



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

A Follow Up Inspection Report of a Children's Residential Centre in the Health Service Executive Dublin Mid Leinster Area

Inspection Report ID Number: 585

Fieldwork Date: 28th August 2012

Issue Date: 19 February 2012

Inspection Period: 14

Centre ID Number: 54

Introduction

The Health Information and Quality Authority (The Authority) Social Services Inspectorate (SSI) carried out an unannounced follow-up inspection of a children's residential centre in the Health Services Executive (HSE) Dublin Mid Leinster Area (DML) under section 69 (2) of the Child Care Act 1991 on Tuesday 28 August 2012. This follow up inspection was carried out by Mary O' Donnell (Lead Inspector) and Maureen Burns (Support Inspector). The purpose of this inspection was to assess the implementation of the HSE action plan for this centre following an inspection on 24 and 25 April 2012 (see inspection report ID 537). As part of the inspection fieldwork, the inspectors interviewed the centre manager, four members of staff and two young people. Inspectors also reviewed documentation including care plans, placement plans, and records of unauthorised absences, safety statement, Fire safety guideline book and the young persons' journals. The Service Manager participated in a telephone interview following the inspection.

Findings

This follow up inspection took place two days before the timeframe for completion of action plans had expired. Inspectors contacted the centre manager and the monitoring officer one week after the inspection to ascertain if any outstanding actions had been completed or progressed. Inspectors found that one of the 10 recommendations was met, two actions had been progressed and met in part and seven recommendations were not met.

Inspectors found that staff at the centre continued to provide a good level of care to the young people, but overall the HSE response to the recommendations from the previous inspection was found to be unsatisfactory. Some young people who participated in the inspection in April 2012 expressed frustration at the delay in implementing key service improvements that affected their daily lives.

At the time of the follow up inspection, there were five young people living in the centre. Nobody had been discharged since the previous inspection and one young person had been admitted on 25 June 2012. Inspectors found that this young person had benefitted from focused key working but there was no evidence of a care plan for this young person on file. This is a breach of *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23*.

The management structure has been changed since the previous inspection. The Centre Manager who held a 0.5 WTE post now reports to Deputy Service Manager, who in turn reports to the Service Manager Children's Residential Services, Health Service Executive, Dublin Mid-Leinster (HSE DML). The Deputy Centre Manager had recently resigned and there was no person nominated to replace him or to deputise for the Centre Manager. The Centre Manager told inspectors that he had no knowledge of HSE plans to replace the Deputy Centre Manager. The HSE Service Manager subsequently told inspectors that a recruitment campaign was being considered.

Please see attached action plan in response to the inspection recommendations and action plan in response to follow up inspection.

Regulation Directorate
Action Plan for Inspection No. 537/585

Centre ID: 54
HSE Area: HSE Dublin Mid-Leinster

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	Regulation Directorate Response
1	The HSE should ensure that the Centre Managers satisfy themselves that the HSE Garda Vetting process has been followed for each member of staff.	Regional Manager has been in contact with the Garda Vetting Liaison Office about the current practice and has received a response outlining that they are seeking clarification from the Data Protection Commissioner for clarification on same. Response will be forwarded when received.	Regional Coordinator/ Service Manager	Awaiting Response	<p>Recommendation Not Met</p> <p>The verification of Garda vetting is being addressed at a National level. Inspectors reviewed the current HSE policy (2007) and found that it does not include the recommended practice to regularly re- vet existing staff. The HSE (DML) should ensure that all staff are appropriately vetted to ensure ongoing safe care.</p>
2	The HSE should ensure that a review of the monitoring officer's caseload takes place.	The Regional Manager has discussed same with the Regional Director. The Monitoring Officers Case Load is currently being reviewed.	Regional Coordinator/ Regional Director	01.09.2012	<p>Recommendation Not Met</p> <p>There continues to be no written monitoring report of the centre for 2011 as required by the standards. It was reported by staff that the Monitoring Officer had not visited the centre since the Authority's last inspection. The HSE Service Manager reported that the Monitoring Officer's case load is being reviewed.</p>
3	The HSE should ensure that the centre set up Internet access with the requisite safeguarding systems.	Centre Manager and Deputy Service Manager will discuss with HSE ICT Services the installation of the prerequisite 'safeguarding systems in the centre to allow internet access through the VPN system	Centre Manager/ Deputy Service Manager	01.09.2012	<p>Recommendation Not Met</p> <p>Inspectors found that internet access with the requisite safeguarding systems had not been established in the centre. The HSE Service Manager reported that internet access had been approved & they were awaiting confirmation from ICT of a date for installation. The timeframe for completion of this action was 1/9/2012 and when the inspectors checked with staff at the centre on 4/9/12 the action had not been completed</p>

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4	The HSE should ensure that clothing and footwear be removed from the procurement restriction.	The Regional Office has made contact with the Finance Office to address this issue. A proposal to address the current spend limit and to remove clothing and footwear from the current restrictions has been submitted.	Service Manager/ Finance Manager	01/09/2012	<p>Recommendation Not Met</p> <p>Clothing and footwear continue to be included within procurement restrictions. However the HSE Service Manager reported that a proposal to meet this recommendation had been submitted to the Director of Finance. In the interim, the Service Manager reported that approval had been attained from the Director of Finance to spend up to €100 on clothing and shoes without the use of a procurement card. At the time of this follow up inspection and a follow up call on 04.09.2012, the interim measure had not been communicated to the Centre staff as it was reported that two separate young people had experienced difficulty in purchasing a school uniform item and a pair of school shoes which cost more than €50, on the preceding day.</p>
5	The HSE should ensure a decision be made regarding funding of proposed specialist aftercare services.	No Actions detailed	No person responsible allocated	No implementation date proposed	<p>Recommendation Not Met</p> <p>There was no evidence that progress had been made in procuring funding for proposed specialist aftercare services. The Centre Manager and the HSE Service Manager told inspectors that they were awaiting a response from Family & Children's Area Manager regarding this funding allocation.</p>

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6	The HSE should ensure that the centre address absences without authority.	Each Young Person has an individual Absence Management Plan which outlines the management of unauthorised absences, all I.C.M.P's are in accordance with the Missing from Care protocols. The centre will meet with the social worker to ensure that all efforts are made to address unauthorised absences.	Centre Manager	Immediate and ongoing	<p>Recommendation Met in Part</p> <p>Since the last inspection, there had been a number of unauthorised absences by two of the young people living in the centre. One young person had two unauthorised absences with duration of 75 and 80 minutes respectively. The second young person had eight absences; six of these were for durations greater than five hours and included unauthorised absence of: 21 hours, 20 minutes; 19 hours, forty five minutes and, 17 hours fifteen minutes. Staff told inspectors that this young person had a care plan review in July 2012. However there was no revised care plan available when requested and records of care plan review meeting were not evident on file. There was evidence that significant event notifications had been sent to the young person's social worker, monitoring officer and residential care coordinator in respect of each of the unauthorised absences. The two young people concerned had individual absence management plans in place and inspectors noted that there had been no unauthorised absences in the preceding month.</p>

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7	The HSE should ensure that the centre continues to encourage attendance at school.	Each Young Persons current Placement Plan outlines the requirement to encourage Young People to attend school. This encouragement will continue and will be recorded in the Young Persons Daily journal & on one to one session notes.	Centre Manager/ Centre Staff/ Key worker	Immediate and ongoing	Recommendation Met Three of the young people were engaged in full time education, with a fourth young person having registered for third level college after successfully achieving the point requirements for her chosen course. The fifth young person had enrolled for a Youth Reach programme which was scheduled to commence on 30 August 2012.
8	The HSE should ensure that a review of the premises is conducted in consultation with staff and young people and identify a programme of improvement to the centre.	Contractors have visited the centre on 07/08/2012 and have furnished the Regional Office with a quote for painting the entire premises including doors.	Centre Manager/ Deputy Service Manager	01/09/2012	Recommendation Met in Part There was limited evidence that there had been consultation with staff and or young people to identify a programme of improvement in the centre. However there was evidence that a painting contractor had visited the centre and the Service Manager reported that funding had been allocated for the interior painting of the entire premises.
9	The HSE should ensure that centre staff have access to and are familiar with the contents of the most up to date safety statement and accompanying risk assessment.	The updated Safety Statement with accompanying risk assessments(January 2012) has since been located and is accessible to all staff	Centre Manager	09/08/2012	Recommendation Not Met The Centres safety statement on file was dated 2006 and although evidence was presented subsequent to the follow up inspection, that it had been reviewed in January 2012, the document had not been revised. There was no evidence presented to inspectors that written risk assessments had been undertaken in the centre since 2006.

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HSE Area: HSE Dublin Mid-Leinster

No	Recommendation	Action to be taken	Person Responsible	Implementation Date	Regulation Directorate Response
10	The HSE should ensure that a written confirmation from an architect or certified engineer that all statutory requirements relating to fire safety and building control have been complied be provided without delay.	Certified Engineer did onsite inspection of the centre on the 04/07/2012 and will provide report on same	Centre Manager/ Deputy Service Manager/ Service Manager	Awaiting report	<p>Recommendation Not Met</p> <p>There was no written confirmation available from an architect or certified engineer that all requirements in relation to fire safety and building control regulations had been complied with. The service manager and centre manager told inspectors that a certified engineer had completed an onsite inspection of the centre in July 2012. The report identified works that were required including partitioning of the attic and improved fire escape lighting. There was no date identified for this work to commence. Staff confirmed that they had participated in a recent fire drill and documentary evidence of a fire drill undertaken in May 2012 was made available for inspection. There was documentary evidence of fire alarm checks and regular servicing of fire safety equipment. Daily fire safety checks were carried out but there was no evidence that the required weekly fire safety checks were undertaken.</p>



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FOLLOW UP INSPECTION ACTION PLAN

Inspection Report ID NUMBER: 585

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Action Plan for Follow up Inspection No. 585

Centre ID: 54
HSE Area: HSE Dublin Mid-Leinster

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1	The HSE should ensure that the young person admitted in June 2012 has a statutory care plan to include an assessment of their educational, social, emotional, behavioural and health requirements and identify how the placement will support and promote the welfare of the young person.	Child In Care Review was held on 10.09.12. The care plan has been received and is currently on file	Centre Manager Social Worker	30.09.12
2	The HSE DML should audit the vetting for all centre staff and ensure that the HSE rigorously meets the vetting requirements of the Department of Health and Children.	The Deputy Service Manager will personally review all original garda clearances held in the Garda Vetting Liaison Office and will verify that this has been done.	Deputy Service Manager	31/01/13
3	The HSE should ensure that an authorised person monitors the centre on a regular basis to ensure compliance with regulations, standards and best practice. Written reports of the monitoring process should be made available on an annual basis to senior managers, centre staff and inspectors In accordance with <i>Child Care (Placement of Children in Residential Care) Regulations 1995, Part III, Article 17.</i>	The Service Manager will engage with the Monitoring Officer and request that written reports are submitted in accordance with Child Care Regulations 1995.	Monitoring Officer	31.01.2013
4	The HSE should progress the establishment of internet access with the requisite safeguarding systems in the centre.	The centre has purchased dongles which has established internet access. Safety measures have been put in place around use of same.	Centre Manager	01.10.12
5	The HSE should ensure that clothing and footwear be removed from the procurement restriction.	Request to amend financial regulations has been forwarded.	Service Manager	31/01/13

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Centre ID: 54
HSE Area: HSE Dublin Mid-Leinster

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
6	The HSE should make funding available for proposed specialist aftercare services.	The Service Manager has written to the Area Manager seeking resolution to the procurement of a specialist aftercare service.	Service Manager Area Manager	17/12/12
7	The HSE should ensure that the centre address absences without authority.	All young people have individual absence management plans on file. The joint protocols for Children Missing in Care are adhered to at all times and each absence is notified through the Significant Event Notification System to all relevant parties.	Centre Manager	Ongoing

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HSE Area: HSE Dublin Mid-Leinster

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8	The HSE should progress the planned repainting of the centres interior and ensure that the centre conduct a full review of the premises in consultation with staff and young people to identify a programme of improvement to the centre.	The Centre has been repainted and the Centre will continue to be maintained.	Centre Manager	30.11.12
9	The HSE should ensure that centre staff have access to and are familiar with the contents of the most up to date safety statement. Written risk assessments should be undertaken of the premises and be included as part of the safety statement.	An up to date Health and Safety Statement is on file and all staff have access to same. The Health and Safety Officer has visited the centre and Risk Assessments have been updated.	Centre Manager	01.11.12
10	The HSE should ensure that a written confirmation from an architect or certified engineer that all statutory requirements relating to fire safety and building control have been complied with, be provided without delay.	An estimate for work required to secure compliance has been sourced and funding for same has been applied for.	Deputy Service Manager	Ongoing 2013