



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

INSPECTION OF A CHILDREN'S RESIDENTIAL CENTRE IN HSE DUBLIN MID LEINSTER

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1. Introduction

The Health Information and Quality Authority Social Services Inspectorate (HIQA SSI) carried out an announced inspection of a children's residential centre in the Health Service Executive Dublin Mid-Leinster (HSE DML). Mary O'Donnell (lead inspector) and Eimear Short (co-inspector) conducted the inspection under *Section 69 (2) of the Child Care Act 1991* on 24 and 25 March 2012.

The centre was last inspected in March 2009 (*report 305*). The report can be accessed on the Authority's website www.hiqa.ie. The follow-up inspection in July 2009 found the majority of recommendations from the previous inspection were met.

The centre was a two storey detached house located in a residential area on the outskirts of a large town. The centre was established to provide a short-term service for male and female children and young people aged between 13 and 18 years of age on admission. Children 12 years were admitted in exceptional circumstances. Its purpose was to act as a place of safety for children pending a full assessment of need. The centre had three places and there were two young people living in the centre at the time of inspection.

The aim of the centre was to establish connections between a young person's family, peers, community and schools in order to fully understand the young person's experience. Staff aimed to build therapeutic relationships with multidisciplinary professionals and put a plan in place to address unmet needs and build on the young person's strengths.

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. Young people felt respected and cared for and engagement with education had significantly improved since the previous inspection. However the management of behaviours remained problematic. There were periods with high levels of unauthorised absences mostly overnight during which young people engaged in high risk behaviours. Inspectors held the view that the manager and staff had to improve their capacity to keep young people safe. Key recommendations made in this report relate to the statement of purpose, management and staffing, suitable placements and admissions, the provision of aftercare, statutory review of care plans and the classification of child protection concerns. Recommendations in relation to other areas of practice are outlined further in the report.

1.1 Methodology

Inspectors' judgements are based on evidence of findings verified from several sources including: direct observation of interactions between staff and young people, a review of records, an inspection of accommodation, interviews with two young people, two supervising social workers, the centre manager, two child care workers, the monitoring officer and the deputy services manager. A telephone interview was conducted with a third supervising social worker.

The inspectors had access to the following documents during the inspection:

- The statement of purpose and function
- Policies and procedures
- The centre register
- Young people's care files and care plans
- Census information about staff
- Fire safety records
- Health and Safety Statement
- Questionnaires completed by parents and social workers
- HSE monitoring officer's reports
- Administrative records
- Details of physical restraints
- Details of unauthorised absences (30)

1.2 Acknowledgements

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

1.3 Management structure

The centre was one of four residential centres for children which served the local health areas of Laois/Offaly and Longford/ Westmeath. The Centre Manager reported to the HSE Deputy Services Manager, who reported to the Services manger, who in turn reported to the Regional Manager.

1.4 Data on young people

At the time of inspection, the following young people were residing in the centre:

<i>Young Person</i>	<i>Age</i>	<i>Legal Status</i>	<i>Length of Placement</i>	<i>No. of previous placements</i>
#1 girl	16	Full Care order	1 year 3 months	2 residential placements
#2 girl	17	Voluntary Care Order	7 months	None

2. Summary of Findings

Practices that met the required standard

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. Inspectors found that staff were very aware of young people's interests and encouraged their individuality. Each young person chose their two key workers. When interviewed the young people told inspectors they felt comfortable speaking to key workers and the Centre Manager. Young people were satisfied with pocket money and had an opportunity of earn extra by doing chores and to save some money for holidays and treats. They were satisfied that funding was provided to support their hobbies and to buy clothing of their choice. A review of records showed good evidence of individual key working sessions and direct work on each care file. This work focussed on strengths, promoting positive decision-making, and helping young people to manage daily living activities in preparation for adulthood.

Children's rights - consultation

The standard on consultation was met. Young people were consulted individually about the day-to-day running of the centre, and were consulted about plans in preparation for reviews. Generally, there was a community meeting every week at which the young people's agenda was discussed. Young people told inspectors that the staff were respectful of the fact that it was primarily a meeting about their issues, and things did change after discussions.

Children's rights - access to records

The standard on access to information was met. The Young Persons Guide to living in the centre stated that young people could access their files and young people confirmed that they could read their records.

Contact with families

The standard on contact with families was well met. Staff focused on building trust and nurturing familial relationships. Young people confirmed that they had regular contact with siblings and parents where appropriate. This involved time at home, weekend breaks, and phone contact. Records showed that family members sometimes had meals with young people in the centre. A sibling who spoke with inspectors felt welcome whenever she visited. One young person was pleased that her mother could join her and the staff on a recent holiday. This was very good practice.

Religion and cultural identity

Young people confirmed for inspectors that their religious affiliations were respected, and they were able to attend church services; but they exercised their choice in the matter and did not attend. Staff had a clear understanding of cultural diversity and there was evidence that cultural identity was respected.

Social work role and Supervision and visiting of young people

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

Monitoring

This standard was met. The HSE Monitoring Officer told inspectors she had visited the centre regularly and the visitors' book showed that she had visited five times in the six months prior to inspection. The Monitoring Officer had produced a written report dated September 2011 in which she had benchmarked standards and practices within the centre against the National Standards for Children's Residential Centres and made recommendations to address shortcomings. She placed a strong emphasis on meeting with 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. She prioritised education and had arranged for a monthly report on young peoples' education and training from each centre in the region. The Monitoring Officer had ongoing contact with the Centre Manager and staff 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 were aware of her reports and the subsequent improvements that had taken place.

Education

This standard was met. The centre placed a high value on education and actively encouraged the young people to engage in suitable education and training courses. The young people were both engaged in education and one young person who had recently completed secondary education planned to progress to college.

Health

This standard was met. Each of the young people had access to a general practitioner (G.P.) 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. Specialist treatments were provided in a timely manner.

Notification of Significant events

This standard was met. The centre had a robust system in place for the notification of significant events and records relating to these events were well maintained. A review of relevant documentation indicated that timely notifications of significant events involving young people which 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 significant incidents relating to young people both by phone and subsequently in writing.

Staff at the centre compiled a weekly update report which was forwarded to social workers which ensured they were kept fully informed of the young people's lives and progress.

Statutory care plans

This standard was met. All of the children living in the centre had a care plan. Young people told inspectors they were aware of their care plan and had participated in the care planning process.

Inspectors reviewed care plans and found that they met requirements. There was a comprehensive assessment of each young person's health, educational,

and emotional needs. Each young person's strengths were identified and family relationships, social and self care skills as well as the young persons and parent's views were clearly documented. A comprehensive action plan details the planned actions to meet the placement goals, with responsible person and timescale outlined. There was evidence of parents and young people being involved in drawing up care plans. The placement plans which were updated weekly were congruent with the goals identified in the care plans.

Children's Care Records

This standard was met. Each young person's file contained a social history and a record of their progress whilst in care. Files contained all the relevant documentation as required by regulation. Birth certificates, care orders and parental consent were held on file. Records were stored securely and archived in a central repository.

Training and Development

This standard was met. All staff members held a professional qualification and staff interviewed spoke about training they had received such as Therapeutic Crises Intervention (TCI), Developmental Audit (to provide skills to undertake an assessment) and Child Protection. The training records examined did not have up to date information about programme content or evidence of staff attendance at training programmes. The centre manager subsequently submitted documentary evidence that in the year prior to inspection staff had received training in *Children First: National Guidance for the Protection and Welfare of Children (2011)* and fire safety training.

Provision of food and cooking facilities

This standard was fully met. Staff prepared nutritious meals and young people participated in menu-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. One young person confided that she had suggested a roast chicken dinner, which was her "All time favourite" for the day of inspection. Inspectors also sampled some delicious rice crispy buns which a young person had made.

Accommodation

This standard was met. The centre was nicely decorated, clean and comfortable. There was ample living space including a sitting room, a dining room, a computer room and a modern fitted kitchen. Each young person had their own bedroom. One young person invited inspectors to see her bedroom which was tastefully decorated and personalised. She proudly displayed her art work, photographs with collages of pictures of her family, friends and staff.

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 the upkeep of the

centre. The maintenance record was examined and showed that any required maintenance work was reported and addressed promptly.

Practices that met the required standard in some respect only

Managing Behaviour

This standard was met in part. The centre had a written policy on the management of behaviour. Inspectors found there were detailed records maintained by staff regarding incidents of concern and other significant events. Inspectors examined sanctions that were recorded and found they were reasonable and appropriate. Young people interviewed said the sanctions employed were fair. One young person said "It shows they (staff) wanted to keep me safe".

Staff members told inspectors that the assessment model used in the centre gave them skills to build positive connections with young people and to create a climate of respect and responsibility. All staff had participated in Response Ability Pathways (RAP) training and this complemented the model of assessment. There was evidence that staff focused on understanding the emotion underlying the behaviour and responding appropriately. In the 12 months prior to inspection, staff had dealt with several types of challenging behaviours including unauthorised absence, bullying, verbal and physical outbursts and other risk-taking behaviour. Staff, young people and external professionals confirmed that these behaviours had impacted negatively on the young people. The relationship building approach had worked well with some young people. However, some behaviours, within the centre and when young people were absent without permission, posed a serious risk for young people. Supervising social workers and the centre manger confirmed that on more than one occasion a vulnerable young person had been moved to another centre in the region in order to provide a place of safety. Inspectors held the view that the move was not in the best interests of the young people concerned but because another young person, with complex needs was more difficult to place. A young person told inspectors that she had felt isolated and was pleased when she was able to return to the centre.

Inspectors acknowledge the difficulties presented when young people of different ages and needs live together, but the needs of all young people must be considered when managing complex behaviours. Inspectors recommend that management change current practices to support better outcomes for all young people.

Restraint

This was mostly met. The policy and ethos of care was that restraint was only used as a last resort. In the previous 12 months there had been two instances when a young person was prevented from leaving the centre, and minimal intervention was used. This was appropriately documented, reported and reviewed. However the centre manager confirmed that only half the staff were sufficiently trained in the use of physical intervention and restraint.

Inspectors recommend that external management should risk assess the ability of staff to hold a young person if required.

Absence without Authority

This was met in part. In the year prior to inspection there were 30 incidents of unauthorised absences and 20 of these related to two young people who no longer resided at the centre. Inspectors noted that there was ongoing risk for a vulnerable young person in the centre. Periods of unauthorised absences ranged from 5.5 hours to 22 hours. The majority were overnight during which young people engaged in high risk behaviours. Generally all relevant people had been informed in line with HSE policy, but the absences continued. These absences triggered contact and a strategy meeting between the centre manager and Gardaí under the young people missing from care joint protocol between the Gardaí and the HSE, *Children Missing from Care, A joint protocol between the Garda Síochána and the HSE*. However inspectors found that the Gardaí had not been notified on one occasion when a young person went missing overnight in a strange town. Inspectors recommend that managers should review current practice around unauthorised absences to ensure safe care for all children in the centre.

Suitable placement and admissions

This was partially met. Young people were admitted through a central referrals committee. Social workers and staff spoke enthusiastically about how the placement had benefitted the young people and the progress they had made since admission. The young people said they didn't like being in care but appreciated the friendships they had developed with peers and with staff members. There was an admissions policy and an information booklet for young people which provided relevant information about living in the centre. The majority of young people were admitted as emergency admissions and did not have an opportunity to visit the unit prior to living there. Inspectors found that admission criteria were not rigorously adhered to when an emergency placement was required. Inspectors found that this had resulted in poor outcomes for at least one young person and for other young people living in the centre.

Inspectors recommend that management and the referral committee should ensure that the supervising social worker and the centre manager are satisfied that each placement is suitable and will meet the needs of the young person and also the needs of other young people living in the centre.

Safeguarding and Child protection

This standard was mostly met. The staff team interviewed by inspectors had a good knowledge of unit's policies and national guidelines and were clear about how they would act in the event of concerns about the safety of children. Staff interviewed were clear on safeguarding practices. There was documentary evidence that staff had attended training in *Children First: National Guidance for the Protection and Welfare of Children (2011)*.

Inspectors found staff had notified 17 child protection concerns in the year prior to inspection. Notifications were made promptly and in keeping with Children First Guidance. However inspectors found some incidents were categorised as significant events and were not notified as child protection concerns. 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*.

Purpose and function and admissions

The centre's purpose and function was met in part. The statement of purpose and function specified that the centre provided a short-term service (up to 12 weeks) for male and female children and young people aged between 13 and 18 years of age on admission. Children aged 12 years were admitted in exceptional circumstances. Person centred care practices described in the statement of purpose were evident to inspectors. However young people had been admitted who were exempt from admission and the two young people who met with inspectors had lived in the centre for seven months and fifteen months respectively. The majority of admissions were emergency admissions but the statement of purpose did not have a protocol for emergency admissions.

A review of the register showed that 9 of the 15 young people admitted to the unit had been discharged within a 12 week period. Inspectors recommend that the centre's statement of purpose and function be revised to accurately specify the population it caters for and the service it aims to provide.

Management

The standard on management was partly met. The centre was managed by a suitably qualified person. Through observation and interviews with senior managers, staff and other professionals, inspectors found that the centre was run by a child-centred team. The regional management structures had changed and the external line manager's post had recently been filled. The newly appointed deputy services manager described plans he proposed in order to supervise and support the centre manager and promote effective working relationships between the centre and external management. He had been informed of all significant events, and had trained staff in a records system which he planned to use to monitor performance and identify trends.

Nevertheless at the time of inspection aspects of internal and external management required improvement. Inspectors found that external management had not approved the statement of purpose and function. The centre manager did not have a system to ensure that staff had read and understood the unit's policies. There was no evidence that the centre manager analysed key information on outcomes for young people and other performance indicators to monitor the effectiveness and quality of the service.

Inspectors recommend that the HSE DML approve the statement of purpose and put in place appropriate systems to organise best possible care and

protection for young people and put appropriate monitoring arrangements in place.

Staffing

This standard was partly met. The staff team comprised one centre manager, five full-time social care leaders and nine social care workers. One social care worker had reduced hours.

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 files held the required three references and evidence of Garda vetting. However inspectors noted that the current HSE policy (2007) does not include the recommended practice to regularly re-vet existing staff. Consequently members of staff, including the Centre Manager did not have up-to-date Garda Vetting on file. The deputy services manager advised that he plans to update Garda Síochána vetting for all staff on a two yearly basis. The HSE (DML) should ensure that all staff are appropriately vetted to ensure ongoing safe care.

Supervision and Support

The standard was partially met. There was an on-call system operated by the residential children's centres' managers in the region. Inspectors found that arrangements for staff supervision had improved considerably in 2012. Staff received formal supervision on a regular basis at intervals of between six and eight weeks. Regional management structures had changed recently and there were some gaps when the Centre Manger did not have formal supervision. The standard of supervision records could also be improved. They addressed the placement plans of young people and practice issues, but the agreed actions/plans were not consistently documented. Inspectors recommend that all formal supervision is kept up to date, in line with the HSE policy.

Administrative files

The standard was partly met. The centre had clear financial management systems and records viewed confirmed this. Relevant records relating to children were safely stored and kept for perpetuity. Recording systems were poorly organised and did not support effective management and accountability. Some records when requested were not accessible at the time of inspection. Training records were poorly maintained and other records examined were not signed or dated. Minutes of community meetings were recorded in a communications book which was not assessable to young people. The records were filed away at the end of each month and it was difficult to monitor for recurring themes or determine the outcome of issues

raised by young people. Inspectors recommend that recording systems are organised for ease of access and maintained to facilitate effective management and accountability

Register

This standard was partially met. The centre held a register of all young people living in the centre and dates of admissions and discharges from the centre. It contained all the information required by the National Standards for Children's Residential Centres. The register showed that in the 18 months since the centre was established there were 15 admissions and 13 discharges. One young person was admitted and discharged four times, with lengths of stay ranging from three days to three months. Seven young people were discharged after a 12 week assessment. Two young people were discharged after eight weeks and the two young people who currently lived in the centre were living there for seven months and 15 months respectively. Inspectors found that discharges when young people had temporarily left the centre to live elsewhere and admissions when they returned were not recoded in the register. The register should have relevant information on all admissions and discharges.

Statutory care plan reviews

This standard was mostly met. One of the young people had not had a statutory care plan review since her admission seven months previously. The supervising social worker explained that the reviewing officer who was tasked with organising the formal review was not in the role for that period. In the interim the social worker had held a professionals meeting to review and assess the care plan, and a formal care plan review was scheduled for 1 August 2012. Invitations to the family were on file and the young person confirmed that she and her family had been invited to attend the review meeting.

Inspectors recommend that HSE DML puts a system in place to ensure that each young person's care plan is subjected to a formal systematic and regular review in accordance with *Child Care (Placement of Children in Residential Care) Regulations 1995, Part V, Articles 25 and 26.*

Fire Safety

The standard on fire safety was mostly met. In accordance with Child Care (Placement of Children in Residential Care) Regulations 1995, part 111, Article 12, the centre had a written confirmation from a chartered engineer that the property was in substantial compliance with fire safety regulations.

Fire training records were not on site at the time of inspection and the records which were later submitted showed that 13 staff had attended fire safety training within the last year and training was scheduled for September 2012. Staff who were interviewed were knowledgeable about fire safety procedures. Servicing records showed that the fire alarm and lighting system were serviced two monthly and the most recent service was on 12 July 2012. Fire

extinguishers which were checked annually had been serviced in April 2012. Fire exits were found to be illuminated and unobstructed. There were up-to-date records of daily fire safety checks and fire drills were undertaken at four to six weekly intervals. Records showed that young people and staff participated in the most recent fire drill on 21 June 2012, the evacuation time was noted and no problems were identified. Young people who smoked did so out of doors. Inspectors noted that fire extinguishers were stored in a locked office on the first floor to mitigate a risk which no longer applied. Inspectors recommend that the HSE DML should ensure that the control measures in place to mitigate fire hazards are implemented and subject to ongoing review.

Emotional and specialist support

This standard was mostly 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, the supervising social workers and centre staff. Inspectors noted that a vulnerable young person had decided to cease engaging with a private counsellor which the HSE had funded. Inspectors recommend that the mental health and emotional needs of the young people in the centre are given the utmost priority, and every avenue is explored to address the issue of non-engagement in services.

Discharges

This standard was mostly met. The centre register showed that 13 young people were discharged from the centre since it was established. Some young people had returned to home or moved to suitable long term or medium term placements. Overall discharges were planned and in keeping with the young person's care plan. Exit interviews were conducted to elicit the experiences of the young prior to discharge. However two young people were discharged in an unplanned manner. A young person who had been admitted on four separate occasions had an unplanned discharge on each occasion and another young person had an unplanned discharge due to an incident which arose involving another young person within the centre. These unplanned discharges did not serve the best interests of the young people concerned. From discussions with external and centre managers and the monitor it was evident that these unplanned discharges were related to the admission of a young person whose needs the service could not adequately meet. This was highlighted prior to the admission, which went ahead as there was no alternative placement available. The centre manager and supervising social workers should endeavour to ensure that young people do not leave placements in an unplanned manner.

Preparation for leaving care and aftercare

The standard was partly met. Staff worked closely with the young people to empower them to make good decisions and stated that they supported them to develop day-to-day living skills for independent living. Young people did their own laundry and helped with cooking and household chores.

They had a clear understanding of the importance of education. Inspectors reviewed records and found strong evidence of planning by the supervising social worker and key workers and a programme was in place to identify this young person's strengths and needs. One young person had an allocated aftercare worker and an aftercare plan. However another young person who was due be discharged did not have an allocated aftercare worker. The introduction of formal support systems at such a late stage significantly diminishes their chance of success. Inspectors found that two young people had been discharged from the centre to the care of their families, however had returned to the care system within a short period of time. It is imperative that young people and their families are prepared for the young person's discharge from care and given every available support to ensure the needs of the young people are met. Inspectors recommend that the HSE should revise its policy on preparation for leaving care and aftercare and ensure that it is implemented, in particular that aftercare workers are assigned as soon as possible after a young person's 16th birthday, as required by the standard.

Complaints

This was met in part. The centre had a policy for concerns and complaints and this was described in the young person's information booklet. Inspectors viewed the complaints log and found that only three complaints were made by young people in the year prior to inspection, despite noting several concerns raised by young people in their regular meetings. There was clear evidence that these concerns had been addressed by staff and feedback was given to the young people, but these were not recorded separately as concerns/complaints. This meant there was no clear system to analyse the concerns or their outcome for the purpose of improving services or monitoring trends.

Inspectors recommend that the HSE DML ensures that:

- all concerns are recorded in the complaints log; detailing the concern, the outcome and the opinion of the person who raised the concern
- all concerns are reviewed regularly to identify trends and to identify areas for improvement.

Safety

This was mostly met. One member of staff was the named Health and Safety representative for the centre. Inspectors found that there were systems to identify and manage risk and to promote the safety of young people, staff and visitors but these required improvement. There was an up-to-date risk assessment undertaken and controls identified to mitigate the risks were specified in the Health and Safety Statement. However inspectors found that all the control measures outlined in the Safety Statement had not been implemented. For example core safety training such as First Aid and manual handling had not been provided for staff. Staff reported that they did not have CPR skills required in order to respond to a recent emergency within the centre. The centre manager could not recall when the Health and Safety Committee had last met. Inspectors recommend that:

- The HSE DML should conduct an audit of staff training, skills and competencies to ensure that staff have core competencies required in order to respond and ensures that an adequate number of staff are trained to ensure that safety standards are maintained.
- The HSE DML should ensure that the control measures specified in the Health and Safety statement are implemented and subject to ongoing review
- The Health and safety committee carry out its role as specified in the Health and Safety Policy.

Practices that did not meet the required standard

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

2. Findings

2.1 Purpose and function

Standard

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

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

Recommendation:

1. The HSE DML should revise the centre's purpose and function to accurately specify the population it caters for and the service it aims to provide.

2.2 Management and staffing

Standard

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

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

Recommendations:

2. The HSE DML should ensure that external management approves the statement of purpose and function.
3. The HSE DML should put appropriate systems in place to organise best possible care and protection for young people and put appropriate monitoring arrangements in place.
4. The register should have relevant information on all admissions to and discharges from the unit.
5. The HSE DML should audit the vetting for all centre staff and ensure that the HSE rigorously meets the vetting requirements of the Department of Health and Children.

6. The HSE DML should ensure all formal supervision is kept up to date, in line with the HSE policy.
7. The HSE DML should ensure that recording systems are organised for ease of access and maintained to facilitate effective management and accountability

2.3 Monitoring

Standard

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

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

2.4 Children's rights

Standard

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

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

Recommendation:

8. The HSE (DML) should ensure that all complaints made by the young people, written or verbally, are treated equally and in accordance with HSE policy.

2.5 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 Care records	√		

Recommendations:

- 9.** The HSE (DML) management and the referral committee should ensure that the supervising social worker and the centre manager are satisfied that each placement is suitable and will meet the needs of the young person and also the needs of other young people living in the centre.
- 10.** The HSE (DML) should put systems in place to ensure that each young person's care plan is subjected to a formal systematic and regular review in accordance with *Child Care (Placement of Children in Residential Care) Regulations 1995, Part V, Articles 25 and 26*.
- 11.** The HSE (DML) should ensure that the mental health and emotional needs of the young people in the centre are given the utmost priority and every avenue is explored to address the issue of non-engagement in services.
- 12.** The centre manager and supervising social workers should endeavour to ensure that young people do not leave placements in an unplanned manner.
- 13.** The HSE (DML) should revise its policy on aftercare and ensure that it is implemented, in particular that aftercare workers are assigned as soon as possible after a young person's 16th birthday, as required by the standard.

2.6 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		√	

Recommendations:

14. The HSE DML should ensure that management change current practices to support better outcomes for young people.
15. The HSE DML should review its policy on the use of restraint taking into account the impact on the service and the implications for practice of having only half of the staff in the centre trained in its use.
16. The HSE DML managers should review current practice around unauthorised absences to ensure safe care for all children in the centre.

2.7 Safeguarding and Child Protection

Standard

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

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

Recommendation:

- 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*.

2.8 Education

Standard

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

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

2.9 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	√		

2.10 Premises and Safety

Standard

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

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

Recommendations:

18. The HSE DML should put systems in place to ensure that functions of the Health and Safety committee are in line with health and safety policy.
19. The HSE DML should ensure that the control measures specified in the Health and Safety statement are implemented and subject to ongoing review.
20. The HSE DML should conduct an audit of staff training, skills and competencies to ensure that staff have core competencies required in

order to respond and ensures that an adequate number of staff are trained to ensure that safety standards are maintained.

21. The HSE DML should ensure that the location of fire extinguishers within the centre is subject to ongoing risk assessments.

Next Steps

The Authority will report its findings in relation to the residential centre to the Minister for Children and Youth Affairs.

A completed action plan by the HSE has been attached to this report and these will be published on the Authority's website. The Authority will carry out a further inspection of the residential centre to ensure compliance with the standards and regulations.

4. Summary of recommendations

- 1.** The HSE DML should revise the centre's purpose and function to accurately specify the population it caters for and the service it aims to provide.
- 2.** The HSE DML should ensure that external management approves the statement of purpose and function.
- 3.** The HSE DML should put appropriate systems are put in place to organise best possible care and protection for young people and put appropriate monitoring arrangements in place.
- 4.** The register should have relevant information on all admissions to and discharges from the unit.
- 5.** The HSE DML should audit the vetting for all centre staff and ensure that the HSE rigorously meets the vetting requirements of the Department of Health and Children.
- 6.** The HSE DML should ensure all formal supervision is kept up to date, in line with the HSE policy.
- 7.** The HSE DML should ensure that recording systems are organised for ease of access and maintained to facilitate effective management and accountability
- 8.** The HSE (DML) should ensure that all complaints made by the young people, written or verbally, are treated equally and in accordance with HSE policy.
- 9.** The HSE (DML) management and the referral committee should ensure that the supervising social worker and the centre manager are satisfied that each placement is suitable and will meet the needs of the young person and also the needs of other young people living in the centre.
- 10.** The HSE (DML) should put systems in place to ensure that each young person's care plan is subjected to a formal systematic and regular review in accordance with *Child Care (Placement of Children in Residential Care) Regulations 1995, Part V, Articles 25 and 26.*
- 11.** The HSE (DML) should ensure that the mental health and emotional needs of the young people in the centre are given the utmost priority and every avenue is explored to address the issue of non-engagement in services.

- 12.** The centre manager and supervising social workers should endeavour to ensure that young people do not leave placements in an unplanned manner.
- 13.** The HSE (DML) should revise its policy on aftercare and ensure that it is implemented, in particular that aftercare workers are assigned as soon as possible after a young person's 16th birthday, as required by the standard.
- 14.** The HSE DML should ensure that management change current practices to support better outcomes for young people.
- 15.** The HSE DML should review its policy on the use of restraint taking into account the impact on the service and the implications for practice of having only half of the staff in the centre trained in its use.
- 16.** The HSE DML managers should review current practice around unauthorised absences to ensure safe care for all children in the centre.
- 17.** 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*.
- 18.** The HSE DML should put systems in place to ensure that functions of the Health and Safety committee are in line with health and safety policy.
- 19.** The HSE DML should ensure that the control measures specified in the Health and Safety statement are implemented and subject to ongoing review.
- 20.** The HSE DML should conduct an audit of staff training, skills and competencies to ensure that staff have core competencies required in order to respond and ensures that an adequate number of staff are trained to ensure that safety standards are maintained.
- 21.** The HSE DML should ensure that the location of fire extinguishers within the centre is subject to ongoing risk assessments.



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

ACTION PLAN

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	The HSE DML should revise the centre's purpose and function to accurately specify the population it caters for and the service it aims to provide.	The Purpose and Function is currently being reviewed by HR and IMPACT. There has been consultation with Principal Social Workers and Area Managers. With the current changes to external line management the Purpose and Function will be fully revised and agreed as matter of priority. The centre continues in the meantime to adhere to its historical Purpose and Function which states that the centre accommodates up to three young people aged between 13 and 18 yrs on a short term basis for 12 weeks.	Service Manager	01/10/2012
2	The HSE DML should ensure that external management approves the statement of purpose and function.	As above	Service Manager	01/10/2012

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

3	The HSE DML should put appropriate systems are put in place to organise best possible care and protection for young people and put appropriate monitoring arrangements in place.	The Significant Event Notification System has now been fully installed and implemented. All staff and the Centre Manager have been trained in its implementation.	Deputy Service Manager	30/08/12
4	The register should have relevant information on all admissions to and discharges from the unit.	The Regional Office will forward the updated and approved Admission and Discharge register to the Centre.	Service Manager	28/08/2012
5	The HSE DML should audit the vetting for all centre staff and ensure that the HSE rigorously meets the vetting requirements of the Department of Health and Children.	All staff will have their Garda Vetting updated every two years in accordance with procedure throughout Dublin Mid Leinster.	Deputy Service Manager Centre Manager	Immediate and ongoing

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
6	The HSE DML should ensure all formal supervision is kept up to date, in line with the HSE policy.	A supervision schedule will be developed for both the staff team and the Centre Manager. Supervision will occur on a six weekly basis and any cancellations will be re-scheduled to occur within one week.	Deputy Service Manager / Centre Manager	Immediate
7	The HSE DML should ensure that recording systems are organised for ease of access and maintained to facilitate effective management and accountability.	The Placement Pack has now been installed in the Centre, and will ensure that all documentation is appropriately recorded and filed.	Deputy Service Manager	30/07/2012

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
8	The HSE (DML) should ensure that all complaints made by the young people, written or verbally, are treated equally and in accordance with HSE policy.	<p>The Placement Pack has recently been installed in the Centre. The Placement Pack is a recording/filing system and will ensure that all Complaints (not notified) are recorded accurately and outcomes/opinions clearly documented.</p> <p>All Complaints which require Notification will be notified through the Significant Event Notification system. The S.E.N. System has been reviewed recently and it is hoped that an improved and updated version of the System will be ready for implementation in October 2012. This system will allow for regular review.</p>	Centre Manager Deputy Service Manager	30/07/2012

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
9	The HSE (DML) management and the referral committee should ensure that the supervising social worker and the centre manager are satisfied that each placement is suitable and will meet the needs of the young person and also the needs of other young people living in the centre.	The Central Referral Committee will refer young people to the centre for consideration, based on an assessment of documentation available on the referred young person and young people being looked after in the Centre. Through the local process for Admission, a review of the referred young person's suitability in the centre, and any risks, will be undertaken and safeguarding and/or safety measures will be implemented prior to the young person's admission. Changes to External Line Management structures have reviewed the Committee Process to ensure that young people are not inappropriately placed.	Service Manager / Deputy Service Manager / Centre Manager	Immediate and ongoing

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

10	The HSE (DML) should put systems in place to ensure that each young person's care plan is subjected to a formal systematic and regular review in accordance with <i>Child Care (Placement of Children in Residential Care) Regulations 1995, Part V, Articles 25 and 26.</i>	The Centre Manager will request a date for a Child in Care Review at the young person's admission meeting. Referring Social Worker will be advised that this date is an essential requirement	Centre Manager Deputy Service Manager	Immediate
11	The HSE (DML) should ensure that the mental health and emotional needs of the young people in the centre are given the utmost priority and every avenue is explored to address the issue of non-engagement in services.	Centre management and staff will take every opportunity to explore the issue of non-engagement with young people when/if they choose to discontinue with therapeutic services offered to them. These discussions will be recorded on a Conversation of Note and/or One to One session forms.	Centre Manager / Centre Staff / Deputy Service Manager	Immediate and ongoing

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
12	The HSE (DML) should revise its policy on aftercare and ensure that it is implemented, in particular that aftercare workers are assigned as soon as possible after a young person's 16 th birthday, as required by the standard.	The Centre Manager will write to each young person's social worker (on their 16th birthday) requesting that a referral be made for an Aftercare Worker to be assigned to the young person. The young person's Placement Plan will be amended after their 16th birthday and will outline the actions to be taken in order to start preparing the young person for independent living.	Centre Manager / Deputy Service Manager	Immediate and ongoing

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
13	The HSE DML should ensure that management change current practices to support better outcomes for young people.	<p>The Placement Pack has recently been installed in the Centre. The Placement Pack is a recording/filing system that will ensure that all Significant Events and Behaviours are recorded accurately and outcomes/opinions clearly documented.</p> <p>The S.E.N. System has been reviewed recently and it is hoped that an improved and updated version of the System will be ready for implementation in October 2012.</p> <p>This system will allow for regular review and changes in interventions.</p>	Centre Manager / Deputy Service Manager	30/07/12

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

14	The HSE DML should review its policy on the use of restraint taking into account the impact on the service and the implications for practice of having only half of the staff in the centre trained in its use.	The Policy on the Use of Restraint will be reviewed at a meeting between TCI Trainer and Service Manager. Current TCI Policy states that Restraint cannot be used if less than 75% of the team are trained to do so. In the event that less than 75% of the team are able to perform restraint TCI implementation will not be included on any young person's I.C.M.P and other safeguarding/safety measures will be agreed with the young person's social worker.	Service Manager TCI Trainer Centre Manager Deputy Service Manager	Meeting 07.09.2012 I.C.M.P. immediate and ongoing
15	The HSE DML managers should review current practice around unauthorised absences to ensure safe care for all children in the centre.	Each young person has an Individual Absence Management Plan in accordance with the National Protocols. The staff will continue to encourage young people to make positive choices, and will also continue to try and locate young people when they are absent and encourage them to return to the centre.	Centre Manager / Deputy Service Manager	Immediate and ongoing

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
16	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 <i>Children First Guidance</i> .	A comprehensive review of all Child Protection Concerns will be carried out by the Centre Manger and Deputy Service Manager, and the outcome of same will be forwarded to HIQA. Any outstanding issues will be addressed without delay and outcomes will be clearly recorded. The Significant Event Notification System and Child protection Policy in place in the Centre will be closely managed to ensure that all Child Protection Concerns are recorded and notified and managed in an appropriate manner.	Centre Manager Deputy Service Manager	01/10/2012
17	The HSE DML should put systems in place to ensure that functions of the Health and Safety committee are in line with health and safety policy.	Deputy Service Manager will meet with Centre Managers to convene a new Health and Safety Committee and ensure that these are in line with the Health and Safety policy	Deputy Service Manager	17/09/12

Action Plan for Inspection No. 569

Centre ID: 12
HSE Area: HSE Dublin Mid-Leinster

18	The HSE DML should ensure that the control measures specified in the Health and Safety statement are implemented and subject to ongoing review.	Centre Manager and Deputy Service Manager will review the control measures and ensure they are implemented as appropriate.	Centre Manager / Deputy Service Manager	17/09/12
19	The HSE DML should conduct an audit of staff training, skills and competencies to ensure that staff have core competencies required in order to respond and ensures that an adequate number of staff are trained to ensure that safety standards are maintained.	The Centre Manager and Deputy Service Manger will undertake a training audit, identify staff training needs and arrange for any deficits in training to be addressed as a matter of priority.	Centre Manager / Deputy Service Manager	15/09/2012
20	The HSE DML should ensure that the location of fire extinguishers within the centre is subject to ongoing risk assessments.	Centre Manager has arranged for the Fire Extinguishers to be returned to the hallway from the office.	Centre Manager	03/09/2012
21.	The HSE DML should ensure that the location of fire extinguishers within the centre is subject to ongoing risk assessments.	As above, which will be subject to ongoing Risk Assessment	Centre Manager	03/09/2012