulation.

6. Care of young people

Standard

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

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

Recommendations:

19. The HSE (WA) should ensure that sanctions are proportionate and are applied evenly.
20. The HSE (WA) should ensure a risk assessment is carried out in relation to the centre's ability to hold a young person if required for safety reasons.
21. The HSE (WA) should ensure staff continue to be relentless in their efforts to reduce incidents of absence without authority.

7. Safeguarding and Child Protection

Standard

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

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

Recommendations:

- 22.** The HSE (WA) should undertake a review of all serious incidents in the 12 months prior to inspection to ensure all child protection concerns were classified correctly and notified to the relevant social work department in accordance with *Children First Guidance*.

8. Education

Standard

All children have a right to education. Supervising Social Workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Education		√	

Recommendation:

- 23.** The HSE (WA) should ensure that the centre renew efforts to encourage the young person identified to engage in education/training.

9. Health

Standard

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Health	√		

10. Premises and Safety

Standard

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

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

Recommendation:

24. The HSE (WA) should ensure:

- that the centre conducts regular visual checks of lighting, alarms, fire doors and fire fighting equipment as a matter of priority in accordance with legislation.
- fire drills are carried out at frequent and varied intervals and are recorded in sufficient detail.
- fire safety training is provided to all staff as a matter of urgency.

4. Summary of Recommendations:

- 1.** The HSE (WA) should ensure that any significant change to the purpose and function of the centre:
 - takes account of the needs of the young people currently living in the centre
 - is on a planned basis
 - is carried out within an appropriate timeframe
 - is communicated to all relevant stakeholders
 - and allows for ongoing training of staff to meet the needs of a changing cohort of young people.
- 2.** The HSE (WA) should ensure that the centre undertakes a thorough review of the system of quality assurance, particularly with regard to the classification of child protection concerns, significant events and the recording of complaints.
- 3.** The HSE (WA) should satisfy itself that all serious events that arose over the 12 months prior to inspection were classified correctly and notified to relevant social work departments in accordance with *Children First Guidance*.
- 4.** The HSE (WA) should ensure that any deficiencies in the vetting of staff are addressed and that this is reflected on centre files.
- 5.** The HSE (WA) should ensure that any issues relating to the staff roster are resolved as a matter of urgency in order to ensure the care of young people is not affected and to avoid disruption of the staff team.
- 6.** The HSE (WA) should ensure that the Centre Manager receives formal supervision in line with HSE policy.
- 7.** The HSE (WA) should ensure a system is put in place to facilitate attendance at team meetings.
- 8.** The HSE (WA) should provide training in first aid, fire safety and responding to self-harm, to all staff as a matter of priority.
- 9.** The HSE (WA) should ensure detailed and methodical recording in order to facilitate effective management and clear communication across the staff team.
- 10.** The HSE (WA) should ensure a formal consultation process for young people is implemented.
- 11.** The HSE (WA) should ensure that all complaints made by the young people, written or verbally, are treated equally and in accordance with HSE policy.
- 12.** The HSE (WA) should ensure that pending the outcome of a needs assessment every effort is made to secure a suitable foster care placement for one young person.
- 13.** The HSE (WA) should ensure that care plans are provided to the centre in a timely manner.
- 14.** The HSE (WA) should ensure a formal programme to promote independent living skills is implemented.
- 15.** The HSE (WA) should ensure that every effort is made to facilitate the two young people identified to pursue further training/education and financial support is provided as a matter of priority.

- 16.** The HSE (WA) should provide assurance to the young person identified that financial and emotional support will be provided to them, in keeping with National standards. This should occur as a matter of urgency.
- 17.** The HSE (WA) should ensure that aftercare services commence engaging with the young person identified and they are provided with a written aftercare plan.
- 18.** The HSE (WA) should ensure that care files contain all relevant documentation required by regulation.
- 19.** The HSE (WA) should ensure that sanctions are proportionate and are applied evenly.
- 20.** The HSE (WA) should ensure a risk assessment is carried out in relation to the centre's ability to hold a young person if required for safety reasons.
- 21.** The HSE (WA) should ensure staff continue to be relentless in their efforts to reduce incidents of absence without authority.
- 22.** The HSE (WA) should undertake a review of all serious incidents in the 12 months prior to inspection to ensure all child protection concerns were classified correctly and notified to the relevant social work department in accordance with *Children First Guidance*.
- 23.** The HSE (WA) should ensure that the centre renew efforts to encourage the young person identified to engage in education/training.
- 24.** The HSE (WA) should ensure:
 - That the centre conducts regular visual checks of lighting, alarms, fire doors and fire fighting equipment as a matter of priority in accordance with legislation.
 - fire drills are carried out at frequent and varied intervals and are recorded in sufficient detail.
 - fire safety training is provided to all staff as a matter of urgency.

**Social Services Inspectorate
Action Plan for Inspection No. 543**

Centre ID: 195
HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
1	<p>The HSE (WA) should ensure that any significant change to the purpose and function of the centre:</p> <ul style="list-style-type: none"> ○ takes account of the needs of the young people currently living in the centre ○ is on a planned basis ○ is carried out within an appropriate timeframe ○ is communicated to all relevant stakeholders and allows for ongoing training of staff to meet the needs of a changing cohort of young people. 	<ol style="list-style-type: none"> 1. Care Plans for each young person will provide framework for timescale with an outer limit of September 2012 2. Consultation will be ongoing in the period June – September 2012 3. Training needs analysis will inform staff development 	Area Manager PSW, Alternative Care	September 2012	
2	<p>The HSE (WA) should ensure that the centre undertakes a thorough review of the system of quality assurance, particularly with regard to the classification of child protection concerns and significant events and the recording of complaints.</p>	<p>The quarterly meeting of the Critical Incident Monitoring Committee will review all serious incidents to ensure that they are managed and classified appropriately</p>	Area Manager PSW, Alternative Care	September 2012	



**Social Services Inspectorate
Action Plan for Inspection No. 543**

Centre ID: 195
HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
3	The HSE (WA) should satisfy itself that all serious events that arose over the 12 months prior to inspection were classified correctly and notified to relevant social work departments in accordance with <i>Children First Guidance</i> .	The Critical Incident Monitoring Committee will review all serious incidents events to ensure that they were managed appropriately	Area Manager PSW, Alternative Care	September 2012	

**Social Services Inspectorate
Action Plan for Inspection No. 543**

Centre ID: 195
HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
4	The HSE (WA) should ensure that any deficiencies in the vetting of staff are addressed and that this is reflected on centre files.	Retrospective references to be sought in respect of three members of the Social Care Team	Centre Manager	September 2012	
5	The HSE (WA) should ensure that any issues relating to the staff roster are resolved as a matter of urgency in order to ensure the care of young people is not affected and to avoid disruption of the staff team.	On the agenda for discussion with regional meetings with IMPACT trade union. It is planned to move to third party process for resolution	Area Manager PSW, Alternative Care	3rd Quarter 2012	
6	The HSE (WA) should ensure that the Centre Manager receives formal supervision in line with HSE policy.	Acting Principal Social Worker to be appointed	Area Manager	June 2012	
7	The HSE (WA) should ensure a system is put in place to facilitate attendance at team meetings.	An agreement has been reached whereby team members are expected to attend a general staff meeting on a monthly basis	Centre Manager	In place from Inspection May 2012	

Social Services Inspectorate Action Plan for Inspection No. 543

Centre ID: 195
HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
8	The HSE (WA) should provide training in first aid, fire safety and responding to self-harm, to all staff as a matter of priority.	First Aid training taking place in June 2012 Fire Safety training ongoing for 2012 Training in responding to self harm is being actively pursued	Centre Manager	September 2012	
9	The HSE (WA) should ensure detailed and methodical recording in order to facilitate effective management and clear communication across the staff team.	A local implementation plan will be developed as part of the current draft record management strategy.	Area Manager PSW, Alternative Care Centre Manager	September 2012	
10	The HSE (WA) should ensure a formal consultation process for young people is implemented.	Regular young peoples' meetings will be convened and also during school holidays young people will be invited to attend team meetings	Social Care Team	June 2012	
11	The HSE (WA) should ensure that all complaints made by the young people, written or verbally, are treated equally and in accordance with HSE policy.	All written and verbal complaints will be treated equally and recorded in line with HSE policy	Centre Manager Social Care Team	June 2012	

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HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
12	The HSE (WA) should ensure that pending the outcome of a needs assessment every effort is made to secure a suitable foster care placement for one young person.	1. Application for foster placement has been made to the Placement Forum 2. Targeted recruitment campaign	PSW, Alternative Care	July 2012	
13	The HSE (WA) should ensure that care plans are provided to the centre in a timely manner.	Principal Social Worker, Integrated Services, undertaking review of care planning process to take account of the need for timely provision of care plans	PSW, Integrated Services	July 2012	
14	The HSE (WA) should ensure a formal programme to promote independent living skills is implemented.	An independence programme will be initiated following consultation from young people and social care team.	Centre Manager	September 2012	

**Social Services Inspectorate
Action Plan for Inspection No. 543**

Centre ID: 195
HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
15	The HSE (WA) should ensure that every effort is made to facilitate the two young people identified to pursue further training/ education and financial support is provided as a matter of priority.	The leaving and Aftercare service will engage in developing aftercare care plans that are evidence based with realistic opportunities that are consistent with each of the young persons ability to achieve	Leaving and Aftercare Service	July 2012	

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Action Plan for Inspection No. 543**

Centre ID: 195
HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
16	The HSE (WA) should provide assurance to the young person identified that financial and emotional support will be provided to them, in keeping with National standards. This should occur as a matter of urgency.	1. Leaving and Aftercare Worker appointed 2. The aftercare plan to ensure that all statutory benefits are applied for 3. The Aftercare Worker will work with the young person in transition from the unit to independent living to develop an aftercare plan to support the young person in further education and training in line with our responsibilities under Section 45 of the Childcare Act 1991.	Leaving and Aftercare Service	July 2012	

**Social Services Inspectorate
Action Plan for Inspection No. 543**

Centre ID: 195
HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
17	The HSE (WA) should ensure that aftercare services commence engaging with the young person identified and they are provided with a written aftercare plan.	A Leaving Care and Aftercare Worker has been appointed An aftercare plan will be developed following assessment of need	Leaving and Aftercare Service	July 2012	

**Social Services Inspectorate
Action Plan for Inspection No. 543**

Centre ID: 195
HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
18	The HSE (WA) should ensure that care files contain all relevant documentation required by regulation.	Court proceedings to be commenced due to refusal of parent to sign the voluntary consent	Social Worker	June 2012	
19	The HSE (WA) should ensure that sanctions are proportionate and are applied evenly.	A review of the implementation of the behaviour management policy will take place to ensure that sanctions are applied fairly	Centre Manager Social Care Team	September 2012	
20	The HSE (WA) should ensure a risk assessment is carried out in relation to the centre's ability to hold a young person if required for safety reasons.	A general risk assessment will be undertaken regarding use of restraint with the current group of young people residing in the centre	Centre Manager	June 2012	

**Social Services Inspectorate
Action Plan for Inspection No. 543**

Centre ID: 195
HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
21	The HSE (WA) should ensure staff continue to be relentless in their efforts to reduce incidents of absence without authority.	Social Care team to endeavour to actively ensure that young people are not absent and in cases whereby it occurs staff to the best of their abilities ensure the immediate and safe return of the young person and to continue to work within the framework of the HSE/Garda joint protocol	Social Care Team	June 2012	
22	The HSE (WA) should undertake a review of all serious incidents in the 12 months prior to inspection to ensure all child protection concerns were classified correctly and notified to the relevant social work department in accordance with <i>Children First Guidance</i> .	The quarterly meeting of the Critical Incident Monitoring Committee will review all serious incidents to ensure that they are managed and classified appropriately	Area Manager PSW, Alternative Care	September 2012	

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Action Plan for Inspection No. 543**

Centre ID: 195
HSE Area: HSE West

Date Action Plan Dispatched: 5th June 2012.

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
23	The HSE (WA) should ensure that the centre renew efforts to encourage the young person identified to engage in education/training.	This particular young person will be offered support and assistance to re-engage in training/education	Social Care Team	September 2012	
24	The HSE (WA) should ensure: <ul style="list-style-type: none"> o that the centre conducts regular visual checks of lighting, alarms, fire doors and fire fighting equipment as a matter of priority in accordance with legislation. o fire drills are carried out at frequent and varied intervals and are recorded in sufficient detail. o fire safety training is provided to all staff as a matter of urgency. 	The fire Register will now include a record of all fire safety checks conducted by the fire officer. All significant details regarding fire drills will be recorded in the fire register Annual fire safety training is available for all team for 2012.	Fire Officer Centre Manager	June 2012 Refresher training in fire safety due for all Social Care team before 31.12.12	