



# Health Information and Quality Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

**Inspection Report ID Number: 575**  
**Fieldwork Date: 29 and 30 May 2012**  
**Issue Date: 07/11/2012**  
**SSI Inspection Period: 14**  
**Centre ID Number: 76**

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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 (HSE), Dublin North East Area (DNE) under Section 69(2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Maeve O'Sullivan (co-inspector) carried out the inspection over a two-day period from 29 to 30 May 2012.

The centre had recently reopened as a children's residential centre having been temporarily closed for 8 months. Prior to re-opening, the centre was completely re-decorated. The centre was a large detached six bed roomed house located in a rural setting near a town in North Dublin. A well maintained garden surrounded the house. The centre was relatively close to local amenities which included schools and shops, though access to private transport was essential as public transport was insufficient. The house was comfortable, bright and spacious, and nicely decorated throughout.

The centre had capacity to provide long-term care for 6 young people, male and female between the ages of 13 and 18 years. At the time of the inspection there were 2 boys living in the centre.

Overall, inspectors found that there was a good level of care provided to the young people by an experienced and committed staff team. Inspectors found that the staff were proactive in responding to the individual needs of the young people and committed to the model of care they delivered.

### ***1.1 Methodology***

Inspector's judgments were based on an analysis of findings verified from several sources of evidence gathered through observation, examination of records and documentation, including:

- the center's statement of purpose and function
- policies and procedures
- young people's care files
- census forms on young people, management and staff
- administrative records
- health and safety documents
- questionnaire completed by a parent

and interviews with the following:

- the Centre Manager
- the Acting Deputy Manager
- two Social Workers
- two Social Care Workers.

- one Social Care Leader
- the HSE Monitoring Officer
- the Alternative Care Manager

### ***1.2 Acknowledgements***

Inspectors wish to acknowledge the hospitality and cooperation of the young people, parents, centre staff and other professionals involved in this inspection.

### ***1.3 Management structure***

The centre was managed by a Centre Manager who managed all staff working in the centre and was assisted by an Acting Deputy Manager. The Centre Manager reported to the Alternative Care Manager, who in return reported to the Area Manager.

## **1.4 Data on young people**

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

### ***Listed in order of length of placement***

<b><i>Young Person</i></b>	<b><i>Age</i></b>	<b><i>Legal Status</i></b>	<b><i>Length of Placement</i></b>	<b><i>No. of previous placements</i></b>
# 1	17	Voluntary Care	4.5 months	One foster care placement Two residential care placements
# 2	17	Full Care Order	4.5 months	Four foster care placements Two residential care placements

## **2. Summary of Findings**

### ***Practices that met the required standard***

#### *Management and staffing*

This standard was met. Inspectors found that the centre was managed by a competent and confident management team. On a day-to-day basis an experienced manager managed the centre with the support of an acting deputy manager. Centre records showed that the Centre Manager had introduced good systems of recording, reporting and communication across the staff team. The centre operated an on-call system that ensured a named member of the management team was contactable in the event of an emergency.

The Centre Manager reported to the Alternative Care Manager. Inspectors found that there were clear lines of accountability and responsibility between these roles. The Alternative Care Manager provided regular supervision and was accessible to the Centre Manager.

#### *Notification of significant events*

This standard was met. There were 44 significant events reported by the centre since it reopened. The HSE Monitoring Officer told inspectors that they had made a recommendation in relation to the aggregation of, and prompt response to, significant events. Centre records reviewed by inspectors found that the Monitoring Officer's recommendation had been acted upon, and that all significant events that occurred were reported, recorded and dealt with in accordance with HSE DNE policy. (See also section on Child protection).

### *Supervision and support*

This standard was met. The centre had a policy on staff supervision. The Centre Manager informed inspectors that all staff received formal supervision on a 6 to 8 weekly basis. A sample of staff files reviewed by inspectors showed that supervision occurred regularly and that it focused on the needs of the young people and on staff accountability. Staff informed inspectors that they valued the supervision and found it effective.

Centre records identified that team meetings were held on a weekly to fortnightly basis. Agenda items were found to be child centred and solution focused. Minutes demonstrated a good standard of leadership and guidance on the part of the Centre Manager.

### *Administrative files*

This standard was met. The centre was found to have good systems of recording relevant information that facilitated good communication across the staff team. Inspectors found through centre records and interviews that the Centre Manager read and quality assured all reports generated by the centre staff. The Centre Manager signed off the files when he was satisfied that they were of a good standard.

### *Monitoring*

This standard was met. The centre was monitored by a HSE Monitoring Officer. The HSE Monitoring Officer had visited the centre on 2 occasions since it had re-opened in January 2012. At the time of the inspection the Monitoring Officer's report was in draft form and unavailable to inspectors. Through interview the Monitoring Officer provided the inspectors with a verbal account of findings and recommendations. They also confirmed to the inspectors that they were notified of all significant events. The Monitoring Officer's findings and recommendations focused on the need for timely analysis of significant events, the conduction of pre-admission risk assessments and regular risk assessments once the young person is living in the centre, additional staff training to meet the needs of the young people and the need for a HSE DNE area wide approach to education. Through interviews and a review of centre documentation, inspectors were satisfied that every effort was being made to meet all the recommendations made by the HSE Monitoring Officer.

### *Consultation*

On reviewing centre records and interviewing staff, inspectors found that thirteen meetings had been held with the young people since the centre re-opened in January 2012, and that meeting minutes demonstrated good consultation between staff and the young people. These meetings also provided the young people with an opportunity to discuss issues that were important to them.

### *Complaints*

This standard was met. The centre had a clear complaints process that was accessible to the young people. Information leaflets on the complaints process were made available to the young people throughout the centre along with copies of the *National Standards for Children's Residential Centres*. There was a record of complaints made by young people on their individual files. Two complaints had been made by young people since the centre re-opened, and centre records showed that these were recorded and responded to appropriately. Inspectors found through interviews and centre records that when the young people raised an issue with staff, for example, house rules, it was discussed at the staff and young people's joint meetings.

### *Access to information*

This standard was met. Through interview inspectors found that the staff team were well informed about the young people's right to access information held about them. For example, inspectors saw evidence of some young people having signed their daily log books when they had read them. The centre had developed a young persons booklet that provided information on the centre in a child friendly way. Records of direct work with children reviewed by inspectors showed that keyworkers discussed the young person's access to information regularly with them.

Inspectors saw information leaflets from EPIC (Empowering People in Care) in areas in the centre that were accessible to the young people.

### *Statutory care plans and care plan reviews*

This standard was met. All of the young people living in the centre at the time of the inspection had an up-to-date statutory care plan on their file. Social workers and staff informed inspectors that the young people and their parents were consulted and involved in drawing up and reviewing the young person's care plan. Placement plans for each young person reflected the objectives of the statutory care plans. All the young people had statutory child in care reviews in accordance with the National Standards and Regulations.

### *Contact with families*

This standard was met. Through interviews and a review of centre records, inspectors found that the centre promoted and facilitated contact between the young people and their families in accordance with their care plans. A comprehensive list of family members with contact details was maintained on each young person's file, as well as details of family access. For one young person, the location of their care reviews were changed to facilitate the parent's attendance.

### *Social worker role/supervision and visiting of children*

This standard was met. Records reviewed by inspectors found that social workers visited the young people regularly, took them out of the centre for activities, and met with them in private. These records included details of all communications between the centre staff and the social worker.

Despite every effort made, one young person chose not to meet with their social worker on a number of recent visits. Communication between the social workers and the centre was found to be of a good standard, and social workers interviewed confirmed receipt of significant events reported by the centre.

#### *Emotional and specialist support*

This standard was met. Through interviews and a review of the young peoples' care files, inspectors found that there was a good standard of access to specialist services. Despite every effort, some of the young people chose not to attend at times. Non attendance was recorded in the young person's file. When young people did attend, inspectors found evidence of appropriate communication between the centre and the clinicians.

#### *Care of young people*

This standard was met. Inspectors found that the young people living in the centre were well cared for and cared about. Interviews with staff demonstrated that they had an in depth knowledge of the young people and their needs.

This was a centre that placed the needs of the young people at the centre of their day-to-day practices. Individual young people's care files reviewed by inspectors demonstrated good direct work carried out with each young person. One particular file reviewed documented 87 one-to-one sessions held with the young person since their admission to the centre in January 2012.

#### *Children's care records*

This standard was met. Each young person had an individual care file that was securely stored. All files were up-to-date and well organised. The files were structured in a way that ensured that the staff team knew what was appropriate for the young people to read. (See also section on Health).

#### *Register*

This standard was met. The register was up-to-date and specified all the information required by the regulations.

#### *Provision of food and cooking facilities*

This standard was met. Inspectors observed that the kitchen was clean, accessible and well stocked with healthy food. Meals were prepared for the young people by the staff team and staff reported that they and the young people shared meals together, especially in the evenings. Young people were encouraged to prepare food for themselves and to choose the food purchased during the weekly shop.

#### *Managing behaviour*

This standard was met. The centre had a written policy on managing behaviour and inspectors found evidence of practice in accordance with this policy; for example, the proportionate application of sanctions, and an emphasis on positive reinforcement. Staff worked with the young people

using a relationships model, with a focus on natural consequences. Records reviewed by inspectors demonstrated that sanctions were reasonable, age appropriate and recorded in the young person's file. Inspectors found evidence that all staff had been trained in Therapeutic Crisis Intervention (TCI), with a TCI refresher course scheduled for later in the month.

Centre records showed that there had been incidents of challenging behaviour in the 5 months prior to inspection. Inspectors reviewed behavioural contracts that had been drawn up between the centre and the young person on admission. Inspectors found that staff had managed these incidents using the TCI model. Each young person had an Individual Crisis Management Plan (ICMP), which was updated on a regular basis, and staff interviewed were clear on the relevance of these plans for the young people.

### *Restraints*

This standard was met. Centre records showed that there were no incidents of physical restraint since the centre had re-opened in January 2012. Through interviews and centre training records, inspectors found that staff were trained in Therapeutic Crisis Intervention (TCI), and that they were confident in their ability as a team to use physical restraint should the need arise to take such extreme measures. Individual crisis management plans for the young people provided clear guidance to the team on whether physical restraint was an appropriate response to specific types of behaviours they may display.

### *Accommodation*

This standard was met. The centre was a large six-bedroom detached house with a spacious front and back garden. The house was recently redecorated to a good standard and this created a homely atmosphere. There was a spacious kitchen, a large dining room, a sun room and a living room. The centre also had a self contained apartment, the purpose of which was being explored by the staff team. A large external building housed a gym, a games room, offices and laundry facilities. Each young person had their own bedroom. The young people shared a bathroom, but a second bathroom downstairs was accessible to them.

The centre was found to be appropriately insured.

The centre was located in a rural area in North County Dublin that placed demands on the centre team to transport the young people to and from bus stops and/or the local town.

### *Maintenance and repairs*

This standard was met. The centre maintained a log of maintenance needs and responses to these. As the centre had recently re-opened and had been re-furbished, snags were still being identified and addressed.

### *Fire safety*

This standard and regulation was met. The centre had a fire register that was up-to-date. Centre records showed that fire drills had been carried out in February and May 2012. Centre records also showed that twelve members of staff had received fire training in February and May 2012 and that all the necessary fire fighting equipment was in place and had been inspected in January 2012. All rooms in the house were linked in to a master fire alarm system. The centre had a fire certificate from the local authority and a certificate from a qualified architect confirming compliance with the fire safety standard.

## ***Practices that met the required standard in some respect only***

### *Purpose and Function*

This standard was partly met. The centre's purpose and function, which had been reviewed prior to the centre reopening, stated that it provided long-term care for 6 young people, boys and girls aged between 13 and 18 years of age, who may be experiencing emotional and/or behavioural difficulties. Inspectors found that the staff were aware of the purpose and function of the centre and that the day-to-day operations of the centre reflected this. Inspectors found that the 2 young people currently living in the centre were appropriately placed given their individual needs at the time of placement.

Referrals to the centre were made through the Health Service Executive (HSE) Dublin North East (DNE) Resource Panel. Admissions were made to the centre in consultation with the Centre Manager and the Alternative Care Manager.

Inspectors found that the centre's purpose and function was very broad and it was acknowledged by those interviewed that it may not always be possible to meet the needs of all of the young people that need a residential placement in the area. As such, inspectors recommend that the HSE periodically reviews and amends the centre's purpose and function as necessary to ensure that it is meeting the needs of all the children and young people placed there.

### *Staffing*

This standard was mostly met. The centre had a full complement of staff that included a Centre Manager, an Acting Deputy Manager, 3 Child Care Leaders, 9 full-time and 1 part-time Child Care Worker. The staff team, although newly established, was found to be experienced and stable. Inspectors found through interviews that this was a team that was motivated and open to the current and potential challenges that the centre might face, and that they were confident in their ability to adapt and meet the needs of the young people. On reviewing the records, inspectors found evidence of very good direct work with the young people, which was clearly connected to their care plans. This was good practice.

A review of a sample of personnel files showed that the staff were appropriately Garda vetted. However, most of the files reviewed did not contain evidence of staff's qualifications. Inspectors recommend that the HSE carry out an audit of all personnel files and address any deficiencies identified.

### *Training and development*

This standard was mostly met. A training audit had been carried out by the Centre Manager. All but two staff had relevant qualifications. Inspectors found that the centre encouraged further education and training on skills development for the team. All staff had received training in fire safety, TCI and Children's First training, while refresher TCI and Children's First (2011)

training was scheduled over the coming weeks. The centre had a comprehensive induction pack for new staff.

The Centre Manager regularly reviewed the training needs of the staff based on the needs of the young people. For example, the Centre Manager had recently invited a speaker from the local Drugs Task Force Team to meet with the staff.

The HSE should ensure that all staff receive TCI and *Children First* (2011) training as planned.

#### *Suitable placements and admission*

This standard was partly met. In line with the centre's purpose and function, the two young people currently living in the centre were found to be appropriately placed.

However, in the case of one young person who had been discharged from the centre prior to inspection, it was acknowledged by all professionals interviewed that the centre could not meet their needs. Although inspectors acknowledge that the centre was giving a final opportunity to this young person to avail of an open residential centre, the placement was not successful. This young person's placement broke down and resulted in their discharge to their social worker with no onward placement identified.

Inspectors recommend that high risk placements are monitored and risk assessed on an ongoing basis by the allocation social worker to ensure they continue to remain appropriate.

#### *Preparation for leaving care*

This standard was partly met. Centre records demonstrated some direct work being carried out with young people in developing their social skills and encouraging independence. Although inspectors found evidence of good one-to-one key working sessions with the young people on independent living, considering the age of the 2 young people living in the centre, inspectors recommend that the centre develops a preparation for leaving care programme that is age appropriate, needs based and considers their imminent discharge from care.

#### *Aftercare*

This standard was partly met. The centre had carried out a needs assessment on both of the young people living there. This was in consultation with their social workers. One young person had an allocated aftercare worker, and the other did not. Difficulties in accessing aftercare workers in the Dublin North Region were expressed by those interviewed and as such, inspectors recommend that the HSE DNE should:

- assign an aftercare worker to 1 young person as a matter of priority
- ensure that HSE aftercare resources meet the needs of the children placed in residential care in the Region.

### *Discharges*

This standard was partly met. The centre's register showed that 2 young people had been discharged from the centre since it re-opened. One young person was discharged to another residential unit and a second young person was discharged to an out-of-hour's social work service with no follow on placement identified. This was unsatisfactory and not in keeping with the young person's care plan. The HSE should ensure that every effort is made to confirm that young people are discharged from the centre in a planned manner, and to an appropriate alternative placement that ensures their safety.

### *Safeguarding and child protection*

This standard was partly met. The centre had a policy on safeguarding and child protection. All staff had received training in *Children First*, and *Children First (2011)* training was scheduled over the coming weeks. From a review of centre records and interviews with staff, inspectors found that staff were aware of child protection issues and adhered to the policies. Staff informed inspectors that the young people had facilities to make and receive telephone calls in private.

The centre had a risk assessment register that assessed risk areas such as staff ratios, visitors to the centre and travelling in the car when behavioural issues arose.

Following advice from the HSE Monitoring Officer, the centre had reported child protection concerns about one young person and their repeated absences from the centre and the risks associated with these. Although a child protection case conference was due, inspectors found that this was 2 months after the date the concerns were reported. Inspectors recommend that child protection concerns are dealt with in a timely fashion and in accordance with *Children First*.

### *Absence without authority*

This standard was mostly met. There were four instances of unauthorised absences from the centre since re-opening. These ranged from three hours to 30 hours. Centre records showed that these were classified, reported and recorded in accordance with HSE policy and procedures. All external professionals interviewed confirmed receipt of the notification of absences. Inspectors recommend that the HSE staff team continues to be relentless in their efforts to ensure that absences without permission cease.

### *Education*

This standard was mostly met. The 2 young people living in the centre had completed their junior certificate. One of the young people was attending further training. However, the second young person was no longer engaging in education or training. The staff team were making every effort to re-engage this young person in education/training and this was being supported

by their social worker and their aftercare worker. The HSE DNE should ensure that the centre continues to make every effort to engage this young person in an education/training programme.

### *Health*

This standard was mostly met. Both young people living in the centre had access to a GP and had a medical card. Inspectors found on review of files that the health needs of the young people were identified and addressed in their care plans. Staff reported that the young people had access to relevant specialist services when required. However, they did not always choose to access the services.

Centre records showed that the young people did not have a medical examination on admission to the centre. Care files did not contain immunisation records for the young people living there. The HSE DNE should ensure that all young people admitted to the centre have a medical examination on admission and that the young people's care files contain immunisation records.

### *Safety*

This standard was partly met. The centre had a recently updated Health and Safety statement. Inspectors found that the centre reported all risks and near misses to the HSE and recorded any incident in a register. However, the centre had not carried out a comprehensive risk assessment of the premises and surrounding grounds.

Six staff had been trained in first aid and a first aid kit was accessible in the staff room.

The centre had three vehicles which had the necessary Department of the Environment (DOE) documentation and State Claims agency insurance disc. Two vehicles reviewed by inspectors had first aid kits and fire extinguishers.

All keys were kept in a coded safe. Medicines were secured in a locked cabinet and a weekly inventory monitored that medication administration practices were in line with the centre's policy.

The centre was located on a busy road in a rural area with no footpaths. There was direct access to this road from the front gate of the centre. Inspectors recommend that the HSE DNE carries out a comprehensive risk assessment on the centre, to include areas external to the house such as the outbuildings, the grounds, the gate and access to the road.

The centre had a CCTV system, with cameras in various public locations throughout the building, for example, the entrance hall and upstairs landing, with the appropriate CCTV signage displayed. The centre also had a CCTV policy document which covered the privacy and dignity of the young people and staff. The requirement for a CCTV system to control the perimeter of the

building and the entrance areas for security purposes is evident. However, there is the potential to compromise young people's privacy and dignity with the use of CCTV in the upstairs landing area.

Inspectors recommend that the HSE DNE should review its use of CCTV in the centre on an ongoing basis.

***Practices that did not meet the required standard***

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

### 3. Findings

#### 1. Purpose and function

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

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

#### **Recommendation:**

1. The HSE DNE should periodically review and amend the centre's purpose and function as necessary to ensure that it is meeting the needs of all the children and young people placed there.

#### 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 DNE should carry out an audit of all personnel files and address any deficiencies identified.
- 3. The HSE DNE should ensure that all staff receive TCI and *Children First (2011)* training as planned.

**3. Monitoring**

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

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

**4. Children’s rights**

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

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

## 5. Planning for children and young people

### Standard

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

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

### Recommendations:

4. The HSE DNE should monitor and risk assess high risk placements on an ongoing basis by placing social workers to ensure that the placement continues to remain appropriate.
5. The HSE DNE should develop a preparation for leaving care programme for 2 young people that is age appropriate, needs based and considers their imminent discharge from care.
6. The HSE DNE should assign an aftercare worker to one young person as a matter of priority.

7. The HSE DNE should ensure that their aftercare resources meet the needs of the children placed in residential care in the region.
8. The HSE DNE should ensure that every effort is made to confirm that young people are discharged from the centre in a planned manner, and to an appropriate alternative placement that ensures their safety.

## 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		√	

### Recommendation:

9. The HSE DNE should continue to be relentless in their efforts to ensure that unauthorised absences cease.

## 7. Safeguarding and Child Protection

### Standard

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

	<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:

- 10.** The HSE DNE should ensure that child protection concerns are dealt with in a timely fashion and in accordance with *Children First*.

## 8. Education

### Standard

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

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

### Recommendation:

- 11.** The HSE DNE should ensure that it continues to make every effort to engage one young person in an education/training programme.

## 9. Health

### Standard

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

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

### Recommendation:

12. The HSE DNE should ensure that all young people admitted to the centre have a medical examination on admission.
13. The HSE DNE should ensure that the young people's care files contain immunisation records.

## 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:

14. The HSE DNE should review its use of CCTV in the centre on an ongoing basis.
15. The HSE DNE should carry out a comprehensive risk assessment on the centre, to include areas external to the house such as the outbuildings, the grounds, the gate and access to the road.

#### **4. Summary of recommendations:**

1. The HSE DNE should periodically review and amend the centre's purpose and function as necessary to ensure that it is meeting the needs of all the children and young people placed there.
2. The HSE DNE should carry out an audit of all personnel files and address any deficiencies identified.
3. The HSE DNE should ensure that all staff receive TCI and *Children First (2011)* training as planned.
4. The HSE DNE should monitor and risk assess high risk placements on an ongoing basis by placing social workers to ensure that the placement continues to remain appropriate.
5. The HSE DNE should develop a preparation for leaving care programme for 2 young people that is age appropriate, needs based and considers their imminent discharge from care.
6. The HSE DNE should assign an aftercare worker to one young person as a matter of priority.
7. The HSE DNE should ensure that their aftercare resources meet the needs of the children placed in residential care in the region.
8. The HSE DNE should ensure that every effort is made to confirm that young people are discharged from the centre in a planned manner, and to an appropriate alternative placement that ensures their safety.
9. The HSE DNE should continue to be relentless in their efforts to ensure that unauthorised absences cease.
10. The HSE DNE should ensure that child protection concerns are dealt with in a timely fashion and in accordance with *Children First*.
11. The HSE DNE should ensure that it continues to make every effort to engage one young person in an education/training programme.
12. The HSE DNE should ensure that all young people admitted to the centre have a medical examination on admission.
13. The HSE DNE should ensure that the young people's care files contain immunisation records.
14. The HSE DNE should review its use of CCTV in the centre on an ongoing basis.

15. The HSE DNE should carry out a comprehensive risk assessment on the centre, to include areas external to the house such as the outbuildings, the grounds, the gate and access to the road.



# Health Information and Quality Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

## **ACTION PLAN**

## Action Plan for Inspection No. 575

**Centre ID:** 76  
**HSE Area:** HSE Dublin North East

**Date Action Plan Dispatched:** 20 August 2012

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	The HSE DNE should periodically review and amend the centre's purpose and function as necessary to ensure that it is meeting the needs of all the children and young people placed there.	The HSE DNE will regularly monitor and review the purpose and function of the centre to ensure it is meeting the needs of the young people placed there.	ACM and SCM	Ongoing
2	The HSE DNE should carry out an audit of all personnel files and address any deficiencies identified.	The SCM will audit the personnel files and address any deficiencies identified and ensure all relevant information is on file.	SCM	30/9/2012
3	The HSE DNE should ensure that all staff receive TCI and <i>Children First (2011)</i> training as planned.	The SCM will liaise with CTDU and get a schedule of training in place to address any training needs for TCI and <i>Children First</i> .	SCM	31/10/12

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4	The HSE DNE should monitor and risk assess high risk placements on an ongoing basis by placing social workers to ensure that the placement continues to remain appropriate.	The SCM in conjunction with the placing Area Social Work Department will review placements at all social work meetings to ensure continued appropriateness of placement.	SCM and Area Social Work	Ongoing
5	The HSE DNE should develop a preparation for leaving care programme for two young people that is age appropriate, needs based and considers their imminent discharge from care.	The Centre Manager in conjunction with the individual's keyworkers will develop preparation for leaving care programmes.	SCM	30/9/12

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6	The HSE DNE should assign an aftercare worker to one young person as a matter of priority.	The Centre Manager will continue to liaise with the social work department to ensure that this young person is assigned an Aftercare Worker.	SCM and Area Social Work	Ongoing
7	The HSE DNE should ensure that their aftercare resources meet the needs of the children placed in residential care in the region.	The HSE DNE are currently developing aftercare resources that are specifically targeting the needs of young people placed in residential care in the region	Regional Director Children and Family Services	Ongoing
8	The HSE DNE should ensure that every effort is made to confirm that young people are discharged from the centre in a planned manner, and to an appropriate alternative placement that ensures their safety.	The Centre seeks to operate whereby all discharges are planned in line with the young person's care plan and the young person moves to the agreed, appropriate placement. Unplanned discharges only occur following the completion of a risk assessment and consultation with the Central Resource Panel.	Area Social Work ACM SCM	Ongoing
9	The HSE DNE should continue to be relentless in their efforts to ensure that unauthorised absences cease.	The Centre Manager works in partnership with the Area Social Work team and an Garda Síochána to reduce the incidences of unauthorised absences.  The ACM attends a monthly meeting with Gardaí in the region	SCM ACM Area Social Work	Ongoing

	<p>and absences are discussed at this meeting.</p> <p>Centre management and staff will continue to work with the young people to engage in positive activities and promote positive behaviours to keep the number of absences to a minimum.</p> <p>Centre management will liaise with Area Social Work teams to ensure case conferences and statutory reviews are scheduled to resolve issues regarding young people being absent from the centre.</p>		
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<b>10</b>	The HSE DNE should ensure that child protection concerns are dealt with in a timely fashion and in accordance with <i>Children First</i> .	The Centre Manager will continue to work in partnership with the Area Social Work Department to ensure all child protection concerns are dealt with in a timely fashion and in accordance with <i>Children First</i> .	SCM	Ongoing
<b>11</b>	The HSE DNE should ensure that it continues to make every effort to engage one young person in an education/training programme.	The Centre Manager will liaise with the newly appointed Education Co-ordinator for HSE DNE to identify an appropriate education programme for this young person.	SCM	Ongoing
<b>12</b>	The HSE DNE should ensure that all young people admitted to the centre have a medical examination on admission.	All children will be provided with the opportunity to undergo a medical examination upon their admission to the centre. Staff will support the young person with any issues they may have with this and ensure a medical examination is carried out within one week of admission to the centre.	SCM	Ongoing

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<b>13</b>	The HSE DNE should ensure that the young people's care files contain immunisation records.	Centre management will continue to liaise with Area Social Work Departments to ensure that all relevant information is provided when they are placing a young person in the centre.	SCM Area Social Work	Ongoing
<b>14</b>	The HSE DNE should review its use of CCTV in the centre on an on-going basis.	The HSE DNE will continue to review its usage and appropriateness in the interests and protection of the young people and staff.	ACM SCM	Ongoing
<b>15</b>	The HSE DNE should carry out a comprehensive risk assessment on the centre, to include areas external to the house such as the outbuildings, the grounds, the gate and access to the road.	The Centre Manager will consult with the Regional Manager for Quality, Safety and Risk for Alternative Care in DNE and undertake a comprehensive risk assessment for the centre and grounds.	SCM	Ongoing