



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Inspection of a Children's Residential Centre in the Health Service Executive South

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1. Introduction

The Health Information and Quality Authority's Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Service Executive Southern Area (HSE SA). Susan Geary, (lead inspector), and Patricia Sheehan (co-inspector) conducted the inspection under Section 69 (2) of the Child Care Act 1991 on 19 June 2012 and 20 June 2012. The centre was last inspected by the SSI in August 2009 (Report ID. 373) with a follow-up inspection carried out in October 2010 (Report ID. 422). These reports are available on the Authority website www.hiqa.ie.

The centre provides a mixture of residential care and respite care for four girls aged between 12 and 17 years from the local health area, as well as an outreach service to young people in the community or in foster care. The centre is located in a mature estate on the outskirts of a large town, and consists of two semi-detached houses which are inter-connected, forming one unit.

1.1 Methodology

The inspectors' judgements are based on evidence verified from several sources gathered through direct observation, examination of relevant records and documentation, an inspection of accommodation and interviews with the centre manager, one child care leader, three child care workers and four social workers. In addition inspectors met with and spoke to the three young people resident full time in the centre. Questionnaires were received from young people, parents and social workers.

The inspectors also had access to the following documents:

- centre's statement of purpose and function
- centre's policies and procedures
- centre's registers
- young people's care plans and care files
- Census of staff
- Census of young people
- Administrative records
- Supervision records
- Training records
- Fire safety and building control compliance documents
- Details of unauthorised absences for the previous twelve months (14)
- Questionnaires completed by social workers (6)
- Questionnaires completed by parents (4)
- Questionnaires completed by young people (6)
- HSE monitoring officer's report (1)

1.2 Acknowledgements

The inspectors wish to acknowledge the co-operation of all those involved, the young people, the centre manager and staff, parents and the social workers who participated in this inspection.

1.3 Management structure

The centre manager reported to the acting child care manager, who reported to the area manager, who in turn reported to the regional director of children and family services. The HSE were in the process of reconfiguring their child and family services, and inspectors were informed that the reporting arrangement may change in the coming months.

1.4 Data on young people

At the time of the inspection there were three girls resident full time in the centre and two girls who availed of respite care in the centre.

Listed in order of length of placement

Young Person	Age	Legal Status	Length of Placement	No. of previous placements
#1 (f)	17	Voluntary Care	1 year	1 Foster Care
#2 (f)	15	Care Order	1 year	1 Foster Care
#3 (f)	17	Voluntary Care	1 Month – Full time Respite prior to this for 1 year	1 Relative Care Multiple Foster Care
#4 (f)	14	Voluntary Care – respite	16 months	None
#5 (f)	15	Voluntary Care – respite	2 months	1 Foster Care

2. Summary of Findings

The overall care of the young people in this centre was satisfactory, with evidence of a high level of care being provided, good support for young people and their families, and good practice in most areas. The manager and staff presented as experienced and were committed to providing a high level of care to the young people using their service, whether it was residential, respite or outreach. The areas that did not meet the required standard were in general external to the centre, as there was no HSE monitoring officer, and no psychology support for the centre. Inspectors found the atmosphere in the centre to be warm and respectful, and observed positive relationships and appropriate interactions between the staff and young people. The relationship between the centre and the social workers for the young people was good and communication between both was found by inspectors to be satisfactory. The young people that met with inspectors reported that they

liked living in the centre, and that they got on well with the manager, staff and social workers.

Practices that met the required standard

Purpose and function

The centre's purpose and function outlined three main services that were provided: full-time residential care, respite care and an outreach service. At the time of the inspection the centre was providing full-time care to three young people, and respite care to two young people. They also provided an outreach service to young people in the community or in foster care. Inspectors noted that the age range outlined in the centre's purpose and function was females aged 12 to 17 years. The purpose and function made no reference to the HSE national policy in relation to the placement of children aged 12 years and under in the care and custody of the HSE, and if the centre was to include residential care or respite care for children of this age, then inspectors advise that the centre's statement of purpose and function reflect this policy.

Management

The centre was managed by an appropriately qualified and experienced full-time manager, who had been in the position for several years. Staff reported that the manager was supportive and provided strong leadership. Young people also reported that they could approach the manager if required about any issue. Inspectors found evidence that the overall management of the centre was good, with clear policies and procedures in place, clear expectations of staff and young people, good communication, and generally effective management of the centre. Following the previous Health Information and Quality Authority inspection in 2009, it was recommended that an evaluation of the centre be undertaken, however the manager informed inspectors that this was never completed. While the direct management of the centre was good, inspectors found no evidence of external management visiting the centre, and no evidence of how the external manager quality assures the service. As referenced in the section on management structure, the HSE were in the process of reconfiguring the child and family services and local management should establish a system to assess the quality and effectiveness of the service provided.

Register

The centre maintained two registers, one in relation to full-time residents and one for respite care arrangements. The register contained all the information required by the regulations.

Notification of Significant Events

The centre notified the relevant people promptly in relation to significant events and evidence was found that the centre kept good records of all significant events. Social workers reported that they received notifications in a timely fashion in relation to appropriate events. Inspectors noted that there was no monitoring officer in place for notifications to be sent to, and this is covered further under the section on monitoring.

Staffing

The centre had a total of 19 staff covering 15.5 posts. The centre had one manager, three child care leaders and 15 child care workers. Inspectors found that all staff were professionally qualified and Garda Síochána vetted. All staff were employees of

the HSE, and the centre did not require any agency workers at the time of inspection. The majority of staff (16) were permanent. Seven were full time, while the remaining 12 staff were recorded as part time, all except two worked over 30 hours a week, providing a consistent staff group to the centre. All staff were experienced, and had been working at the centre for over three and a half years.

Supervision and Support

Supervision was provided in accordance with the policy of the centre and was clearly recorded. Inspectors found evidence that the reasons for supervision not occurring were also recorded and arrangements made to reschedule supervision were documented. Staff reported that they were satisfied with the level of supervision provided at the centre.

Inspectors viewed minutes of staff meetings which were held every fortnight. Staff told inspectors that staff meetings were compulsory and inspectors found that minutes reflected regular attendance by all staff members. Staff reported that they found staff meetings to be important for maintaining consistency and peer support and that they felt that the staff meetings supported this consistency across the staff group. Inspectors noted during the inspection that a handover meeting was held every morning and that there was good communication between staff members regarding the young people.

Consultation

Inspectors found evidence that house meetings with the young people were held and minuted and these were viewed by inspectors. Given the daily schedules of the young people it was reported to inspectors that it was not always possible to have the meetings when all the young people could attend; however, young people reported that they were also consulted in an informal manner in relation to issues. This was also evidenced during our inspection, when inspectors observed staff engaging with young people in relation to matters concerning them in the centre. The young people told inspectors that they would like feedback to be given to them by the staff in relation to the issues that they bring up. Inspectors found evidence that key workers had given feedback to the young people on their care files. Given that the young people themselves brought this up as an issue, inspectors advise that formal feedback is given to the young people in relation to their issues and that a record is kept of these decisions and the manner in which feedback is given to them.

Complaints

The centre had a clear policy on complaints. The young people knew how to make a complaint. Parents also indicated on their questionnaires that they were aware of how to make a complaint and staff were knowledgeable in relation to how to deal with complaints. Inspectors viewed two complaints that were made by young people over the past 12 months. These complaint forms outlined the detail of the young person's complaint, who was assigned to deal with it, and the outcome. Inspectors also noted that the form contained a section to indicate whether the young person was satisfied or not with the outcome. Both complaints that were viewed by inspectors indicated that the young people were satisfied with the outcome, and both were signed by the centre manager.

Access to information

Young people had access to their daily logs if and when they wished to view them, and the practice of writing up the logs in the sitting room often in the presence of

the young person, promoted an ethos of openness in this regard. In several instances there was evidence of a young person signing their log. As regards the young people's access to their files, while there was a policy in relation to this, inspectors were informed that young people did not routinely access their files. Given that two of the young people in the centre were approaching 18 years, inspectors would suggest that staff should be proactive in preparing them in the event that they wish to view their files, if deemed appropriate to do so.

Suitable placements and admissions

Social workers told inspectors that the centre met the needs of the young people placed in the centre. The centre had an admissions procedure and an admissions committee which met to discuss the applications to the centre, and all admissions were conducted in a planned way. Four of the parents indicated in their questionnaires that they felt the time spent by their child at the centre would help. Inspectors found that the centre promoted the welfare of the young people and was able to meet the aims and objectives of their care plans in all the required areas. This issue is discussed further in the sections on education, health, individual care in group living and contact with families.

Statutory care planning and statutory care plan reviews

Inspectors found that all the young people had care plans and they were easily accessible on their care files. Inspectors viewed the care plans and found that the young people, their parents and significant others were consulted in the drawing up of the care plans.

All the young people had care plan reviews held in accordance with the regulations. Inspectors found that young people attended their reviews and their parents attended where possible. Inspectors found copies of the decisions of reviews were held on their care files.

Contact with families

Inspectors found that the centre was proactive in ensuring that contact with family and extended family members was maintained. Where parents did not have access to transport, inspectors found that the centre facilitated contact with the young person and their family and this practice was found by inspectors to be of particular benefit in maintaining the young people's contact with their families. Inspectors found that staff travelled considerable distances to facilitate some young people to maintain their links with family members. Inspectors were informed through the parental questionnaires that they were very happy with the level of contact they received from the centre in relation to their children, and that they regularly received visits and telephone calls.

Supervision and visiting of young people

Inspectors found that social workers visited the young people at the centre and met with them in private, and also visited them at times when they were on access at home. Records were kept by the centre in relation to all correspondence and visits by social workers with the young people. Inspectors found that in some of the young people's care files the visits were contained within the section on correspondence, and it was difficult to ascertain when the social worker visited the young people. The census returned by the centre in relation to the social work visits to one particular young person, varied from the visits outlined by the social worker to the inspectors.

Accessibility to the information regarding social work visits could be streamlined to support good record keeping.

Social work role

Inspectors found that social workers had a positive relationship with the young people and the staff at the centre. The centre reported that they were satisfied with the social work service provided to the young people, and received all relevant documentation, social histories, care plans, in relation to the young people, that they required. Inspectors were also informed by staff that they were satisfied with the response they received from social workers when they contacted them regarding their young person. The young people themselves indicated to inspectors that they had regular contact with their social workers. Inspectors found evidence on the young peoples' care files of all the required documentation from social workers.

Inspectors found good evidence in some instances of social workers reading the young person's logs, but in one case could not find any evidence. Inspectors advise that all social workers read the records kept in the centre regarding the young people when they visit.

Discharges

In the 12 months prior to the inspection one young person had been discharged home. Inspectors were informed by both staff and social worker that they had planned this young persons discharge and that the young persons placement in the centre was successful, with the planned discharge home occurring at the end of the school term. Inspectors reviewed this young person's file; however, in the section for discharges there was no written documentary evidence in relation to the discharge and planning that was undertaken. Inspectors were presented with verbal evidence from several sources to outline that this was planned; however, inspectors advise that this work is clearly documented and evidenced on the young person's file.

Aftercare

The HSE has a national policy in relation to leaving care and aftercare and social workers were aware of this policy. The two young people who were approaching 18 years of age had been referred to the dedicated aftercare service of the HSE and work had commenced in relation to devising their aftercare plans. Both young people had been assigned an aftercare worker from this dedicated HSE aftercare service.

There was no documentary evidence of this plan on the young people's files; however inspectors were informed by staff, young people and their social workers that these plans had been agreed at formal meetings and had yet to be written up as formal aftercare plans. Inspectors found that given that these young people were turning 18 years within six weeks that the lack of formal aftercare plans created some anxiety for the young people who were due to leave care. This issue is discussed further under the section on preparation for leaving care, in practices that were partly met.

Children's case and care records

Inspectors viewed the young peoples' care records in the centre and found that each young person had a secure record which contained all the required documentation. Inspectors found the records were easily accessible, well structured and maintained, and overall the content and organisation of the files was of a high standard.

Individual care in group living

The individual care of each young person was found to be good. Inspectors found evidence of effective practice in this area, including transporting young people to schools in their area of origin to maintain their community links, maintaining them with their family general practitioners (GPs), and facilitating their friends visiting the centre as appropriate. Inspectors found that the young people's own individual needs were well known to the staff team, and these were considered when planning the day to day operation of the centre. Inspectors observed during the inspection that plans for dinner and evening activities were discussed with the young people throughout the day.

Provision of food and cooking facilities

Inspectors found that the young people had free access to the kitchen area when they needed and had access to healthy eating options. Inspectors found that there was a practice of young people and staff eating meals together, sitting down and talking while drinking tea and coffee at times at the kitchen table, and a congenial atmosphere in the kitchen at mealtimes. Inspectors found that the ethos regarding mealtimes being a positive experience was clearly evident during the inspection.

Race, culture, religion, gender and disability

Inspectors found that the young people had access to age appropriate opportunities, in line with their peers. Young people were encouraged to maintain their contact with family members, and in turn their own identity. Staff were aware of each young person's individual needs and dealt with them in a respectful manner.

Managing behaviour and restraint

The behaviour management policy used by the centre was Therapeutic Crisis Intervention (TCI). All staff were fully trained, and received refresher training as required. Inspectors were informed that the main consequence to misbehaviour used in relation to the young people was pocket money. All sanctions were clearly recorded in a sanction book which inspectors viewed and found that sanctions were reasonable and age appropriate. The behaviour of the young people in the unit was very stable and staff reported that they believed this was because of the consistency of the staff team, and the overall management of the young people, which in turn led to a very positive experience in the centre.

There were no incidents of restraint or physical interventions in the centre over the past year. The centre had a policy in relation to restraint and all the young people had up-to-date individual crisis management plans (ICMP) on their files.

Absence without authority

Inspectors found that the centre had a policy in relation to absence without authority and adhered to this policy. Inspectors found evidence of good practice in this area. The centre maintained a record in relation to absences without authority and reported a total of 14 absences without authority in the past 12 months. Inspectors were told that when a pattern emerges in relation to a young person absconding, then the centre was proactive in dealing with this and convenes a meeting in relation to the young person in order to formulate a plan to deal with the issue. The centre reported that this had a positive outcome and inspectors found evidence of this as there had been only two absences without authority in the last four months. Inspectors found that individual risk assessments were completed in relation to a variety of issues, including absence without authority, by the social workers in

advance of the young person moving to the centre, and that each individual incident of absconding was risk assessed.

Safeguarding and child protection

This standard was met. Inspectors viewed a sample of staff files and they contained all the relevant documentation required by the regulations. Staff were appropriately qualified and vetted.

Inspectors found that all staff were familiar with *Children First: National Guidance for the Protection and Welfare of Children 2011* and were aware of their responsibilities and how to report a child protection concern. Inspectors found evidence of good practice in the reporting of child protection concerns to the social work department. The issue of comprehensive staff training in the updated Children First 2011, is commented on further under the section on training.

Education

This standard was met. All the young people in the centre were engaged in an education programme suitable to their needs. Inspectors found that the centre and social workers were pro-active in sourcing education programmes for the young people, and in one particular instance had sourced a suitable educational programme for one young person, even though they had been out of the education system prior to that for a significant period of time. Inspectors found that staff facilitated the young people attending their original schools, some of which were a considerable distance away, but staff transported these young people there daily. This was noted by inspectors as being an area of good practice in the centre.

Health

This standard was met. Inspectors found that all the young people were facilitated to remain registered with their original GPs if desired. In the event of an emergency the centre utilised the local CareDoc service.

All the young people who required a medical examination prior to admission to the centre had one completed and a record of this was contained on their files. In one instance the form used by a GP was under the Boarding Out of Children Regulations 1983, and inspectors noted that this form was no longer relevant or appropriate, and suggest the use of this form be reviewed.

The centre was proactive in relation to the health needs of the young people, and inspectors found evidence of good practice in this area. The young peoples care files contained a record of all their medical needs and medication and other specialist services if required.

Accommodation

The centre was homely, well maintained and was generally fit for purpose. The young people were free to individualise their own rooms as they wished, and inspectors found evidence of photographs and posters of their preference on their walls. Young people were facilitated when appropriate to have their friends visit the centre, and inspectors found that the young people generally liked their living environment. All the young people had their own rooms. Inspectors spoke to the young people and staff about the shared bathroom facilities upstairs and they reported to inspectors that they had no difficulties with this arrangement as there was an alternative shower available to them downstairs. The centre had a large

kitchen and sitting room which were adequate for the number of young people in the centre, and they also had access to another room if required for key working sessions.

Practices that met the required standard in some respect only

Training and development

Information on the training provided to all staff was submitted to inspectors prior to the inspection. All staff were trained in TCI and received regular refresher training. Inspectors found that several staff had been trained in First Aid, however, this training was conducted in 2010, and inspectors recommend that up-to-date training is provided to staff on First Aid. None of the staff had received training in relation to *Children First: National Guidance for the Protection and Welfare of Children 2011*, and inspectors recommend that all staff are provided with this training as a matter of priority. Some staff reported that while they had received Fire Safety Training, it was a considerable amount of time ago, and one staff member reported that he/she would be unsure of how to use a fire extinguisher. Inspectors recommend that Fire Safety Training is provided for staff as soon as possible.

Staff reported to inspectors that apart from mandatory training they had received very little training in the past two years. Inspectors recommend that a training audit is completed in relation to all staff training needs and that a programme is developed in relation to the provision of a staff development and training programme as required under the standards.

Administrative files

The administrative files in the centre were well maintained and inspectors found them easy to access. The centre did not have any administrative support; however, inspectors found good evidence that administrative files were well managed and maintained. Inspectors did have some concern regarding the storage of archived files. Inspectors were informed that archived files were stored in the attic of the centre. Inspectors noted that the last HSE monitoring officers report dated February 2012, made a recommendation that the HSE fire officer should visit the centre to review the storage of paper files in the attic. Inspectors viewed the attic storage area and found a significant number of both children's case files and administrative files being stored in this area. Inspectors would be concerned not only about the fire safety aspect of this practice, but also about the lack of confidentiality of these files and the availability of these files to residents who have left care should they make a request for them. Inspectors found that there appeared to be no system for the secure storage of these files or retrieval of these files if necessary. Inspectors recommend that files are appropriately archived in order to ensure that all records relating to children are kept in a confidential manner and in perpetuity.

Preparation for leaving care

Inspectors found that there was some level of preparation being undertaken with the two young people who were almost 18 years. However, there was no written outline of these plans on the young peoples' files, nor was there a clear aftercare plan in place in relation to when these young people leave the centre. Inspectors found that the planning in relation to these two young people was being undertaken during the time inspectors were in the centre; however, they were both due to turn 18 years within the next six weeks, and inspectors were of the opinion that planning this late had created a level of anxiety for the young people. The young people reported to

inspectors that they were unsure if they were ready for leaving care, and one young person in particular said that it was left until the last minute. One social worker also indicated that their young person could not be linked in with adult services, as they did not yet know what area this young person was going to reside in, for the purposes of referring on to the appropriate adult service in that area. At the time of inspection meetings were being held to progress their aftercare plans.

Inspectors were unable to locate any individual living skills analysis in relation to the young people on their care files, and there was no reference on their files as to what intervention they required in this area. Staff did inform inspectors that they carried out some living skills with the young people, like shopping and budgeting, but a comprehensive assessment or plan in this regard was not evident. Inspectors recommend that planning in relation to leaving care be implemented for all young people in line with the HSE leaving and aftercare national policy, well in advance of reaching their 18th birthday.

Maintenance and repairs

The centre was clean and well maintained. The centre kept a maintenance log in relation to repairs which outlined the details of all requests for maintenance, action taken and dates of completion. Inspectors found that while the centre was well maintained, and repairs were dealt with in a timely fashion, there was no programme of maintenance or capital works to ensure that the structural and decorative order of the unit was maintained, under the standard. Inspectors were told by the centre manager and area manager that there was no budget assigned for this area. Inspectors recommend that this programme of works is developed and funds allocated for this in order to ensure the upkeep of the centre to its current standard.

Safety

The centre had a safety statement which had been updated in March 2012. Inspectors found that the centre had identified hazards and subsequently put measures in place to control them, for example, providing a locked cabinet for storage of hazardous cleaning products. While some staff had been trained in first aid, the evidence inspectors viewed gave no indication as to what this training consisted of, and the date of the last training was 2010. Inspectors viewed the storage of medication and found that while the room in which the medication was stored could be locked, the cabinet that the medication was stored in was not locked. Inspectors recommended that all medication is stored in a locked cabinet.

Inspectors viewed three of the four vehicles assigned to the centre. One of the vehicles had all the required safety equipment. One vehicle was missing a first aid kit. While the other vehicle had a first aid kit, it had not been checked for contents and there was no system in place for the checking of the first aid boxes and restocking of them as required. Inspectors recommend that a system is put in place to monitor the safety equipment of the vehicles attached to the centre on a regular basis.

Fire safety

The centre had a nominated staff member who was the designated internal fire officer. This staff member was responsible for fire drills, and inspectors found that fire drills were carried out on a regular basis, and records were kept in relation to staff and young people's participation in the drills. Fire safety training was carried out in 2010, and therefore updated fire safety training was required. The fire alarm had

been serviced in February 2012 and records viewed by inspectors showed that the fire alarm was serviced on a yearly basis.

Inspectors found written evidence on the fire extinguishers that they had been serviced in January 2012, but there was no separate documentation substantiating this. Inspectors viewed an 'end of shift' checklist, whereby staff completed routine checks of fire alarms, exits and extinguishers and inspectors noted this was good practice.

The centre did not have an up-to-date written confirmation from a certified engineer or a qualified architect that all requirements relating to fire safety and building control had been complied with as required by the regulations. Inspectors were provided with a report from an independent consultant which outlined several issues which required attention, however at the time of inspection some of these were still outstanding. Inspectors recommend that all works recommended by the external engineers are completed as a matter of urgency and that written confirmation of their compliance is forwarded to the Authority.

While at the centre inspectors also observed that both the front and back doors to one side of the unit were locked with a key. Inspectors recommend the development of an evacuation plan immediately, pending the completion of the works identified in the consultant engineers report.

Practices that did not meet the required standard

Monitoring

There was no HSE monitoring officer assigned to the unit following the retirement of the monitoring officer in 2010. A monitoring visit was conducted by an acting monitoring officer in February 2012. There was no ongoing external monitoring of significant events, sanctions, unauthorised absences and complaints as required by the standards. Inspectors were aware at the time of the inspection that interviews had been conducted for the post and a person identified for the position; however, inspectors were informed that this person would not be taking up the position for at least 2 months. Inspectors recommend that the standard on monitoring is adhered to in the interim period prior to the appointment of the monitoring officer.

Emotional and specialist support

The centre previously had access to a psychologist that provided advice and support to the staff team, and also provided an immediate response in the event that a young person in the centre required psychological intervention. This psychologist was no longer assigned to the centre, and staff reported that this was a gap that they believed needed to be filled as soon as possible. Staff reported that in the event that a young person requires psychological input, they now have to go through the social work department to access a service and this may also result in the young person having to wait a considerable time for an appointment. Staff also informed inspectors that the psychology service had been very beneficial for offering advice and direction to the staff team in relation to the management of the young people resident in the centre when they required it and that the absence of this psychology service to the centre created a deficit. The centre's statement of purpose and function refers to the multi-disciplinary team and placements being provided for no longer than therapeutically necessary, however, the absence of the psychology service to the centre may limit the multi-disciplinary approach and therapeutic

interventions offered by the centre. Inspectors recommend that psychological input to the centre be re-instated as soon as possible to ensure the ongoing timely access for staff and young people to emotional and specialist support.

3. 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. Findings

1. Purpose and function

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

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

2. Management and staffing

Standard
The 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		√	

Recommendation:

- The HSE South should ensure that all staff receive training in the following areas as soon as possible:
 - Children First: National Guidance for the Protection and Welfare of Children 2011*
 - First Aid
 - Fire Safety.
- The HSE South should complete a training audit in relation to all staff training needs and develop an ongoing programme for the provision of staff development and training and arrangements put in place to facilitate this.
- The HSE South should ensure that all children's care files, records and all administrative files are appropriately archived as a matter of priority.

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			√

Recommendation:

- The HSE South should ensure that the standard on monitoring is adhered to in the interim period prior to the appointment of the monitoring officer.

4. Children's rights

Standard

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

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

5. Planning for children and young people

Standard

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

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

Recommendations:

- The HSE South should ensure that psychological input to the centre be re-instated as soon as possible to ensure the ongoing timely access for staff and young people to emotional and specialist support.
- The HSE South should ensure that planning in relation to leaving care be implemented for all young people in line with the HSE leaving and aftercare national policy, well in advance of reaching their 18th birthday

6. Care of young people

Standard

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

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

7. Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the 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	√		

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	√		

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	√		

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:

7. The HSE South should ensure that:
 - a programme of maintenance and capital works is developed
 - and funds allocated for this in order to ensure the upkeep of the centre to its current standard.
8. The HSE South should ensure that:
 - All medication is stored securely in a locked cabinet
 - All vehicles have adequate road safety equipment and that a person is nominated to carry out routine checks of this equipment
9. The HSE South should ensure that all works recommended by the external engineers are completed as a matter of urgency and that written confirmation of compliance is forwarded to the Authority.
10. The HSE South should ensure the immediate development of an evacuation plan, pending the completion of the works identified in the consultant engineers report.

5. Summary of recommendations:

1. The HSE South should ensure that all staff receive training in the following areas as soon as possible:
 - *Children First: National Guidance for the Protection and Welfare of Children 2011*
 - First Aid
 - Fire Safety.
2. The HSE South should complete a training audit in relation to all staff training needs and develop an ongoing programme for the provision of staff development and training and arrangements put in place to facilitate this.
3. The HSE South should ensure that all children's care files, records and all administrative files are appropriately archived as a matter of priority.
4. The HSE South should ensure that the standard on monitoring is adhered to in the interim period prior to the appointment of the monitoring officer.
5. The HSE South should ensure that psychological input to the centre be re-instated as soon as possible to ensure the ongoing timely access for staff and young people to emotional and specialist support.
6. The HSE South should ensure that planning in relation to leaving care be implemented for all young people in line with the HSE leaving and aftercare national policy, well in advance of reaching their 18th birthday.
7. The HSE South should ensure that:
 - a programme of maintenance and capital works is developed specifically for the centre and
 - funds allocated for this in order to ensure the upkeep of the centre to its current standard.
8. The HSE South should ensure that:
 - All medication is stored securely in a locked cabinet
 - All vehicles have adequate road safety equipment and that a person is nominated to carry out routine checks of this equipment
9. The HSE South should ensure that all works recommended by the external engineers are completed as a matter of urgency and that written confirmation of compliance is forwarded to the Authority.
10. The HSE South should ensure the immediate development of an evacuation plan, pending the completion of the works identified in the consultant engineers report.

Social Services Inspectorate

Action Plan for Inspection No. 549

Centre ID: 46
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
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No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	<p>The HSE South should ensure that all staff receive training in the following areas as soon as possible:</p> <ul style="list-style-type: none"> ▪ <i>Children First: National Guidance for the Protection and Welfare of Children 2011</i> ▪ First Aid ▪ Fire Safety. 	<p>Staff to attend Children First Training at regularly scheduled training days</p> <p>First Aid training to be organised</p> <p>Fire safety Training to be organised</p>	<p>Unit Manager, Child Care Training Officer</p> <p>Unit Manager</p> <p>Unit Manager, Fire Safety Officer</p>	<p>Ongoing</p> <p>October 2012</p> <p>September 2012</p>
2	<p>The HSE South should complete a training audit in relation to all staff training needs and develop an ongoing programme for the provision of staff development and training and arrangements put in place to facilitate this.</p>	<p>Unit Manager to meet with Training Officer to discuss training needs and develop a schedule of training for Staff</p>	<p>Unit Manager, Training Officer</p>	<p>September 2012</p>
3	<p>The HSE South should ensure that all children's care files, records and all administrative files are appropriately archived as a matter of priority.</p>	<p>All care files, records and administrative files to be archived centrally in the HSE</p>	<p>Unit Manager</p>	<p>End of August 2012</p>

Social Services Inspectorate

Action Plan for Inspection No. 549

Centre ID: 46
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
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No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
4	The HSE South should ensure that the standard on monitoring is adhered to in the interim period prior to the appointment of the monitoring officer.	Monitoring Officer to take up position in the coming weeks.	Area Manager	September 2012
5	The HSE South should ensure that psychological input to the centre be re-instated as soon as possible to ensure the ongoing timely access for staff and young people to emotional and specialist support.	Offer of post being made from existing Psychology panel	Principal Psychologist, Area Manager	September 2012
6	The HSE South should ensure that planning in relation to leaving care be implemented for all young people in line with the HSE leaving and aftercare national policy, well in advance of reaching their 18 th birthday.	All Young People to have Aftercare Plan in Line with National Policy	Principal Social Worker	Immediately and ongoing

Social Services Inspectorate

Action Plan for Inspection No. 549

Centre ID: 46
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
7	<p>The HSE South should ensure that</p> <ul style="list-style-type: none"> ▪ a programme of maintenance and capital works is developed specifically for the centre and ▪ funds allocated for this in order to ensure the upkeep of the centre to its current standard. 	<ol style="list-style-type: none"> 1 Area Manager to liaise with the Senior Manager for Estates/Technical Services (HSE) to ensure a prompt system to effectively deal with maintenance and capital works for Residential Childcare Services is in place. 2 Area Manager to ensure the Regional Director of Child & Family Services places the issue of maintenance and capital works associated to Residential Child Care Centres is dealt with in the due diligence process between Child & Family Services and the HSE. 	<p>Area Manager Estates Manager (HSE).</p> <p>Regional Director of Child & Family Services.</p>	1 & 2 September-December 2012
8	<p>The HSE South should ensure that:</p> <ul style="list-style-type: none"> ▪ All medication is stored securely in a locked cabinet ▪ All vehicles have adequate road safety equipment and that a person is nominated to carry out routine checks of this equipment 	<p>Medication cabinet to be purchased.</p> <p>Safety equipment for vehicles to be purchased and a named person responsible to ensure routine checks are carried out.</p>	Unit Manager	End of July 2012

Social Services Inspectorate

Action Plan for Inspection No. 549

Centre ID: 46
HSE Area: HSE South

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
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No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
9	The HSE South should ensure that all works recommended by the external engineers are completed as a matter of urgency and that written confirmation of compliance is forwarded to the Authority.	Technical Services to ensure all recommendations of external engineers report are carried out and that written compliance is forwarded to HIQA	Technical Services	December 2012
10	The HSE South should ensure the immediate development of an evacuation plan, pending the completion of the works identified in the consultant engineers report.	Evacuation Plan to be developed	Unit Manager, Health and Safety Officer	End of August 2012