



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

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Contents

1. Introduction

1.1 Methodology

1.2 Acknowledgements

1.3 Management structure

1.4 Data on young people

2. Summary of findings

3. Findings

4. Summary of recommendations

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), Mid-Western Area (MW) under *Section 69 (2) of the Child Care Act 1991*. Orla Murphy (Lead Inspector) and Eimear Short (Co-Inspector) carried out the inspection over two days, from the 24-25 April 2012.

The centre was last inspected in May 2009 (*report 308*) and a follow-up inspection was carried out in December 2010 (*report 445*). The majority of recommendations from the previous inspection were met. These reports can be accessed on the Authority's website www.hiqa.ie.

The centre provided medium-to-long-term residential care for up to four boys and girls from Limerick, North Tipperary and Clare, aged between twelve and seventeen years on admission. At the time of inspection there were three young people living in the centre.

The aim of the centre was to provide safe care and to maintain the young people's links with their family and community. All admissions were planned, in keeping with each young person's statutory care plan.

The centre operated a Trauma model of Care which encapsulates the environment, relationships and specific techniques to assist staff in supporting young people with the challenges they have experienced and may face in the future. It provides a framework in which staff can carry out individual work with the young people around behaviour and relationships.

The centre was an attractive four bedroom detached house located in a quiet cul-de-sac in the suburbs of a city. It was close to a host of local amenities which included schools, shops, churches, parks, hospitals and had good access to public transport.

The house was very comfortable, homely and well maintained. It was nicely decorated throughout and young people had personalised their bedrooms and communal areas to reflect their tastes and interests.

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 clearly valued the model of care they were delivering. The management and staff were committed to working in collaboration with external professionals and family members in the best interests of the young people.

1.1 Methodology

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

- observation of practice
- examination of records and documentation, including:

- the centre's statement of purpose and function
- policies and procedures
- questionnaires completed by young people (3)
- questionnaires completed by social workers (3)
- questionnaire completed by a Mental Health Social Worker (1)
- young people's care plans and care files
- HSE Monitoring Officer's report (1)
- young people's census forms (4)
- details of unauthorised absences (113)
- details of physical interventions (0)
- staff training records
- administrative records
- previous SSI inspection reports
- fire safety and building control compliance
- health and safety documents

During the course of the inspection the following people were interviewed,

- the Centre Manager
- the Regional Residential Manager
- a Senior Clinical Psychologist
- 3 social workers
- a Guardian Ad Litem
- 2 social care staff
- the HSE Monitoring Officer

Telephone interviews were conducted with the parent of one young person and an aftercare worker.

During the inspection, inspectors met individually with two of the young people. The remaining young person chose not to meet with inspectors, but interacted with them informally throughout the inspection.

1.2 Acknowledgements

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

1.3 Management structure

The centre was managed by an appropriately qualified manager who was supported by two acting social care leaders and one permanent social care leader. The Centre Manager reported to the Regional Children's Residential Care Manager, who in turn, reported to the Acting Child Care Manager. The Senior Operations Manager had overall responsibility.

1.4 Data on young people

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

Listed in order of length of placement

Young person	Age	Legal Status	Length of Placement	Number of previous placements
#1	17 years	Full Care Order	1 year 9 months	6 foster care placements, 2 residential placements, 2 special care placements.
#2	16 years	Full Care Order	1 year 4 months	5 foster care placements
#3	15 years	Full Care Order	11 months	2 foster care placements

2. Summary of Findings

Practices that met the required standard

Purpose and Function

This standard was met. The centre had a written statement of purpose and function that was accessible to young people and their families. Inspectors found that practice reflected the statement and staff had a clear understanding of the centre's purpose and function.

Management

This standard was met. The centre was managed by a suitably qualified person who was in post for five years and had worked in residential care for 21 years. The Centre Manager provided strong leadership and support to the staff team and was well informed about the needs of each of the young people living in the centre. Her management style facilitated good communication across the staff team and external professionals told inspectors that she adopted a collaborative approach to her work.

Both young people interviewed in the course of the inspection identified the Centre Manager as someone who advocated on their behalf. One young person valued the support provided to her family by the Centre Manager and the staff team.

Inspectors found good evidence of the Centre Manager's quality assurance of documents and reports prepared by staff. There were clear systems of recording in place.

Register

This standard was met. The centre held a register of all young people living in the centre and all admissions and discharges. This contained the required information and was found to be well maintained and up-to-date.

Notification of Significant events

This standard was met. A review of centre records indicated notifications were made promptly and were sufficiently detailed to allow follow-up assessment and action to be taken. The centre had a system of notifying relevant parties of significant events that was in accordance with *Children First: National Guidance for the Protection and Welfare of Children (2011)*. External professionals interviewed confirmed that they were notified promptly of all incidents relating to young people.

Staffing

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

Inspectors found the staff team were competent and highly committed to the welfare of the young people living in the centre. In the course of interviews with staff, it was evident that they cared about the young people and were concerned when they engaged in risk-taking behaviours. They advocated on behalf of the young people with external professionals and were committed to the delivery of the Trauma model of Care.

All of the external professionals interviewed spoke about the warmth shown to the young people by the staff team and stated they always felt welcome within the centre.

A review of personnel files showed that staff had the required three references and held Garda clearance.

Supervision and Support

This standard was met. Inspectors found that formal staff supervision was provided by the Centre Manager and two Social Care Leaders. Inspectors found that the frequency of supervision was in keeping with the HSE (MW) policy. In interviews staff stated that supervision provided them with a balance between accountability and support. The Centre Manager was formally supervised by the Regional Children's Residential Care Manager.

Inspectors found that team meetings were held fortnightly. Minutes of these meetings showed that attendance was good, active participation was encouraged and the agenda was child-centred. There was also evidence of direct work with the young people.

The Centre Manager stated that she operated an "open door" policy and inspectors found that this was valued by the staff team as an additional support mechanism.

Staff and social workers met with an external consultant monthly in accordance with the Trauma model, to focus on the issues arising for individual young people. Within these meetings, the team formulated plans to support the young people through their placements. All parties informed inspectors that they found this very beneficial.

Administrative files

This standard was met. Inspectors found that administrative records in the centre were very clear and concise, efficient and enabled good communication across the staff team. The Centre Manager regularly checked records to ensure they were a good

standard. Inspectors found that the Centre Manager was open to reviewing recording systems to eliminate ambiguity or unnecessary duplication.

Monitoring

This standard was met. The HSE Monitoring Officer had visited the centre in the year prior to inspection. The Monitoring Officer had produced a written report in which she had clearly assessed practices within the centre under the National Standards, and made recommendations accordingly. The young people interviewed by inspectors had met the Monitoring Officer and understood her role.

In the course of the inspection, the Monitoring Officer was interviewed. She was well informed and committed to ensuring that standards were met. The Monitoring Officer had ongoing contact with the Centre Manager throughout the year and was kept fully informed of all significant events. She reported that the Centre Manager and regional external managers implemented the recommendations from her reports and all staff were aware of her reports and findings.

Inspectors found evidence that the implementation of the recommendations from the Monitoring Officer's most recent report was progressing well.

Complaints

This standard was met. The centre held a central register of all complaints. There was also a record of complaints held on individual young people's files. The central register showed that one complaint had been made in the year prior to inspection. This was found to have been dealt with appropriately.

The young people interviewed stated they would speak to the Centre Manager if they wished to make a formal complaint and felt she would take action to address their concerns.

However through interviews and a review of some records, inspectors found that young people had raised minor concerns that were not recorded as concerns. Whilst there was strong evidence that these concerns had been taken seriously and addressed swiftly, they were not formally recorded. Inspectors advised staff and the Centre Manager to record complaints.

Access to information

This standard was met. Each young person had an individual file. Inspectors found these were overall organised and accessible. The young people who spoke to inspectors were aware that they could access their file. The region had produced a booklet to advise young people of their rights in this regard and this was seen by inspectors. One young person stated he/she had done this on occasion but was not interested in reading the files regularly. The key worker system was conducive to the young people reading their files in a supportive environment.

Suitable placement and admissions

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

Staff were generally satisfied that the centre was appropriate to meet the needs of the young people living there. Some concerns existed in relation to one young person's vulnerability and at risk behaviour within a community based centre. However, staff remained committed to caring for this young person and were liaising closely with external professionals regarding the plan for them. Comprehensive risk assessments were carried out for this young person and these were subject to ongoing review.

Statutory care plan and reviews

This standard was met. The three young people in the centre had an up-to-date care plan within their care file. Inspectors found that the quality of the care plans were generally good, however in the case of three young people, there was no aftercare plan in place. This is addressed further in the sections below on *Aftercare* and *Preparation for Leaving Care*.

Inspectors found that statutory care reviews were held in accordance with National Standards, and more frequently when required. The young people interviewed had attended their reviews and stated they had been involved in the care planning process. Parents, supervising social workers and other relevant professionals attended reviews in addition to key workers and the Centre Manager. The centre also held a placement management meeting with staff and the supervising social worker once a month to look at the specific plan for the young person's placement.

Contact with families

This standard was well met. Inspectors found the centre placed a high value on working directly with young people and their families. This was a particular strength of the centre. From the interviews with the Centre Manager and staff it was clear that collaborative work with families was a fundamental principle of the work conducted by the centre. Records showed that direct work was undertaken with families in relation to issues of importance to the young people. Inspectors found that centre staff supported families in many ways that exceeded expectations and fostered trusting relationships between staff and families as a result. The young people spoke to inspectors about the importance of this and clearly valued this supportive approach. One parent interviewed stated they always felt welcome when they visited the centre and believed that their child was encouraged to maintain meaningful contact with them. The parent confirmed that they received minutes of statutory reviews.

Social work role and Supervision and visiting of young people

This standard was met. All of the young people living in the centre had an allocated social worker. One young person had a Guardian Ad Litem. The young people told inspectors that they were visited regularly by their social workers and met them in private. They also met them at scheduled meetings. A review of case files showed that for young people currently residing in the centre, they had frequent and meaningful contact with their social workers. However, inspectors found in the case of one young person discharged prior to this inspection, their contact with their social worker was less frequent, despite the fact that they were leaving care. The social workers interviewed by inspectors demonstrated commitment to the young people in the centre and were actively involved in trying to improve outcomes for the young people. Social workers read the young people's care files from time-to-time in accordance with the standards.

Emotional and specialist support

This standard was met. The centre placed a strong emphasis on the emotional and psychological needs of the young people. Each young person had two key workers. There was good evidence of individual key working sessions and direct work on each care file, with an emphasis on reducing risk-taking behaviour. When interviewed the young people advised they felt comfortable speaking to key workers especially if they were worried or had any grievances.

Each young person's case was overseen by either the Centre Manager or one of the social care leaders. This case manager system meant that one senior staff member had detailed knowledge of each young person's progress and both supervised the key workers in that case and liaised with social workers, family members and schools to ensure effective communication. This ensured the emphasis remained on addressing any difficulties that arose for the young person in a holistic and cohesive manner.

Inspectors found that the young people and their social workers valued the direct work that staff undertook with them.

The region engages an external consultant to train staff in the Trauma model of Care and to monitor the ongoing implementation of the model through staffs' direct work with young people. The consultant does not engage in direct work with young people. He visits Ireland from the U.K. at least once per month and the full staff team meet with him to focus on an individual young person.

The external consultant's role was to support staff, and to enable them in turn to support the young people. The aim was to facilitate the young people to develop skills in addressing previous traumas, expressing their feelings and to strengthen their problem solving. Staff also reported that this model allowed them to respond to negative behaviours with more understanding; looking at the causes of the behaviour instead of solely focussing on the behaviour.

The young people had access to a senior clinical psychologist and two of the young people in the centre at the time of the inspection were engaged in direct work. The availability of the psychologist to meet with them and to work with the young people around the issues most pressing to them at the time was found to be of significant support to them. It reinforced the overall emphasis of the centre on modelling positive behaviours and strengthening coping mechanisms.

Discharges

This standard was met. The centre register showed that two young people were discharged from the centre in the year prior to inspection.

One of the discharges was planned and in keeping with the young person's care plan. The young person was discharged to the care of his/her family with continued support from the centre.

The other young person was discharged to another residential unit within the locality. This was not a clearly planned discharge. It followed a risk assessment which deemed the placement no longer viable for that young person. Staff maintained contact with the young person following his/her discharge from the centre and inspectors found that the move was managed as well as possible.

Children's case and care records

This standard was met. Each young person had a care file which was well structured, accessible and securely stored. The content and organisation of care files was of a very high standard. The files had copies of care plans, minutes of care reviews, all statutory documents and records of direct work with young people. Inspectors were satisfied that arrangements for archiving of records were appropriate.

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 within their local communities where appropriate. Inspectors found that staff were very aware of young people's interests and encouraged their individuality. Throughout this inspection, staff and young people were observed engaging positively, with cheer and encouragement and it was clear that they had good relationships.

Provision of food and cooking facilities

This standard was met. Staff prepared nutritious meals and encouraged young people to participate in meal-planning and cooking. The kitchen was clean and accessible and healthy eating habits were encouraged. One young person was particularly skilled at cooking and had prepared Christmas dinner for staff and the young people living in the centre.

One young person told inspectors they did not like the food provided by the centre, but staff were able to provide examples of the young person's preferences to inspectors and reported that these preferences were provided, taking health and nutrition into consideration.

Race, culture, religion, gender and disability

This standard was well met. One young person had a disability and inspectors found evidence of disability being acknowledged and dealt with both practically and sensitively. All necessary equipment was provided. Inspectors found there was a positive approach to including and enabling young people to access a full range of opportunities, taking their abilities into consideration.

Managing behaviour

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

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

The centre held a record of all sanctions, as required by the standards. A review of centre records found sanctions were age-appropriate and proportionate. One young person queried if sanctions were applied evenly across the board, however acknowledged that he/she might not have been aware of all sanctions applied to another young person. Inspectors found that sanctions were evenly applied, that young people were clear on the consequences to their actions and that they accepted that the sanctions were generally fair.

Restraint

This standard was met. The centre register showed no incidences of physical restraint in the year prior to inspection. The Centre Manager was confident that staff would hold a young person if their immediate safety deemed this necessary but that the primary approach was to use negotiation and discussion to diffuse incidents. Inspectors were advised that restraint is not used in the centre given staff ratios and the ages of the young people.

Absence without authority

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

In the year prior to inspection there were 113 absences were notified by the centre and 71 of these related to one young person. In light of this, a risk assessment was undertaken to determine if a community based placement could meet their needs.

Forty one of these absences related to another young person. Similarly a risk assessment was undertaken and measures were put in place to break the cycle of unauthorised absence. Whilst staff and external professionals remain concerned, there has been a significant decrease in the frequency of unauthorised absences.

All of these absences triggered the relevant procedures within the joint Garda and HSE protocol, *'Missing from Care, a joint protocol between the Garda Síochána and the HSE'* and the Centre Manager met frequently with local Gardaí regarding these cases.

Inspectors found centre staff notified all relevant parties in an efficient manner and made concerted efforts to maintain contact with the young people in their absence. When interviewed social workers spoke positively about the staff response to unauthorised absence and were confident the risk to the young people was appropriately managed.

Safeguarding and Child Protection

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

The centre policies and procedures were consistent with *Children First: National Guidance for the Protection and Welfare of Children (2011)*. There were nine child protection notifications made in the year prior to inspection. These were recorded on the young people's individual files as well as the central register of significant events. The central register was up-to-date and well maintained.

Inspectors found evidence of action being taken by the relevant social work departments following notification of these concerns and clear and comprehensive safety plans were put in place. This reduced the risk to the individual young people. The centre was involved in the assessment process where appropriate and inspectors found that a partnership approach prevailed. The Centre Manager was aware of the outcomes of each notification.

In light of ongoing identified risk to one young person living in the centre due to risk taking behaviour, a Child Protection Case Conference was planned in order to put a strategy in place to address the level of risk. Previous case conferences had been held regarding this young person and inspectors examined minutes in relation to these.

Health

This standard was met. Each of the young people had access to a G.P. and dental services. A medical examination was carried out on admission to the centre and medical records were placed on each young person's care file. A risk assessment was conducted prior to allowing young people to hold and administer their own medication. Given the age of the young people balanced with their level of vulnerability, this was deemed to be good practice.

Accommodation

This standard was met. The centre was nicely decorated, clean and comfortable. Although there was a limited amount of living space, staff made the most of what was available to them. The sitting room and playroom were furnished appropriately given the age of the young people. Both contained a television, games, books and comfortable seating.

Each young person had their own bedroom which they personalised to their tastes and preferences. The house blended well with other houses in the area and provided privacy for the young people. There was access to a front and rear garden and there was ample storage space for their personal belongings such as bikes.

Safety

This standard was met. The Centre Manager provided inspectors with evidence of the centre's public liability insurance. The centre had an up-to-date safety statement dated October 2011. There were control measures in place to mitigate identified risks. Staff also took immediate action to address any hazards identified and were aware of specific risks to young people who had engaged in self-harming behaviour.

Practices that partly met the required standard

Training and Development

This standard was mostly met. Inspectors examined the centres' training record for all staff. This showed that in the year prior to inspection, staff had received a range of training, including *Children First*, Therapeutic Crisis Intervention (T.C.I.), First Aid, Trauma Theory, and Risk Assessment. Inspectors were advised that one additional member of staff was due to receive fire marshal training within the coming weeks. All staff had received initial training on child protection, however only one member of staff had received the full two-day training. All staff had received a briefing on the revised *Children First Guidance*. Given the pivotal role of *Children First* within a residential centre, inspectors recommend that all staff receive up-to-date training in the revised *Children First Guidance* as a matter of urgency.

Consultation

This standard was partly met. Inspectors found some evidence that young people were being consulted however there was a lack of formal consultation processes. Inspectors found that young people were consulted about day-to-day issues within the centre, and things that could be addressed were dealt with immediately. There was

evidence of a strong key working model in place whereby young people were consulted by identifying personal goals and planning for their future.

However, records showed that house meetings were held infrequently and there was also no system in place for providing feedback to young people about issues they raised. Records showed that some issues were raised repeatedly but no resolutions were recorded.

Inspectors recommend formal consultation with young people be revisited and recorded to ensure they are aware of the outcomes of their requests and staff meetings.

Preparation for leaving care

This standard was partly met. Staff worked closely with the young people to empower them to make good decisions and develop day-to-day living skills, for independent living. Inspectors observed staff encouraging a young person to schedule routine appointments whilst being on hand to provide practical support and encouragement. This was good practice.

A review of centre records showed that the allocation of aftercare workers did not occur within the appropriate timeframe and only one of the young people had an aftercare plan in place. The National Standards stipulate that preparation for leaving care and aftercare planning should begin once the young person reaches 16 years of age. This did not occur in cases reviewed during this inspection. Consequently there was inadequate time for a comprehensive needs assessment to take place and for the young person to develop a meaningful relationship with the aftercare worker.

Inspectors recommend that referrals to the aftercare service are made for all young people once they reach their sixteenth birthday.

Aftercare

This standard was partly met. Centre staff consistently focussed on encouraging the young people to develop independent living skills. There was an acknowledgement that some of the young people would transition home and emphasis was placed on ensuring they acquired the necessary skills and had appropriate supports in place before they left residential care.

One young person had an allocated aftercare worker. They spoke very highly of this support and had developed a good rapport with the individual worker. The focus of the work was on putting practical measures in place to enable the young person to live within their local community and to avail of supports and resources that would ensure the young person remained safe and could live independently. There was a written aftercare plan and this was reviewed regularly.

Inspectors were very concerned to find that one young person who had recently left the centre had little or no aftercare planning in the two years prior to their leaving care. An aftercare worker was allocated to this young person four weeks before they left the centre. This young person completed a questionnaire for the inspection and stated they felt unsupported and did not have a relationship with the allocated aftercare worker. Inspectors acknowledge that some young people struggle to engage with services when they leave care. However, when there is no plan in place and

support systems are introduced at such a late stage, opportunities for success are significantly diminished.

Inspectors found that staff continued to give practical support to young people following their discharge from the centre in a coordinated manner.

Inspectors recommend that the young person of the relevant age is allocated an aftercare worker and he/she is provided with an aftercare plan as a matter of urgency.

Education

This standard was partly met. Two of the young people in the centre were attending school, one of whom was on a reduced timetable. Staff actively encouraged participation in education and placed a value on the role of education in improving outcomes for the young people. However, one young person had not been in education/training for six months. Efforts had been made to encourage their participation in alternative programmes however, they remained unwilling to engage.

Inspectors recommend that the centre renew efforts to encourage the young person identified to engage in education/training.

Fire Safety

This standard was partly met. The centre had a letter from a certified engineer stating the centre complied with standard 10.19, which governs building control and fire safety regulations.

Through interviews and review of documentation, inspectors found staff were not maintaining a full record of their daily checks on the alarm system. A review of this activity may be required to determine if there is a difficulty undertaking regular checks or if it is a matter of recording.

Fire equipment service checks were up-to-date having been checked in March 2012. Whilst regular fire drills were being conducted there was a deficit in the information recorded regarding drills. In two instances, the evacuation times were not recorded and in one record there was no detail regarding who successfully evacuated.

Staff noted one young person's continued refusal to evacuate the building during fire drills. In light of the seriousness of this issue a significant event notification was sent to the relevant social work department.

Inspectors recommend that:

- regular fire drills are carried out and are recorded in sufficient detail
- a review of practice in relation to daily checks on the fire system is undertaken
- in the event of a young person not complying with drills, notification should continue to be made to the relevant social work department and a plan put in place to address this issue.

Maintenance and repairs

This standard was mostly met. The centre was generally well maintained. Staff reported that the response of the HSE maintenance department to health and safety issues was immediate and effective. However, a review of the maintenance log revealed that general maintenance issues, for example, gardening and broken kitchen

presses required persistent follow-up from staff and received a significantly slower response.

Inspectors recommend that the centre should clearly record maintenance requirements and these should be addressed in an expedient manner.

Practices that did not meet the required standard

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

3. Findings

1. Purpose and function

Standard

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

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

2. Management and staffing

Standard

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

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

Recommendation:

1. The HSE (MW) should ensure all staff receive up-to-date training in the revised *Children First Guidance* as a matter of urgency.

3. Monitoring

Standard

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

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

4. Children's rights

Standard

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

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

Recommendation:

2. The HSE (MW) should ensure formal consultation with young people is revisited and recorded to ensure they are aware of the outcomes of their requests and staff meetings.

5. Planning for young people and young people

Standard

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

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

Recommendation:

3. The HSE (MW) should ensure that referrals to the aftercare service are made for all young people once they reach their sixteenth birthday.
4. The HSE (MW) should ensure that the young person of the relevant age is allocated an aftercare worker and he/she is provided with an aftercare plan as a matter of urgency

6. Care of young people

Standard

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

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

7. Safeguarding and Child Protection

Standard

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

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

8. Education

Standard

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

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

Recommendation:

5. The HSE (MW) should ensure that the centre renew efforts to encourage the young person identified to engage in education/training.

9. Health

Standard

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

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

10. Premises and Safety

Standard

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

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

Recommendation:

6. The HSE (MW) should ensure that the centre clearly record maintenance requirements and these are addressed in an expedient manner.
7. The HSE (MW) should ensure that:
 - regular fire drills are carried out and are recorded in sufficient detail
 - a review of practice in relation to daily checks on the fire system is undertaken
 - in the event of a young person not complying with drills, notification should continue to be made to the relevant social work department and a plan put in place to address this matter.

4. Summary of Recommendations:

- 1.** The HSE (MW) should ensure all staff receive up-to-date training in the revised *Children First Guidance* as a matter of urgency.
- 2.** The HSE (MW) should ensure formal consultation with young people is revisited and recorded to ensure they are aware of the outcomes of their requests and staff meetings.
- 3.** The HSE (MW) should ensure that referrals to the aftercare service are made for all young people once they reach their sixteenth birthday.
- 4.** The HSE (MW) should ensure that the young person of the relevant age is allocated an aftercare worker and he/she is provided with an aftercare plan as a matter of urgency.
- 5.** The HSE (MW) should ensure that the centre renew efforts to encourage the young person identified to engage in education/ training.
- 6.** The HSE (MW) should ensure that the centre clearly record maintenance requirements and these are addressed in an expedient manner.
- 7.** The HSE (MW) should ensure that:
 - regular fire drills are carried out and are recorded in sufficient detail
 - a review of practice in relation to daily checks on the fire system is undertaken
 - in the event of a young person not complying with drills, notification should continue to be made to the relevant social work department and a plan put in place to address this matter.

Social Services Inspectorate

Action Plan for Inspection No. 536

Centre ID: 188
HSE Area: HSE Mid West

Date Action Plan Dispatched: 18/05/2012

	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	The HSE (MW) should ensure all staff receive up-to-date training in the revised <i>Children First Guidance</i> as a matter of urgency.	All staff will attend the revised Children First Training.	Centre Manager & Regional Manager	31/12/2012
2	The HSE (MW) should ensure formal consultation with young people is revisited and recorded to ensure they are aware of the outcomes of their requests and staff meetings.	House Meetings now scheduled for every second Tuesday. These are recorded and then discussed at a staff meeting. Feedback is recorded in the young people's house meeting book.	Centre Manager and Staff team	Immediate

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	Recommendation	Action to be taken	Person Responsible	Implementation Date
3	The HSE (MW) should ensure that referrals to the aftercare service are made for all young people once they reach their sixteenth birthday.	A referral has been sent to the aftercare team for the young person who is sixteen.	HSE WA Social worker	Completed
4	The HSE (MW) should ensure that the young person of the relevant age is allocated an aftercare worker and he/she is provided with an aftercare plan as a matter of urgency.	A New National Aftercare Policy is currently being developed with an implementation plan to underpin it. It is anticipated to be rolled out shortly in the Mid-West. This sets the age for referrals as 16 years.	HSE WA Aftercare Manager	31/09/2012

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	Recommendation	Action to be taken	Person Responsible	Implementation Date
5	The HSE (MW) should ensure that the centre renew efforts to encourage the young person identified to engage in education/training.	All involved in working with this young person are making him/her aware of all their educational/training options and supporting this young person in attending interviews etc.	Centre Manager	Immediate
6	The HSE (MW) should ensure that the centre clearly record maintenance requirements and these are addressed in an expedient manner.	A new recording system involving maintenance staff will be devised.	Centre Manager and the Maintenance department	30/06/2012

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Date Action Plan Dispatched: 18/05/2012

	Recommendation	Action to be taken	Person Responsible	Implementation Date
7	<p>The HSE (MW) should ensure that:</p> <ul style="list-style-type: none"> regular fire drills are carried out and are recorded in sufficient detail a review of practice in relation to daily checks on the fire system is undertaken in the event of a young person not complying with drills, notification should continue to be made to the relevant social work department and a plan put in place to address this issue. 	<p>A second fire marshal has been appointed within the team. Both the policy on fire drills and also on daily checks on the fire system have been reviewed at staff meeting of 16.05.12 Staff will continue to fill out a significant event form when a young person does not comply with a fire drill. This will then be further discussed at the young person's Placement Management Meeting.</p>	<p>Centre Manager Fire Marshals : Two Social Care Workers</p>	<p>Immediate</p>