A CHILDREN'S RESIDENTIAL CENTRE IN THE SOUTHERN HEALTH BOARD KERRY COMMUNITY CARE AREA

INSPECTION REPORT ID NUMBER: 41

Publication Date: 20 May 2002
SSI Inspection Period: 3
Centre ID Number: 7

ADDRESS: Social Services Inspectorate, Floor 3, 94 St. Stephens Green, Dublin 2
PHONE: 01-4180588 FAX: 01-4180829
WEB: www.issi.ie

1. **Executive Summary**

2. **Introduction**
   a. Methodology
   b. Acknowledgements

3. **Setting the scene: the centre, its background and population**
   a. Background
   b. Data on children and young people

4. **Standards: the findings**
   a. Purpose and function
   b. Management and staffing
      i. Management
      ii. Register
      iii. Notification of significant events
      iv. Staffing
      v. Supervision and support
      vi. Training and development
      vii. Administrative files
   c. Monitoring
   d. Children's rights
      i. Consultation
      ii. Complaints
      iii. Access to information
   e. Planning for Children and Young People
      i. Suitable placement and admissions
      ii. Statutory care plans
      iii. Statutory care plan reviews
      iv. Contact with families
      v. Supervision and visiting of young people
      vi. Social work role
      vii. Emotional and specialist support
      viii. Preparation for leaving care
      ix. Discharges
      x. Aftercare
      xi. Children's case and care records
   f. Care of young people
      i. Individual care in group living
      ii. Provision of food and cooking facilities
      iii. Race, culture, religion, gender and disability
      iv. Managing behaviour
      v. Restraint
      vi. Absence without authority
   g. Safeguarding and Child Protection
      i. Safeguarding
      ii. Child protection
   h. Education
   i. Health
   j. Premises and safety
      i. Accommodation
      ii. Maintenance and repairs
      iii. Safety
      iv. Fire safety

5. Summary of recommendations

1. Executive Summary

This section contains a brief summary of the main findings and conclusions of the inspection of a residential service in Kerry Community Care Area, which took place on the 13th – 15th November 2001. Readers requiring a more detailed account should refer to the main sections of the report.

Children's Residential Centre No 1 is one of three that form the Kerry Residential Childcare Services (KRCS). It is based in a detached four-bedroomed house in a main town and provides care for four young boys. It was established originally by the Congregation of the Sisters of Mercy, but transferred to the Southern Health Board (SHB) in April 2001.

There is a strong management structure replicating that which has been in place since 1993, which has much to recommend it. One of its main tasks will be the on-going management of the process of transition the service is going through in a manner that optimises the existing skills and experience of both staff and managers, and is characterised by consultation. As part of the transition to health board management, policies and procedures are currently being reviewed. It is hoped that this work will be completed early in 2002. The existing policies, although in some instances requiring revision, provide useful guidance for staff. The roles of the unit leader, manager and deputy manager, need to be clarified through an inclusive process of negotiation. More immediate attention needs to be paid to the production of policies on safeguarding and child protection practices.

The centre has a well-qualified and experienced group of staff with a professional ethos and clear commitment to high standards of care. Vetting requirements were met for all but two temporary members of staff. They are focused and skilled practitioners in residential care, and their attention to detail in all aspects of the running of the centre. Young people at the centre are cared for in a warm and professional manner.

There are several examples of best practice in the centre, including: the keyworker system, recording, and staff supervision and support. Inspectors found the administrative systems, records, files, and reporting procedures excellent. Monitoring is not yet in place, but the manager and deputy manager carry out a quasi-monitoring function, and it is important that they do. However, there is a need for monitoring by an authorised person outside the management chain who can look at practice in the centre independently. There is a need for a systematic assessment of the staff's training needs, and inspectors welcome the recent training audit as a step forward in promoting their professional development.

Consultation with the children is of a high standard. The children were clear that their views are sought. The complaints system is equally good. The children knew what to do, and the reason there are no written complaints is because they feel that issues they raise are dealt with before it becomes necessary to formalise them. The centre is to be commended for its residents' meetings. Inspectors found typed minutes and a clear trail to the staff meetings where the children's issues were discussed. Staff are urged to

continue to find compromises as much as possible in order to reinforce the children's faith in consultation. Access to information has still to be thought through, and there is room for improvement in practice. Privacy is an issue for some of the children, and will require some thought if it is to be preserved in a way that does not change the atmosphere of the centre as a home.

There is evidence that children's links with their families are highly valued and vigorously promoted. Staff are involved in access arrangements, and demonstrate flexibility in their responses to parents' and children's requests. There is a very good standard of consultation and working in partnership with parents, social workers, GPs, teachers, counsellors, and others involved in the care of the children. The files give testimony to a sound, open system of planning for the children, in which they are involved as much as possible. The children's records are thorough, diligently maintained, and easy to access.

The celebration of key events in the children's lives is impressive. Children have opportunities to get their favourite food at mealtimes. They can visit and receive visits from their friends; and participation in hobbies, sports and community based leisure pursuits is encouraged and facilitated. Behaviour is managed sensitively and well. Since 1999 the centre has had a policy of not using physical restraint. There have been only two unauthorised absences by current residents during the year prior to the inspection.

The lack of a safeguarding policy is a concern. However, inspectors found evidence of the staff being conscious of safeguarding principles and practices. The children have keyworkers, and their psychological and emotional needs are met by access to specialist therapists outside the centre. Staff have access to psychological consultancy to assist them in meeting the needs of the children. However, there is a need for more staff to be trained in Children First in order to support a safeguarding policy.

Education is highly valued and promoted in the centre. Staff are attentive to the children's needs, and identify and arrange to fill gaps. There is evidence of good liaison with schools, and that children receive appropriate support with their homework. The children's health needs are met by a caring and responsive approach. The system for administering medication is an example of clear accountability. Special health provision is secured for the children as necessary. The practice of notifying social workers, and informing parents and seeking their consent is good.

The premises are basically in good condition. The house is well furnished and well maintained. There are some minor maintenance issues outstanding. The staff sleeping arrangements are unsatisfactory and need to be attended to as soon as possible.

At the time of writing the inspectors await confirmation that the centre complies with fire safety regulations. The board's fire officer has inspected the property and made recommendations that the board are urged to respond to as a matter of priority. There is a need for all staff to receive training in fire safety, and more staff to be trained in First Aid. The safety officer should receive Health and Safety training, and his role should be supported by appropriate means of reporting hazards.

2. Introduction

The Social Services Inspectorate (SSI) carried out the inspection of Children's Residential Centre No 1 under the Child Care Act 1991, Section 69 (2) which provides authority for the inspection of the social services functions of health boards, including children's residential centres.

Children's Residential Centre No 1 is situated in the Kerry Community Care Area and is managed by the SHB.

One pre-inspection visit was made on the 7th November 2001 during which the inspection process was explained to staff, and the premises were seen for the first time. The inspection took place over three days from 13th to 15th November 2001. The lead inspector was Michael McNamara, and Andrew Fagan was support.

2.1 Methodology

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

- A statement on the purpose and function of the centre.
- The centre's statements of policies and procedures
- The young people's case files
- The young people's daily log books
- All administrative and recording systems
- Questionnaires completed by teachers, social workers, and parents
- Census forms on staff members
- Census forms on young people
- Details of unauthorised absences
- Staff rotas
- A Health and Safety audit on the centre
- Documents relating to policies and procedures which are being produced by KRCS

During the course of the inspection three of the children at the centre were interviewed. Also interviewed were: the unit leader, seven residential staff members, three social workers, parents of three of the children, and the recently appointed residential services manager of KRCS. During the inspection, inspectors observed the day and evening routines and joined staff and young people for meals.

The inspection was part of a cluster inspection covering all three KRCS residential centres. The co-ordinating inspector was Ann Ryan, and this report should be read in conjunction with her overview report on KRCS.

2.2 Acknowledgements

The inspectors would like to express their appreciation for the co-operation received from all concerned.

3 Setting the scene: the centre, its background and population

3.1 Background

The centre is one of three children's residential centres that form KRCS. It is based in a detached four-bedroomed house, and provides care for four young boys. It was originally established by the Mercy Child Care Services, but the operation transferred to the Southern Health Board in April 2001.

3.2 Data on Children

There are four boys aged eight to eleven years in the centre. The last admission was in June 2001. The child was aged seven on admission. All admissions were planned. The centre used to cater for five young people and children, and there is an 18 year old on the centre's roll, but he is not resident at the centre and it is anticipated that he will formally be discharged from care. On the advice of a SHB fire officer one of the bedrooms has ceased to be used, so the centre now has capacity for only four residents. Owing to their young age, they are mostly referred to in the report as children.

4. Standards: the findings

4.1 Purpose and function

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.

The centre has a statement of purpose and function. The manager of the Mercy Care Services and the three unit co-ordinators developed it in October 2000. It describes the centre as a short to medium term unit for five males aged between eight and seventeen. It is for young people who have had difficulties in being cared for at home, but who are in education or training, and for whom the aim is that they should move on, through the implementation of their care plans, to home, foster care, independent living, or some other appropriate resource. The aim is to provide safe care for the boys and to access any specialist services they require. Since there is the potential in most placements for children to return home an important part of the centre's function is to maintain and promote family links.

The purpose and function is well understood, and was consistently described to inspectors by staff. The statement does not make reference to emergency admissions, but the understanding of the staff is that they are not specifically excluded as possibilities. The belief is that emergencies would be directed to a regional SHB service in Kerry, separate from KRCS, that provides an emergency service, assessment, and respite, as had happened in the case of one of the present residents prior to his placement at the centre. When the health board took over the centre in April 2001 it was made clear that emergency admissions could happen. Staff described one of the admissions, in which a young person was placed after the closure of another health board's residential centre, as inappropriate and inconsistent with the purpose

and function. Another young person was placed for respite during the last year, which seemed to be an appropriate short-term placement. Staff expressed the view to inspectors that the mix of children was sometimes inappropriate, with children as young as seven living alongside 16 year olds who were presenting major behavioural difficulties.

Two of the current residents have been placed for nearly two and a half years, and their placement will continue at least until October 2002. Their plans have been revised to accommodate the fact that they are staying longer than the two years originally intended. There are difficulties in their returning home, and some staff envisage them staying at the centre for a much longer period. Staff believe that, in spite of the intentions of the board and the hopes of the staff, the centre will be for medium to long-term placements because of the children's circumstances. The staff defined short to medium term as two to three years.

The health board is in the process of re-structuring the residential services for Kerry, and in the proposals Children's Residential Centre No 1 would become an adolescent unit for boys aged between 13 and 18. Another centre would cater for the same age group of girls, and the younger children would be placed elsewhere. The general manager and child care manager confirmed that present residents would not be affected by this plan. There has been some discussion about the proposals with staff, and they have established that the children will not be moved simply in order to facilitate the changes to the service. Some staff said that little consultation has taken place, and feel that the change is going to be very difficult to manage.

All statements of policy and procedure are under review, including the statement of purpose and function. A working group, chaired by the Child Care Manager, is revising the Mercy policies to bring them into line with the board's objectives. The residential services manager of KRCS informed inspectors that the National Standards for Children's Residential Centres 2001 is being used as a framework in looking at the range of necessary policies. Generally, there was some disquiet about the pace of change, and a lack of clarity about which policies have been amended and which still stand in their previous form.

Inspectors acknowledge the difficulties facing managers in achieving a balance between conserving what is good in the centre and providing a service that is flexible and responsive to the changing demands of the community it serves, and advise that more time is given to review the service, and that there is a consultation process which will enable staff to have a greater sense of ownership of any new or amended policies. The process and dynamic of the review should not be in conflict with its application.

A children's booklet is being produced that will include reference to the purpose and function, and provide information about daily life in the centre. It is at the stage of being directed back to the children for their views about its form and contents.

4.2 Management and staffing

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

4.2.1 Management

The centre is effectively managed on a day-to-day basis by a qualified child care leader who has held the position for some time before the transfer to the health board. She reports to the manager and deputy manager of the KRCS. Staff, children and parents see her as the person in charge of the centre. She has a draft houseparent job description, but in practice she works only 40% of her time on shift. The other 60% facilitates formal supervision of staff and administration. Included in her daily tasks are: responsibility for the duty rota, house finances, reporting items for repair and maintenance, co-ordinating shifts, and monitoring the centre records and the practice of staff.

The residential services managers have responsibility for Children's Residential Centre No 1, and the other two centres that comprise KRCS. They work from an office in Killarney, where they keep personnel records. One of them telephones the centre daily and asks staff on duty for an update on each child. Staff reported that the manager often calls into the centre in the evening to meet with the young people. Either she or her deputy attends the fortnightly team meeting. The deputy manager checks the centre's files, sanctions books, and other records; and each month, she provides the unit leader with formal supervision.

The child care leader provided an on-call service from November 2000 to June 2001. During that time she gave advice over the phone, particularly if young people were absent without authority. She went into the centre once only in response to a situation where a young person harmed himself and had to be taken to hospital. Since June 2001 a telephone on-call service has been provided by the manager and deputy manager of KRCS.

There have been several significant changes in management over the last two years. In the year up to April 2001, the child care leader reported to the manager of Mercy Care Services, but prior to transfer this post was unfilled for about 6 months. When the service transferred, child care leaders reported directly to the child care manager until the appointment of the current residential services manager in June 2001. The transition to the board has had the effect of moving the focus of decision-making further out of the centre, which reflects its position in a larger organisation. There were some communication problems between the new managers and the unit, which have been resolved. However, the responsibilities of all the related posts require further clarification, and the managers of the board are urged by inspectors to acknowledge the difficulties of change, and manage the dynamics of the new situation sensitively and in consultation with the unit leader and staff of the centre.

4.2.2 Register

The manager of KRCS receives monthly returns from the centre outlining details of admissions and discharges. The SHB is introducing a standardised hard-back register that will contain all the information required by *Child Care (Placement of Children in Residential Centres) Regulations, 1995, Part IV, Article 21.* At the time of inspection it was being printed. It will be kept at the office of KRCS in Killarney.

4.2.3 Notification of significant events

The centre has a prompt and efficient notification procedure. As soon as possible after an incident, staff contact the child's social worker by telephone to let them know details. A record of the call is kept in the desk diary. A copy of the incident report form is posted later, along with a photocopy of the relevant extract from the child's daily log. An entry is made in the post book that records letters sent and a summary of their content, and the original of the form is kept on the child's file with a note to say that the social worker has been informed. Inspectors found evidence that the procedures are followed to the letter, and commend the centre for them and for backing up the communication with supplementary notes in the desk diary and post book.

New notification forms have been produced by the health board but have not yet been put into use. They list possible significant events. The appropriate description is to be marked on the list. The form will then be sent to the KRCS manager and the child's social worker. After consultation with the residential services manager, staff at the centre may be required to send a more detailed report to the social worker, with a copy to the manager.

4.2.4 Staffing

The centre has 13 staff: one child care leader, four permanent full time day staff, one permanent part time day staff, working 19.5 hours per week, and two permanent live night staff. One temporary full time staff member is covering maternity leave. Three relief staff cover over 90% of the other hours. Three others are used occasionally in an emergency. The centre has never used agency staff.

Eleven of the staff transferred to the board with the centre in April 2001. Only two have worked in other residential settings. The transfer of one temporary member of staff from another residential unit that had been under the board's management highlighted an anomaly in a condition of service between staff recruited by Mercy Child Care Services and staff recruited by the health board. The inspectors were informed that this issue was being addressed.

Full time staff work 39 hours per week, and the rota is set on a four-weekly cycle. Four full time staff have one eight hour shift in every four weeks to carry out duties related to their role as keyworkers. At any time there are two staff on duty and three at times when all four boys are in the unit together: for example, after school, and during school

holidays. Staff informed inspectors that the night staff have one hour for handovers from the sleep-in staff who will have been on shift in the evening. While the inspectors observed a one hour handover they were later informed by management that handovers are in fact a half hour in length. Staff do not leave the premises without completing the records. The desk diary showed a couple of entries marked as late, but they were written within less than an hour of the time they referred to.

Six of the staff hold recognised qualifications. Inspectors could find evidence of qualification on one file only. There are three staff without qualification, two of whom hold full time permanent posts.

There is a good age and experience balance in the staff group. The average age is 30, and the average length of service in the centre is two years eight months, with a range from five months to six and a half years.

Staff at Children's Residential Centre No 1 - November 2001

Staff member/ employment status	Length of service at Centre	Qualification
Child Care Leader Full Time Permanent #1	4 years 10 months	Diploma in Applied Social Studies in Social Care
Child Care Worker Part Time Permanent #2	6 years 6 months	No qualification
Child Care Worker Full Time Permanent #3	4 years	Diploma in Applied Social Studies in Social Care
Child Care Worker Full Time Permanent #4	3 years 6 months	Registered General Nurse
Child Care Worker Full Time Permanent #5	2 years 1 month	BA in Social Science Diploma in Health Promotion
Child Care Worker Full Time Permanent #6	1 year 5 months	National Diploma in Applied Social Studies in Social Care
Child Care Worker Full Time Permanent #7	1 year 4 months	No qualification
Child Care Worker Full Time Permanent #8	1 year	No qualification
Child Care Worker Relief Temporary #9	4 years 2 months	National Diploma in Child Care Diploma in Social Studies
Child Care Worker Relief Temporary #10	3 years	National Diploma in Applied Social Studies in Social Care
Child Care Worker Relief Temporary #11	1 year 6 months	National Diploma in Applied Social Studies in Social Care
Child Care Worker Relief Temporary #12	6 months	Diploma in Applied Social Studies in Community & Youth Work
Child Care Worker Relief Temporary #13	5 months	BA in Social Studies

Staff meetings take place every fortnight and last for two hours. An agenda is put up on the notice board and anyone can put down an item for discussion. The child care leader chairs the meetings, and staff rotate duties as minute-takers. Issues from the young people's meeting are considered. The KRCS managers may attend and bring items for discussion also. Key worker reports to the staff group on the children

consider all aspects of their day-to-day care, but major decisions, about access for example, are taken at reviews or planning meetings.

Inspectors were informed that prior to transfer to the health board, a general statement of suitability in respect of all staff employed by the order was furnished by the Sisters of Mercy to cover the fact that not all staff had references. The files of two staff not covered by the general statement issued at the time of transfer were without references. Managers have been urged to follow up the references, and ensure that in future all staff are appropriately vetted before taking up employment.

Inspectors saw a new front sheet for all staff files that gives details of checks and qualifications, date of commencement and end of employment, and an inventory of the file's contents. As these sheets are completed at present there are gaps, and it is not clear whether some documents are missing or not required on the file, and although the list contains references to a progress review and probationary assessment no evidence was found that the staff at the centre have been through any form of performance appraisal. Inspectors would urge managers to equip themselves with a good appraisal scheme so that the skills of the staff group and the potential of individuals can be appropriately developed. The front sheets present managers with a good opportunity to apply the same thoroughness to all the files, and to ensure that qualifications and vetting checks, and appraisal are in place for all staff. In organising the files, they should consider the inherent difficulty in having information in more than one place, and determine where all the necessary information can be kept in one accessible file.

The centre has a draft induction programme for temporary relief staff. It gives a brief statement of the purpose and function of the centre, and a clear description of the responsibilities and duties of the post. It also lists policy and procedure documents with columns to indicate when they were read and discussed. The programme is in need of further development. Inspectors are of the view that, since there are children in the centre in need of complex and skilled intervention, the *'skilled therapeutic care'* described under the heading of Purpose of Job will require clearer definition so that therapeutic tasks can be included in the list of duties, and boundaries between staff and those consulted for therapy outside the centre are understood. There are key policies, such as safeguarding and child protection, and important procedures, such as fire alarm responses and evacuation, which will have to be included in any form of induction programme, and the document will need to identify the manager or child care leader who has responsibility for ensuring that the programme is carried out fully. As with other policies and procedures, inspectors would advise KRCS managers to continue consultation and discussion with staff in the formulation and development of the induction programme.

Induction has not always been a feature of the centre, and some of the permanent staff came on placement as students, and then moved into posts as they became available. The most recent was appointed in this manner 17 months ago. There is a five-day programme for permanent staff, but to date only one person has been through it. Temporary staff have a half day induction and then learn the job by shadowing other staff, in one case working for a time alongside the keyworker before taking over the role.

4.2.5 Supervision and support

The centre has a policy on supervision. All the day staff receive supervision at four or six weekly intervals from the child care leader, including regular relief staff. Some relief staff work in other KRCS centres, and they receive supervision wherever they work most. Permanent day staff have formal supervision every four weeks, relief and night staff are supervised every six weeks. The sessions are recorded, each party signs the record and the supervisee can ask for a copy. The child care leader receives supervision from the deputy residential services manager. Inspectors were shown supervision notes extending over a long period, signed by the supervisor and staff member. Staff spoke positively of the supervision and support provided to them. Inspectors commend the system as it is practised in Children's Centre No 1.

Staff work in pairs, and generally with the same person. The unit leader is available for consultation when on duty. Team meetings, supervision and staff facilitation are all seen as sources of support. An external facilitator has been used to focus on team building and support. This is a continuation of a practice that was in place when the Mercy Child Care Services ran the centre. Managers are commended for continuing with the practice and urged not to let it fall into abeyance. Staff enjoy a close relationship with the local psychological service, which enables them to gain a better understanding of the problems presented by the children in their care, and to be flexible in their responses.

4.2.6 Training and development

Training needs of the staff group were being audited at the time of inspection. Eight staff have received training in suicide awareness. This was a course provided by the local psychology service in response to a request from the staff. Four have training in Children First, three of whom also received child abuse training. Four have received training in sexual development. One member of staff has had a day's training in care planning and life story work. Five have not received training. Two staff did Therapeutic Crisis Intervention (TCI) training and currently volunteers are being sought to go on a course as trainers. Staff want training in TCI even though there is a policy of not using restraint. They wish to use the training to learn de-escalation techniques.

The children at the centre benefit greatly from the stability and professionalism of the staff group, and the board is advised by inspectors to explore the potential and ambition of the staff in order to maintain a high quality service, and to provide qualification opportunities in order to retain skilled personnel.

Since inspection inspectors have been informed that the majority of staff have received training in Children First. There are plans for all staff to receive First Aid training, and two staff will be trained as TCI trainers in April 2002. A full training programme for the coming year has been devised.

4.2.7 Administrative files

The recording systems are organised and maintained to a very high standard, and demonstrate effective management and accountability. They are clear, accessible, and up to date. Children have been enabled to see reports written about them, but further work is planned to develop policy and practice about access to information.

Several of the recording methods are backed up by other devices. For example: telephone messages are recorded, but the time is also logged in the desk diary; letters are kept on files, but there is also a post book to verify that they have been posted; the finances, including the pocket money records, are in duplicate forms so that an account of them can be given if one of them goes missing. Financial records are fully in order, and easy to follow. Records made by staff are regularly monitored by the unit leader and managers. Inspectors examined samples of all the administrative records and found that they were diligently and consistently maintained.

The centre and the board are to be highly commended for the quality of the systems and for the application of their use by the staff.

Recommendation

1. **The board should ensure that vetting procedures for all staff are vigorously applied.**

4.3 Monitoring

The Health Board, for the purpose 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- statuary children's residential centres.

There is no authorised person external to line management charged with monitoring the centre on a regular basis as required by *Child Care (Placement of Children in Residential Centres) Regulations, 1995, Part III, Article 17.*

Inspectors were informed of the board's plan to recruit an independent monitor to carry out this function. However, approval for this post has not yet been secured. The KRCS managers monitor practices within the centre, but they are line managers and do not satisfy criterion 3.2 of the National Standards for Children's Residential Centres, 2001. Inspectors recommend that the board give approval for the appointment of a monitoring officer as soon as possible. While awaiting approval the monitoring function should be carried out by a current post holder of the board.

Recommendation

2. **The board should ensure that an authorised officer is assigned the task of monitoring the centre in accordance with Child Care (Placement of Children in Residential Centres) Regulations, 1995, Part III, Article 17.**

4.4 Children's rights

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.

4.4.1 Consultation

In compliance with *Child Care (Placement of Children in Residential Care) Regulations 1995, Part III, Article 4* the views of the children in Children's Residential Centre No 1 are sought about decisions that affect their daily lives and their future.

Every fortnight, for the last 18 months or so, children's meetings have been held in the centre. Staff described the meetings as lively affairs. The children set the agenda. They make requests to do things, such as go 'trick or treating' on Halloween, or for changes in the routines or rules. All requests are considered and staff attempt to deal with them quickly, - if possible, in advance of the team meeting. Some are brought to the staff team meeting for consideration and the children are given feedback. The reasons for staff decisions are explained to the children and they are asked for feedback. For example, the children made a request for lockers. This was brought to the team meeting and agreed in principle, and staff are now in the process of considering different options. Staff may raise issues also, such as alerting the children to forthcoming changes, or a discussion on two children not getting on well. Typed minutes of the meetings are kept in a folder.

Both in the records and in the accounts given by the staff and children inspectors found evidence that efforts are made to accommodate the requests of children wherever possible, and clear reasons are given if they cannot be accommodated. However, some of the more difficult issues are on going, such as respect for privacy amongst the children, and security of personal possessions. Staff are urged to continue to find compromises and imaginative solutions in order to help the children learn the value of shared problem-solving, and maintain faith in the system.

The children are clear that their views are sought and respected. The centre's keyworker system is a valuable means of ensuring that children have a focus for consultation, and the staff are diligent in supporting children in putting forward their views in review meetings. It is commented on in further detail in 4.5.3 below. Staff are to be commended for the level and quality of consultation.

4.4.2 Complaints

The centre has a policy that was developed before transfer to the board. It affirms that children have a right to complain, and that the procedure is explained to them on admission. The procedure is: if a member of staff receives a complaint she will listen carefully to what was being said, explore possible explanations for the actions complained of with the child, discuss it with the person involved and then get back to the complainant. Minor complaints are dealt with on the spot or through discussion at residents' meetings. If the child is happy with the outcome, the matter would be considered closed and written up in the daily log. If the matter has not been resolved by this means the children would be invited to fill up a complaints form.

The children are aware of the complaint forms and know that they can use them if they wish, and that staff would help a child complete one. None has ever opted to do this. Their explanation is that they are able to raise concerns at any time with staff, parents and social workers. After completion, the form would go to the child care leader, who would talk it through with the people involved and report back to the complainant. Social workers would be advised about complaints and get copies of forms. Children are always given feedback on how their concerns have been dealt with. If a child were unhappy with the internal handling of the complaint he could go to a KRCS manager

or his social worker. Staff said that the children are encouraged to say if there is something they are unhappy about. Staff, parents and social workers confirmed that, if they wish, the children can talk to their parents or social workers, and there is a cordless phone that they can take to their own rooms so that calls can be made in private to people outside the centre. They can make calls in private in the playroom and staff will clear the room of other children and staff to facilitate this.

Information on the complaints procedure is in the young person's booklet and in an accessible cartoon poster on the wall at the top of the stairs in the centre.

Parents interviewed were aware of the children's complaints procedure. Social workers were not, but told inspectors that they always check things out with children when they visit to ensure they are happy in the centre. The policy needs to name an independent person, outside the centre, whom children wishing to raise a complaint can contact. Inspectors recommend that those charged with producing the policy and procedures refer to the Inspectorate's guidance notes on 'Children's Complaints Work'. The centre staff are commended for operating an open system well, and responding respectfully to points raised by the children, individually and in a group.

4.4.3 Access to information

The centre has a recently introduced health board policy that affirms that children have a right to access to information. The policy is still under discussion, and has yet to be regularly practised in the centre. All logs are signed and co-signed as a check on their accuracy and fairness but they are not routinely shared with the children. Staff have requested guidelines and training on what they can allow the children to see and on the implications for their recording practice. Over the summer the children were allowed to see some daily logs. Since then they have not asked to see them again. Staff believe that they were reassured that nothing untrue had been written about them.

Inspectors advise those responsible for the production of guidelines and for training of staff to refer to the Inspectorate's guidance notes on 'Children's Access to Information'.

The managers of KRCS told inspectors that booklets are being prepared which will outline children's rights and explain the complaints procedure to children and parents. The children's booklet is in draft form and is at the stage of being sent to the children in each centre so that their opinion on the format and content can be considered. There are representatives from each centre working on the booklets. This is a welcome development, and inspectors would advise managers and staff to include procedures for access to information in the process.

Recommendations

3. **The board should include in its complaints procedure the name of an independent person, outside the centre, whom children wishing to raise a complaint can contact.**

4. **The board should develop the policy on access to information and provide the relevant training to staff so that it can be realised in practice as soon as possible.**

4.5 Planning for Children and Young People

> **There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This 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.**

4.5.1 Suitable placement and admissions

Three of the four children in the centre were admitted before the transfer to the health board in April 2001. Each child's admission was planned, and at the point of admission a care plan was drawn up. All social workers and parents interviewed by inspectors confirmed the view of the child care leader that the children resident in the unit are suitably placed, and that the centre meets their needs. The circumstances of placement of the child under the age of 10 was carefully considered, and a residential placement was thought to best meet his needs and enable a shared care arrangement to work. There is evidence that the need to protect young people from abuse of peers has been taken into account when admissions have been considered. Although the present group are at the younger end of the age range, older children have been in the centre, and the staff have had to adapt their caring style to the differing age groups.

Previously, staff were consulted about admissions. Their understanding is that an admissions panel will be put in place, and they expressed concern to inspectors about how they will maintain some influence over decisions to admit in future. Managers informed inspectors that a new admissions procedure was being introduced whereby social workers will be required to make referrals directly to KRCS managers on a specially designed form. The referral will then be considered by a committee comprising: the KRCS manager, the principal social worker, the team leader, a senior psychologist and the relevant child care leader. If the referral is accepted and a place is offered there will follow a meeting to plan the admission. Prior to admission the social worker will be required to supply the centre with a care plan, social history, educational information, medical information, family contact details, and other relevant information.

4.5.2 Statutory care plans

All the children have care plans, developed by supervising social workers in consultation with others. Staff told inspectors that plans were drawn up at pre-admission meetings for each resident, and that no set format was used.

The files hold evidence of detailed plans drawn up at pre-admission meetings. One includes: reason for admission, a work programme outlining work with the family, a description of the child's needs, positives in the child that staff are to build on, specialist therapeutic services to be provided, access arrangements, adjustments in staffing arrangements, the schedule of planned admission, and an indication of the

frequency of reviews. Another care plan is modelled on the Looking After Children (LAC) forms used in the UK. This was followed up by a pre-admission meeting outlining medical and therapeutic needs, and access. The care plan for two other children was presented to the court during proceedings in anticipation of placement. It gives a detailed account of the board's plans for the children once they are placed at the centre, and identifies the staff at the centre as a key resource in effecting the plan. Neither parents nor children were present for these meetings, but staff, social workers and parents confirmed that they had been consulted about the plans.

Currently, there are no separate placement plans to distinguish between the plan informing day-to-day care of the children and the overall care plan within which short-term objectives are set. However, inspectors were provided with a recently devised format for a placement plan that will be introduced following consultation with staff.

Inspectors were informed that the care plan forms are being revised. Managers are advised that the new format should include a requirement that the child and parents sign the care plan.

Of the parents interviewed one was very clear about the care plan, and reported that it was unfolding in practice as it was designed to do. The other understood all the reasons for placement in the centre, but was unsure of her children's future since it relates to circumstances beyond the control of the centre. She has very frequent face-to-face contact with her social worker and staff, and feels that she is as informed as they are about her children's care. Three of the care plans have been sent to parents. The other was not sent, but the child's mother was made aware of the content. It should be standard practice for all parents to receive copies of care plans.

4.5.3 Statutory care plan reviews

The children's care plans are subject to review in accordance with *Child Care (Placement of Children in Residential Care) Regulations 1995, Part V, Articles 25 & 26.* They occur at intervals of between four and six months and comply with the regulations in terms of frequency. There are meetings between reviews, and in one case a core group made up of centre staff, social worker and community based staff meet fortnightly.

The children are helped prepare for reviews by centre staff. They are given assistance to complete forms in which they are encouraged to record their views about their present care and wishes for the future. Three of them attend part of the meeting. The other is not expected to attend because of his age and understanding, but staff explain the decisions that affect him in a way that he can understand. One child said that he was aware that he could call a special review if things were not working out for him when he returned home. The child, keyworker, social worker and school present reports to all review meetings. In one case a parent reports also. The child care leader, keyworker, and parents attend all reviews. Either their team leader or a principal social worker supports supervising social workers.

Inspectors noted different practices in relation to recording of decisions made at review meetings. In some instances the care plan is re-formulated at each review meeting, reflecting the child's progress, new developments, and issues to be addressed. The outcome of the review is an up-dated care plan signed by the social worker and team

leader. In other instances decisions are recorded as minutes. Inspectors were told that the variations reflect practice in different social work teams.

One parent said that she regularly receives review minutes, but it is not the standard practice for all parents. One social worker admitted that it was as a result of reading the National Standards for Children's Residential Centres in preparation for the inspection that she introduced the practice. Inspectors urge managers to standardise the practice of recording of decisions, and urge all the supervising social workers to ensure that parents receive minutes of them.

Recommendation

5. **The board should adopt a standard practice for recording decisions at review meetings and ensure that all parents receive copies of them.**

4.5.4 Contact with families

The promotion of family ties is a dominant feature of the centre's practice. Parents interviewed by inspectors spoke extremely positively about the level and quality of contact between themselves and the centre staff. They are able to telephone or visit whenever they wish, and they indicated to inspectors that keyworkers related particularly well to them. They were shown respect, and whilst the staff manner was friendly it was also professional. They said that they trusted the staff with the care of their children, and that they are involved in special occasions for the individual children and kept well informed about significant events. One parent described the centre as a 'home from home', and said that she has been included in events being organised by the staff. Staff bring her children to her for access, and pick them up after overnight or weekend stays.

The children have frequent and regular contact with their families. Proximity to family members and facilitation of access were key considerations in the pre-admission discussions. All parents said that they feel welcome whenever they go to the centre, and they do not have to make an appointment. Staff told inspectors, and parents and children confirmed, that they could see their sons in private. Requests for variation in the access arrangements made by parents or children are accommodated as much as possible within the framework of the care plan. Parents receive help to travel to the centre, and the children are transported to see other family members.

Every effort is made to maintain links with siblings and other family members, and in one case, with previous foster carers. One child is in a shared care arrangement, and has frequent stays at home. Another has six overnight stays at home per month, and this is being graduated towards a full time return to his mother's care. The centre staff are commended for the high quality of their communication and contact with parents and families, and for their diligence in promoting the rights of access of the children.

All the parents reported that they receive copies of school reports, and are invited to school events, but one said that she was not invited to school meetings. The centre staff

are urged by inspectors to arrange for the invitation to school meetings to be extended to every parent.

4.5.5 *Supervision and visiting of young people*

In accordance with Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 24, visits to children by their supervising social workers is in compliance with and exceeds statutory expectations.

It was not the regular practice for supervising social workers to read the records kept at the centre relating to the children, but the manager of KRCS wrote to them asking them to do so. All social workers have done so since receiving the request, and inspectors would urge them to continue.

The visits of social workers are recorded in the visitors' book, the centre diary, the individual child's daily log, and the child's file. Details of any action taken as a consequence of the visit are recorded. All social workers reported to inspectors that they are notified of significant events by telephone and in writing. Communication between the social workers and staff is very good, and they keep each other informed of all matters concerning the care of the children. Inspectors commend the staff and social workers for the highly professional way in which they communicate with each other.

4.5.6 *Social work role*

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties on concerns they have in relation to any aspects of their care.

Social workers spoke highly of the quality of care provided by the centre. They said that they work in partnership with the staff. They praised staff for identifying strengths as well as weaknesses in the children and encouraging all round development, and for having a very good understanding of children's circumstances and care plans. They are made to feel welcome when they visit and enjoy good working relationships with managers, keyworkers, and other care staff. They can see the children in private in the centre, but also take them out. One social worker remarked that the centre had managed transition of the centre to the health board well, and she had not noticed any difference in the quality of service provided by the staff as a result of the change.

The children's files hold detailed social histories provided by the supervising social workers, as well as care plans and care plan reviews. Inspectors received completed questionnaires and interviewed all the social workers, and they all confirmed that they were satisfied that the children are safe and well cared for in the centre.

4.5.7 *Emotional and specialist support*

Care staff are aware of the emotional and psychological needs of the young people, and the caring ethos of the centre facilitates the meeting of those needs.

There is a policy on keyworking that translates into practice. The role of the keyworker is to help the child through the admission process, to oversee the meeting of his physical, medical and recreational needs, to advocate for the child, to prepare him for reviews, to complete a report for his review, to organise birthday parties, Christmas presents, and other special events. The staff rota facilitates keyworkers having one day a month for administrative tasks.

Keyworkers engage in direct work with children. For example, one keyworker is doing sex education with a child. It was discussed with his mother, it dovetails into the programme he is undertaking at school, is agreed as part of his care plan, and is being supervised by the child care leader. Another young child is being given help with control of his temper. His outbursts are understood by staff as having to do with his frustration and staff help him cope with this. He has experienced a disrupted education, and through the medium of play staff have been helping him to understand numbers, colours and shapes. Staff changes have meant changes in keyworker for two of the children, but one of the previous keyworkers still works in the centre, and the role was handed on rather than left unfilled for a time.

Children have access to specialist services as appropriate. Two children receive counselling from psychologists. One has had a gap of three months in the provision of a counselling service because a psychologist has left employment and has yet to be replaced. Over the last two years his counselling has been sporadic owing to changes of psychology personnel. His keyworker has highlighted this gap, and his mother regarded the service as an integral part of his being in care and is concerned that the delay in appointing a replacement may have an impact on him. Another child attends a speech therapist. Family therapy is provided for another child and his mother, and is part of a programme of his return to her care. His mother also receives support from a community based childcare worker. Both staff and social workers viewed access to the psychology department as particularly important in supporting their work with children. The service was described as providing an excellent interdisciplinary approach to meeting the needs of the children. The senior psychologist is to be a member of the new admissions committee, and psychologists already attend reviews and meetings on children with whom they are involved.

Staff have received support for individual work and for group care from the psychology service. As a result of an incident the senior psychologist provided training for the staff on suicide awareness. There were concerns in the centre about some children acting out sexually, so the senior psychologist organised training about sexuality. Since inspection the staff training audit has highlighted two areas for future training of the centre staff: dealing with sexualised behaviour, and child and adolescent development. Staff reported to inspectors that the support received from the psychology department has been very good. However, a psychologist who was available to staff for consultation in relation to emotional and psychological issues has left, and the centre are awaiting the appointment of a successor in order to continue access to consultation.

Since 1995 there has been a commendable and important tradition of psychologists working closely with the children, staff, and managers of the residential care services. The recently created post for a psychologist to work full time within residential care

services demonstrates the board's commitment to the emotional and psychological well being of the children in their care.

4.5.8 Preparation for leaving care

The care plan of one child in the centre clearly demonstrates the centre's policy on preparation for leaving care. The child is having graduated increases in visits home, and the nature of his relationship with his mother while he is in her care is carefully assessed. The programme is paced to ensure that all parties are confident about their future. Staff, and the supervising social worker have explained the process to him, and he has a good understanding of the plan and of the hoped-for outcome, and is able to discuss his concerns about it as it progresses. His mother is supported by a community based childcare worker, and she can discuss her concerns about her role in the transition as the plan unfolds.

4.5.9 Discharges

Discharges take place as part of the care planning process. However, during the past year two residents at the centre have left suddenly as a result of criminal activities in the community and have moved to detention facilities.

4.5.10 Aftercare

The health board does not have a written policy on after care provision that outlines all aspects of support and entitlements for a young person leaving the care system. The board has a working group looking at all aspects of provision of after care support.

The board has recently appointed a person to the position of outreach / aftercare worker. The principal duties of the post are described in a job description: being involved in the discharge plan; supporting a young person in finding accommodation, training, employment or further education; organising trips, courses, and group; support for the family and young person in shared care arrangements; structured meetings with the young person; maintaining links with young people who transfer from residential to foster care; and working with young people who return home after a limited time in care.

The board is urged by inspectors to underpin the appointment with an aftercare policy and clear information for young people and parents about procedures and entitlements.

Recommendation

6. **The board should develop an aftercare policy which informs the after care service available to all young people leaving care.**

4.5.11 Children's case and care records

In accordance with *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 22* each child has a permanent, private and secure case file maintained by the supervising social worker.

The care files maintained at the centre were of an excellent standard. There were daily logs for each child. Inside the front cover was a front sheet in a clear folder with basic information on the child. It contained: name, dates of birth and of admission, care status, family details, significant others, GP, medical information, medical card, social worker, school, class, emergency contact and date of completion of sheet, a monthly analysis sheet, a physical description of the child, and where appropriate, a medication chart. The monthly analysis sheet was in chart form with a column for each day and boxes in which to enter notes on the child's behaviour, social work contact, family contact, visits to GP, dentist, counsellor, school contact, child care worker contact, participation in sports and hobbies, and over night stays at home. For each day there was a clear, factual account of the day that included visits from social worker or parents. All entries were signed by the author and countersigned by a colleague. The entries confirmed the impression gained from observation and interviews of a high standard of child care practice.

The files contained all the relevant documentation including birth certificates, care orders, parental consent forms, medical information, school reports, care plans and reviews, keyworker reports, incident reports, and other documentation. The divisions were clearly identified at the beginning of the file and although there was a large volume of information, it was easy to access. Inspectors found no inconsistencies in the practice of record keeping. Each child's file was of a similar standard. There was evidence that the child care leader and managers of KRCS examined the records regularly.

Other recording devices support the individual logs, such as: the desk diary, the visitors' book, the post book, the telephone book, and sanctions book. Inspectors examined these in detail looking at samples from different weeks during the last year. They found one instance in which a young person made false claims about his whereabouts during a series of calls to the unit, and made comments about staff and other children. On his return to the centre he was interviewed, and a record of the interview went on to his file. However, the entry in the diary gives the impression that there was no follow up. Inspectors suggest that centre staff consider introducing cross-referencing from one record to another when recording matters of major significance, and that those with responsibility for monitoring records check to see that significant information does not become lost in the volume of the record. Inspectors advise that, even though their records are good, staff should receive refresher training in record keeping from time to time because determining the significance of information, and the way it is used to support the main duty of care of the child, is a matter of judgement.

Managers of KRCS were in the process of introducing a common style of record keeping across the centres. In October 2001 the staff group at the centre discussed a proposed change in the format of children's files, and they decided not to change their system. Inspectors would suggest that since the system is already of a high standard any changes that are made should be introduced in consultation with staff.

Overall, the records are a model of good practice, and the centre staff are commended for maintaining such a high standard in this area.

4.6 Care of young people

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

4.6.1 Individual care in group living

There are many examples of how the young people were cared for in a manner that respects their wishes, preferences, and individuality. This was evident in the centre and was reflected in the relationships the children had with their social workers.

The emotional life of the children was given particular attention. Each was clear about who their keyworker was and what the keyworker could do for them. Those interviewed spoke highly of the keyworkers and social workers, and felt that they could approach them to discuss anything that they wished to discuss.

Young people are encouraged to make choices about personal appearance and clothing. They are facilitated to go to the shops as individuals to make purchases. They can go to a local shop for sweets and treats. They are accompanied by staff to go town for the purchase of bigger items such as clothes and CDs. The centre ensures that cash is used on these occasions, and that trips out in the community carry no institutional stigma. All the children have hobbies such as: swimming, basketball, football, judo and horse riding. They also attend the local Aquadome frequently, simply to have leisure time away from the centre. The centre holds library tickets for each child. Children have been on holiday, and three of the boys attended summer camps in Summer 2001. Another camp holiday was arranged to meet the individual needs of the other boy.

Children are permitted to invite their friends to the centre when they wish. Some have their friends visit at the weekends when there are fewer residents in the centre. They can reciprocate visits by going to their friends' homes, through negotiation between staff and parents, in the same way that peers in the community do.

Certificates of achievement are kept on the children's files, but while other memorabilia and precious belongings can be kept in the office by staff, inspectors were impressed to see family photographs, medals and sporting trophies in the children's bedrooms.

There has been some discussion about the safety of items in bedrooms because of difficulties some of the children have in respecting privacy. The proposal of introducing lockers may well solve the problem, but it seemed to inspectors that the personalisation of bedrooms with the individual child's belongings was an indication of their having a sense of home in the centre, and would urge managers and staff, in

consultation with the children, to find a way of securing belongings that does not entail the loss of homeliness.

Staff maintain a high level of vigilance in order to ensure respect for privacy, but work needs to be done with the children on the formulation of an agreed code of conduct so that they may internalise reasons for respecting their own and others' privacy. This is important for them also in terms of safe self-care. The children's meetings provide an important forum in which to explore the concerns the children have about privacy.

The centre celebrates the festive occasions, such as first holy communion, and the children's birthdays. It also encourages and facilitates the children in joining in other events enjoyed by their peers in the community, such as 'trick or treating' on Halloween.

The inspectors shared an evening meal with the staff and children and were impressed by the general level of courtesy and spontaneous interaction between the staff and children. Staff showed patience and courtesy when correcting table manners, and reassured a young child when a subject of conversation related to a news item seemed to make him anxious.

The settling routine in the evening was well managed. The centre gradually became quieter, and children were given ample time to get ready for bed. The two who share a room were given the option of having a story read by staff, and listened quietly as an age-appropriate book was read to them.

4.6.2 Provision of food and cooking facilities

All staff take turns in cooking for the group. Only one staff member has had training in food preparation and hygiene. There are no set menus, but staff note what children prefer, and do a weekly shop accordingly. They provide a varied diet, and if a child does not like what is presented he is offered an alternative. Individual tastes are catered for. A child's favourite dinner may be cooked for him at least once, and sometimes twice a week. The food provided is sufficient, nutritious and appetising.

4.6.3 Race, culture, religion, gender and disability

The centre has an anti-discrimination and anti-bullying policy. The children at the centre enjoy the same opportunities as their peers and are not subject to discrimination. Staff have had occasion to deal with issues regarding race, and inspectors found evidence that it was managed sensitively. From interviews with the child care leader, staff, and children it is clear that anti-racist values inform practice at the centre.

Disability in terms of learning difficulties are recognised and addressed by staff, both in their day-to-day dealings with the children, and in arranging special input to support children with difficulties. For example, one keyworker secured the help of a teacher to come to the centre and provide extra help for a child with literacy problems. All staff were enlisted to support the child as he did the work, and there has been a noticeable advance in his literacy skills. Both his mother and his social worker praised staff for their perseverance in acquiring the resource and ensuring that the child benefited from it. Keyworkers have also been involved in programmes of work with individual children about their origins and the circumstances in which they came into care.

Staff would benefit from guidance on assisting children in explaining their status in care to adults and peers in the community in a way that does not compromise their privacy.

The boys are Catholic, and attend mass in accordance with the wishes of their parents. One boy made his communion from the centre, and another is being prepared for his in the coming months. Children are not sanctioned if they refuse to attend mass.

The majority of staff are female. The social workers, counsellors, and GP are female also. There are two male staff members: one day and one night staff. The day staff member told inspectors that the boys have expressed surprise to see him carrying out domestic chores. He acknowledged that how he presents himself and deals with situations is an important part of the development of a self-image in the boys. Staff are sensitive to the boys' need for more male role models, but the centre has difficulty in meeting this need. Two of the children have male teachers, and some have access to adult males through sports activities in the community.

The centre recognises that importance of the family as a source of heritage and identity. Information about the family is collected and shared with the children, and every opportunity to promote positive contact is taken by staff and social workers. The children spoke of the centre as their home, but also were clear that they had a base with their family. Frequent visits by parents, and in one case daily phone calls, ensure that they are able to identify their family as their main basis for identity.

4.6.4 Managing behaviour

There is a sanctions policy that states what measures can and cannot be used in response to inappropriate behaviour. It states that sanctions should be about learning, not punishment and that issues should be talked through with the young people. Sanctions are used sparingly. The sanctions most commonly used in the centre are time out in the child's bedroom for between three and ten minutes, a chore, or TV switched off for a while. The child is given a warning first that if he does not follow staff instruction he will be sanctioned. Once imposed, time out usually works well. The boys respond and use the time to calm themselves. Sometimes a child is sent to bed early but this is exceptional and normally he is given an opportunity to do something positive to have this set aside. Sometimes, a boy is given a chore to do. It is rare for one child to hit another, but if it happens, the assailant would be sent to his room to cool off, his behaviour would be discussed with him, and a sanction would be given such as stopping an outing. This would not be a family contact or hobby activity. The sanction is recorded in the sanctions book, and the KRCS managers visiting the centre examine the book in order to monitor the centre's practice.

Inspectors found evidence that children understood well how they should behave towards staff and the other residents. For example, bad language is corrected, and could be sanctioned, but the context in which it is used is considered. In an instance where one child was using a lot of bad language when frustrated, staff worked at helping him understand and cope with his frustration. Staff told inspectors that as much of his bad language and poor behaviour as possible was managed by minimal intervention, and the other children understood and were able to accept this. Depending on circumstances, if the behaviour persisted in spite of staff intervention

the child would be given a warning and sanctioned only after all other steps had been taken. Inspectors were impressed by the efforts staff made to respond to the children as individuals when managing inappropriate behaviour, and to use measures that would encourage learning rather than simply impose control. There was clear evidence that staff manage behaviour by promoting positive, trusting relationships between staff and children.

4.6.7 Restraint

The centre has a policy of not using physical restraint. Restraint was last used on a child who was discharged in 1999, and none of the current residents of the centre have been restrained.

Only two members of staff have had training in Therapeutic Crisis Intervention. It was pointed out to inspectors that TCI training is not solely about physical restraint, and that the de-escalation and life space interview elements could be of value to all staff.

Inspectors were of the view that the policy of not using physical restraint is an important feature of the centre that managers should endeavour to preserve, and would advise consideration of staff training suitable for maintaining current policy and practice.

4.6.8 Absence without authority

The centre has a written policy on unauthorised absences. Among the current residents there have been only two absences without authority during the year prior to the inspection. On those occasions the procedures for notifying parents, social worker, and manager on call were followed, and a record of the absences was found in the files.

4.7 Safeguarding and Child Protection

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.

4.7.1 Safeguarding

The centre does not have a safeguarding policy. However, there is a policy on dealing with disclosures, and staff told inspectors that safeguarding is a dimension of a number of policies and they are conscious of safeguarding issues in their practice. They understand the requirement for staff to be able to bring matters of concern about colleagues to the attention of the manager, and safeguarding issues are discussed at staff meetings. Staff work in pairs and there is one live night staff. The night staff described to inspectors procedures for responding to a child who wakes in the night, which indicate that safeguarding is a primary consideration. The records are designed to be totally accountable. The children have a complaints procedure in which they are confident, and they can raise concerns at their meetings. They have access to several

people outside the centre, including their parents, social workers and counsellors, to whom they could bring concerns, and the quality of their relationships with their keyworkers means that they can raise concerns with them. Five staff have undergone two-day training on Children First and/or child protection. (See the chart in 4.2.6 above).

While there is evidence that staff have knowledge of safeguarding practices there is a need for a policy and clear guidelines to inform practice. For example, staff are required to support the children in understanding the boundaries of appropriate sexual behaviour. Staff were alert to potential risks and exercised vigilance, but they acknowledged the difficulty caused by trying to balance supervision with the child's right to privacy. In one case, a keyworker has undertaken a weekly Stay Safe programme with the child. The social worker gave material for the work to the keyworker, who adapted it to suit the child's needs. The keyworker had a diploma in health promotion, and was familiar with the material. The child's mother was consulted about the work, and it was agreed in a care plan review. The keyworker keeps a record of each session.

In another instance, staff expressed concern about a young child's wish to access unsuitable videos and affirmed that they control his choices. However, he was watching news and other items on TV, before the nine p.m. watershed, which caused him some anxiety, and inspectors felt that an aspect of safeguarding for him would be both to exercise parental judgement over what he may see, and to put those things that make him anxious in context by age-appropriate discussion and reassurance.

4.7.2 Child protection

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Staff are aware of their obligation to report child protection concerns. They have responded to concerns arising out of incidents between the children. Inspectors heard accounts of incidents and disclosures and saw evidence on the files, including a letter on one file from a professional outside the centre raising concerns about a particular episode. On discussing the matter with staff, inspectors discovered that it had been responded to appropriately, but there was confusion about the staff's role in the response. The letter stood alone and no reference was made to a response. Inspectors advised that such letters be responded to or that the section of the file be cross-referenced to a section dealing with the response. The incident demonstrated a need for a policy, procedures, and training, as well as protocols for communication between professionals, in respect of child protection.

Recommendation

7. **The board should ensure that written policies on safeguarding practices and child protection are devised, and that training opportunities in Children First are extended to all staff.**

4.8 Education

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 education facilities.

All the children attend school, and all do homework, with help from staff. Three of them attend primary schools. One of them repeated first class and received remedial help in school, but staff felt this was inadequate. In consultation with his social worker they organised additional support for him. This has helped him academically but also raised his self-confidence and helped to improve his behaviour. His social worker praised staff for their persistence in making this arrangement and committing themselves to its objectives. Another child attends a special school. He gets remedial teaching and centre staff also help him. He requires a lot of assistance with his homework, but he is keeping up with his peers in class. All school reports are kept on the children's care files.

Children get the opportunity to do their homework after they have had a snack. Once it is complete they are free to engage in activities or watch TV. They can do the work later so that it does not interfere with activities in the community. All the children, even those with difficulties, seemed to take their homework seriously.

Parents told inspectors that they were satisfied that their children's educational needs are being met. They receive school reports, and are invited to school events. One parent said that she would like to be invited to teacher/parent meetings. Another attends meetings with the keyworker. Inspectors recommend that the KRCS managers ensure that all parents are given the opportunity to go to school meetings.

Teachers reported excellent levels of communication and co-operation between centre staff and the schools.

It is clear that education is highly valued by the centre, and that the high expectations of staff are matched by encouragement and practical support. Management and staff are highly commended for the extent to which the centre meets this standard.

4.9 Health

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

The children all had medical examinations on admission to care, in some cases on the day of admission. Care records contain information on medical and health issues and the children receive medical, dental, ophthalmic and specialist services as required. All the children have medical cards, and all have female GPs. Two of the children are registered with their family GPs. Parents sign consents for any medical treatment, and

are kept informed of any lesser problems, such as colds or grazes. Social workers are notified of all health matters.

Medication is kept in a locked cabinet in the staff office. Care records contain a clear record of all medication administered, both prescribed and non-prescribed. The administration of medication is carried out by two staff, both of whom sign the documentation. A book is kept inside the medical cabinet to record exactly what medicines are held in it and when and by whom they have been removed.

There is one qualified nurse on the staff, and apart from training on qualification courses, only one other member of staff has had formal first aid training.

In line with health board's policy, the centre has a no smoking policy, and none of the current children smoke. However, some staff smoke outside the house and out of sight of the children, but inspectors found a receptacle by the back door of the kitchen with a large quantity of cigarette butts. Managers of the centre accepted the advice that the butt container be removed. Staff are urged to consider the message they are giving to children in the way in which smoking is managed.

Apart from basic self-care such as presentation, hygiene and diet, children also receive advice from staff on sexuality, and on the impact of alcohol abuse. One member of staff has a diploma in health promotion, but others would benefit from training to ensure that they are advising children appropriately from a sound knowledge base.

4.10 Premises and safety

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

4.10.1 Accommodation

The accommodation is a four bedroomed, detached, two-storey house in a side road. One of the rooms upstairs is used as an office. The other three rooms are the children's bedrooms with two brothers sharing the largest. Downstairs there is a lounge, playroom and kitchen/diner. There is a room behind the lounge, accessible from the kitchen, which had been used as a young person's bedroom. The centre was advised by the fire safety officer of the SHB not to continue using it for that purpose. The centre is in good decorative order, and furnishings and facilities are adequate and sufficient for the number of children living there, which has been reduced to four. The present house is small, and it can be hard to accommodate visitors and ensure their privacy.

From the staff perspective the accommodation is not adequate. There is no staff bedroom. Staff on sleep-in duty have to use either the playroom or the back room, and use a put-you-up folding bed which is kept under the stairs. The playroom, in common with the other ground floor rooms, is accessible from two other areas of the house, so this arrangement does not afford staff enough dignity and privacy. Staff have brought their concerns about this to the attention of managers. The building is still owned by the Mercy Order and board's plan is to move to purpose-built accommodation in the future. Notwithstanding the board's intentions, inspectors would advise that, in the interim, this matter should be resolved as soon as possible.

The centre is well lit, heated, and ventilated, and has suitable domestic style facilities for cooking and laundry. There is a playroom with board games, a spare TV, and a computer. At the rear of the building there is a large, enclosed, grassed area with a shed containing bicycles. The children's bedrooms have been personalised, but some of the fittings, particularly the louvre doors on the wardrobes, need repair.

In accordance with *Child Care (Placement of Children in Residential Centres) Regulations, 1995, Part III, Article 14* the centre is adequately insured against accidents or injuries to children, and has cover for general Employers and Public liability. Inspectors were given written confirmation of the policy, which is due for renewal on 1st January 2002.

4.10.2 Maintenance and repairs

The board's maintenance department do routine maintenance and repairs. Plumbing, electrics and glazing are tendered to outside contractors, and there is immediate access to them. The centre used to have an emergency maintenance service. Since transfer to the health board it has ceased, but this has presented no problem so far. Maintenance requests are recorded in a dedicated folder with specially designed forms. They show the date, the request, and the signature of the member of staff. They also record the work carried out, the date, and the signature of the member of staff who checked that the work was done.

There is no evidence that managers external to the centre routinely monitor the premises in terms of health and safety. Inspectors found some causes for concern outside the building. The shower drainpipe was broken and was leaving a trail of slime on the back wall. The unit leader told inspectors that it has been repaired several times. The shed at the end of the garden had three hazards worthy of attention: wire mesh protruding at children's eye level; long barge boards held on by one nail; and water coming through an electrical fitting. The centre staff were aware of these problems but reported difficulty in getting them attended to quickly. Managers were urged by inspectors to address these problems as soon as possible since they present a risk to the children in their care.

Since the intention of the board is to move the centre to another property there is no programme of long-term capital works and maintenance.

4.10.3 Safety

A safety audit was completed on 18th May 2000. All eleven identified hazards were attended to. Inspectors recommend that a further safety audit take place.

The centre vehicle is properly taxed, insured and maintained. It is driven by all staff who hold a full licence. Copies of their licences are kept on file in the KRCS office in Killarney.

One of the staff has been designated health and safety officer. He described this responsibility as ensuring that the unit is maintained and faults repaired. He has had

no training for this role. There is no discrete system for reporting health and safety concerns.

Recommendations

8. **The board should carry out an up to date health and safety risk assessment of the centre.**

9. **The board should endorse the designation of the health and safety officer, provide him with training, and ensure that there is a proper system in place for reporting health and safety concerns.**

4.10.4 Fire Safety

The centre has an automatic fire alarm and emergency lighting system. There are fire extinguishers, a fire blanket, and notices about fire evacuation procedures as appropriate. The fire extinguishers are serviced annually, the last check being about two weeks before the inspection. Fire drills take place on an average of every two months and are recorded in detail in a specific book. Staff have been given a talk by the fire officer about fire safety, but require further training.

Recently, inspectors were given a copy of a report from the SHB Technical Services Department's Project Engineer covering fire safety in the centre. The report followed inspection of the premises on 23rd January 2002. The inspection outlined details of remedial work that is needed before the building is fully compliant with the requirements of the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Article 12.*

Recommendation

10. **The board should ensure that the centre is in compliance with Child Care (Placement of Children in Residential Care) Regulations, 1995, Article 12, and provide all staff with fire safety training.**

5. Summary of Recommendations

1. **The board should ensure that vetting procedures for all staff are vigorously applied.**

2. **The board should ensure that an authorised officer is assigned the task of monitoring the centre in accordance with Child Care (Placement of Children in Residential Centres) Regulations, 1995, Part III, Article 17.**

3. **The board should include in its complaints procedure the name of an independent person, outside the centre, whom children wishing to raise a complaint can contact.**

4. **The board should develop the policy on access to information and provide the relevant training to staff so that it can be realised in practice as soon as possible.**

5. **The board should adopt a standard practice for recording decisions at review meetings and ensure that all parents receive copies of them.**

6. **The board should develop an aftercare policy which informs the after care service available to all young people leaving care.**

7. **The board should ensure that written policies on safeguarding practices and child protection are devised, and that training opportunities in Children First are extended to all staff.**

8. **The board should carry out an up to date health and safety risk assessment of the centre.**

9. **The board should endorse the designation of the health and safety officer, provide him with training, and ensure that there is a proper system in place for reporting health and safety concerns.**

10. **The board should ensure that the centre is in compliance with Child Care (Placement of Children in Residential Care) Regulations, 1995, Article 12, and provide all staff with fire safety training.**