



**SOCIAL SERVICES  
INSPECTORATE**

**A HIGH SUPPORT UNIT IN THE  
SOUTH EASTERN HEALTH BOARD  
CARLOW/KILKENNY COMMUNITY CARE  
AREA**

**INSPECTION REPORT ID NUMBER: 51**

**Publication Date: 1 Aug 2002  
SSI Inspection Period: 3  
Centre ID Number: 65**

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

1. **Executive Summary**
2. **Introduction**
  - 2.1 *Methodology*
  - 2.2 *Acknowledgements*
3. **Setting the scene: the unit; background and its population**
4. **Standards: the findings**
  - 4.1 *Statement of purpose and function*
  - 4.2 *Management and care staff*
    - 4.2.1 *Management*
    - 4.2.2 *Register*
    - 4.2.3 *Notification of significant events*
    - 4.2.4 *Care staffing*
    - 4.2.5 *Supervision and support*
    - 4.2.6 *Training and development*
    - 4.2.7 *Administrative files*
  - 4.3 *Monitoring*
  - 4.4 *Children's rights*
    - 4.4.1 *Consultation*
    - 4.4.2 *Complaints procedures*
    - 4.4.3 *Access to information*
  - 4.5 *Planning for children and young people*
    - 4.5.1 *Suitable placement and admissions*
    - 4.5.2 *Statutory care plans*
    - 4.5.3 *Statutory care plan reviews*
    - 4.5.4 *Contact with family*
    - 4.5.5 *Supervision and visiting of young people*
    - 4.5.6 *Social work role*
    - 4.5.7 *Emotional and specialist support*
    - 4.5.8 *Preparation for leaving care*
    - 4.5.9 *Discharges*
    - 4.5.10 *Aftercare*
    - 4.5.11 *Children's case and care records*
  - 4.6 *Care of young people*
    - 4.6.1 *Individual care in group living*
    - 4.6.2 *Provision of food and cooking facilities*
    - 4.6.3 *Race, culture, religion, gender and disability*
    - 4.6.4 *Managing behaviour*
    - 4.6.5 *Restraint*
    - 4.6.6 *Absence without authority*
  - 4.7 *Safeguarding and child protection*
  - 4.8 *Education*
  - 4.9 *Health*
  - 4.10 *Premises and safety*
    - 4.10.1 *Accommodation*
    - 4.10.2 *Maintenance and repairs*
    - 4.10.3 *Safety*
    - 4.10.4 *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 High Support Centre, which took place on the 12<sup>th</sup>, 13<sup>th</sup> and 14<sup>th</sup> June, 2000. Readers wishing a more detailed account should refer to the main sections of the report.

This high support centre was established in 1997. It is located in the South Eastern Health Board (SEHB) and is managed by Carlow/Kilkenny community care area. It provides high support care for five boys between the ages of 12-18, offering a regional service a regional service to the SEHB, the Mid Western Health Board (MWHB) and the Southern Health Board (SHB). It is one of four high support centres located in the SEHB.

At the date the inspection was announced there were five young people resident in the centre, one of whom was discharged shortly before the inspection commenced.

Inspectors found evidence of a strong commitment to providing a high quality service to the young people. The young people are cared for in a warm and professional manner. They are positive about the care they receive and the relationships they have with the centre manager and staff. There is a clear ethos of respect for young people's rights. They are consulted about decisions that effect their lives and have confidence in the complaints procedure.

The staff team is comprised of an acting centre manager; twenty-six care staff, fifteen of whom are employed on a full time basis; a psychotherapist; a teacher and class room assistant; a part time administrator and a person employed for domestic duties. The overall length of staff service in the unit has provided the young people with stability and consistency of care. Five staff members held a recognised qualification in child care and five held other relevant qualifications. A further five had recently completed exams and await results for a two year national certificate in child care. They hope to progress to a one year diploma in child care.

The inspectors were not satisfied that appropriate staff vetting procedures were in place. The centre was unable to produce references for five members of staff or Garda clearances for six members of staff.

The staff are aware of the emotional and psychological needs of the young people and through the work of the psychotherapist, the keyworker role and the general ethos of the centre, facilitate the assessment and meeting of those needs. The absence of the psychotherapist since February 2002, due to sick leave, had implications for providing the measure of therapeutic intervention outlined in the statement of purpose and function for the centre. However at the time of writing the psychotherapist had returned from leave.

Both centre staff and social work staff enjoy a professional working relationship. There is good communication between both groups and issues are addressed as they arise. Social work visits to the centre both comply with and exceed the requirements of regulation. One young person has been without an allocated social worker for a number of months. All placements are supported by statutory care plans and statutory care plan reviews take place every three to four months.

Education is provided on-site for three of the young people. A fourth attends school in the community. Educational programmes are devised that reflect individual capabilities and interests. The education service provided in the centre is undergoing a process of change. A non-teaching school principal was recently employed to manage the educational provision in three of the board's high support centres and a recruitment competition for two permanent teacher posts and one temporary whole time post has taken place. Such developments provide a timely opportunity to review and develop the educational programme provided.

The work of the centre is informed by a set of policies and procedures. This requires revision to include written guidance in relation to safeguarding practices. There is also a need for the board to devise clear procedures for investigating allegations of abuse against staff members and to clarify inter-board child protection notification procedures.

The standard of décor and furnishings is high, providing an ethos of respect for the young people. Efforts are clearly made to create as comfortable and domestic a setting in what is structurally an institutional building. Many of the young people's paintings are framed which create a pleasant ambience and bright atmosphere in their living area.

Overall the staff team are commended for the extent to which they provide a consistent quality of care for the young people in a manner that allows them to feel safe, supported, and consulted, and assists them in moving towards the future with greater confidence and self awareness.

While the report outlines a number of recommendations to further enhance the service provided both management and staff are commended on the extent to which the centre substantially meets the requirements of the *National Standards for Children's Residential Centres*.

# **1 Introduction**

The inspection of this children's residential centre was carried out by the Social Services Inspectorate under the provisions of section 69(2) of the Child Care Act, 1991. It took place over a period of three days (12,13 and 14<sup>th</sup> June, 2002) and was preceded by a pre-inspection meeting with some of the staff and young people. The inspectors involved were Ann Ryan (lead inspector) and Mike Mc Namara (support inspector).

## **2.1 Methodology**

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

- The young people's care files;
- All administrative records;
- Census forms on the young people;
- Census forms on the staff;
- Questionnaires completed by social workers and parents;
- Statement of Purpose and Function;
- Policy and Procedures document;
- Health and Safety Statement.

During the course of the inspection the inspectors interviewed the acting centre manager, four members of the care staff, the school principal and teacher and the young people resident in the centre. Also interviewed were the young people's social workers, one parent and the general manager and child care manager.

## **2.2 Acknowledgements**

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

# **3 Setting the scene: background, the unit and its population**

## **3.1 Background**

This children's residential centre was established in 1997. It provides high support residential care for boys between the age of 12-18 years who present with specific behavioural difficulties. It is located in the South Eastern Health Board (SEHB) and provides a regional service for the SEHB, the Mid Western Health Board (MWHB) and the Southern Health Board (SHB).

### 3.2 *Data on Young People*

At the date the inspection was announced there were five young people resident in the centre, one of whom was discharged shortly before the inspection commenced.

Young Person	Age	Length of time in centre	Legal Status	Previous Placements
#1	14 years	1.6 years	Care Order	2 Foster Care 1 Residential
#2	18 years	3.7 yrs.	Voluntary Agreement	1 Residential
#3	15 years	1 year	Care Order	3 Residential
#4	17 years	2.10 yrs.	Voluntary Agreement	Respite Care
#5	16 years	4 months	Care Order	2 Residential

The young people ranged in age from fourteen years to eighteen years, all of whom had previous care placements.

## 4. **Standards: the findings**

### 4.1 *Statement of purpose and function*

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

The centre has a statement that clearly defines the purpose and function of the centre, specifies the population it caters for and the service it aims to provide. It states that it is a regional service that provides a therapeutic residential care service for five boys aged between twelve and eighteen years.

The statement is accompanied by the key policies that inform practice in the centre. While staff are familiar with the statement and policy document and show an understanding of its contents, it is not made available in accessible form to young people, parents, or social workers. There is a general information booklet for parents and young people that provides information about placement in any of the residential care centres in the SEHB. However this centre has a specific purpose and function and this should be reflected in the written information provided to parents, young people and social workers.

At the time of inspection one important aspect of the day-to-day operation of the centre did not reflect the statement of purpose and function. This specifically refers to the fact that, due to the sick leave absence of the psychotherapist, the centre was not in a position to offer *'therapeutic assessment and 1:1 therapy regarding specific behaviour and related issues which have been identified during the admission process'*, as outlined in the statement of purpose and function for the centre.

Interim measures were taken to address this deficit by accessing some therapy outside the centre, but neither managers or social workers regarded them as satisfactory. The lack of on-site therapeutic intervention had clear implications in relation to the provision of assessments and individual therapy. In the absence of this intervention the centre was prevented from specifically addressing the therapeutic needs of the young people

On the final day of inspection the inspectors were informed that the therapist was due to return to work within days. However, given the distinct purpose of the centre, the board have a responsibility to ensure that the centre consistently functions within the definition of that purpose. Provision must be made to ensure that the young people get continued therapeutic input so that individual care plans are not impeded by the absence of one designated therapist.

**Recommendations:**

1. The statement of purpose and function and accompanying practices should be available in a form that is accessible to young people, families and supervising social workers.
2. The board should ensure that the young people's therapeutic needs are consistently addressed.

**4.2**      *Management and care staffing*

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

**4.2.1**      *Management*

The centre has been managed on an acting basis since June 2001, following the resignation of the previous post holder. The acting manager currently holds the post of Residential Care Services Manager, and in this role, has responsibility for two other children's residential centres along with acting manager responsibility for this centre. Therefore he must share his time, and operate two roles, managing the needs of three centres.

Following interview the permanent manager post was offered in October 2001. However it has not yet been filled due to the work demands of the board's

central recruitment section. In an effort to address these difficulties the Human Resource Officer for the board has approved a Grade 6 post to advertise and process certain local vacancies.

The delay in assigning a permanent manager to the centre is unacceptable. While both the acting manager and staff are doing a commendable job in these circumstances, the service provided by this centre requires a manager who is available to both the staff and young people on a full time basis.

The acting centre manager reports to the general manager and receives professional supervision on a three weekly basis from an external consultant. The centre also has the support of an advisory committee that meets every two months. The advisory committee provides a support role for the centre manager and a forum for monitoring the progress and developments of the centre. The committee is made up of representatives of the health board, education and the local community through the involvement of the local youth services. It is chaired by the child care manager.

#### *4.2.2 Register*

The centre manager maintains a register of all young people admitted to and discharged from the centre. Admission and discharge details are also returned on a monthly basis to a central administrative office of the board.

#### *4.2.3 Notification of significant events*

Details of all significant events such as accidents, unauthorised absences and the use of physical restraint are recorded on significant event forms and are forwarded to the young peoples' social workers. However, while it is general practice to inform social workers by telephone of any significant events, the inspectors learned of a delay in social workers receiving the written details. This has resulted in a social worker receiving a number of significant event forms at the same time relating to incidents over the previous month.

The centre manager should address the reasons for the delay in forwarding significant event forms to social workers and ensure that a prompt notification procedure in relation to written details of significant events is in place.

#### **Recommendation:**

3. The centre manager should ensure that social workers receive copies of significant event forms as soon as possible after each event.

## 4.2.4

*Care staffing*STAFF EXPERIENCE, STATUS AND QUALIFICATIONS

CARE STAFF	LENGTH OF SERVICE IN CENTRE	EMPLOYMENT STATUS	QUALIFICATIONS
Acting Manager	1 year	P/T Temporary	R.M.H.N.
Child Care Leader	5 years	F/T Permanent	Reg. Gen./Psy. Nurse
Child Care Leader	5 years	F/T Permanent	B.A. Accountancy
Child Care Worker	5 years	F/T Permanent	Adv. Cert. Child Care
Child Care Worker	5 years	F/T Permanent	No Qualification
Child Care Worker	5 years	F/T Permanent	Adv. Cert. Child Care
Child Care Worker	5 years	F/T Permanent	Nat. Dip. in Art
Child Care Worker	4 years	F/T Permanent	No Qualification
Child Care Worker	4 years	F/T Permanent	No Qualification
Child Care Worker	4 years	F/T Permanent	Cert. Child Care
Child Care Worker	8 months	F/T Permanent	<b>BA. Applied Care in Social Care</b>
Child Care Worker	1.6 years	F/T Permanent	No Qualification
Child Care Worker	4 years	F/T Temporary	No Qualification
Child Care Worker	8 months	F/T Temporary	<b>Nat. Dip. Applied Social Studies Social Care</b>
Child Care Worker	5 years	F/T Temporary	Dip. Youth Community Work
Child Care Worker	1.1 years	F/T Temporary	<b>Nat. Dip. Applied Social Studies Social Care</b>
Child Care Worker	2.7 years	P/T Temporary	No Qualification
Child Care Worker	2 years	P/T Temporary	No Qualification
Child Care Worker	3 years	P/T Temporary	No Qualification
Child Care Worker	2 years	P/T Temporary	<b>Nat. Dip. Applied Social Studies in Social Care</b>
Child Care Worker	1.6 years	P/T Temporary	<b>Nat. Dip. Applied Social Studies Social Care</b>
Child Care Worker	1 year	P/T Temporary	Registered General Nurse
Child Care Worker	3..9 years	P/T Temporary	No Qualification
Child Care Worker	4 years	P/T Temporary	BA Social Science
Child Care Worker	5 years	P/T Temporary	No Qualification
Child Care Worker	2.9 years	P/T Temporary	Dip. Montessori Teaching
Child Care Worker	5 years	P/T Temporary	No Qualification

The centre also employs a full time psychotherapist, a teacher, a class room assistant, a part time administrator and a part time person for domestic duties.

As stated in section 4.2.1, the residential services manager has held a part time acting manager position in the centre since June 2001. Apart from the manager's post, the official care staff compliment is that of fifteen care workers. There are two child care leader posts, one of which is filled on a temporary basis by a full time permanent member of staff. Of the fifteen full time care posts, eleven are filled on a permanent basis and four on a temporary

basis. The remaining child care workers provide part time relief cover for the centre when necessary.

The overall length of staff service in the centre has provided the young people with stability and consistency of care. While the service has over time developed and changed premises, seven of the full time staff have worked with this service for five years or more. Four of the full time staff have worked with the service for four years or more. In relation to the part time relief staff, nine of the eleven staff have worked in the unit between 2years – 5 years.

At the time of inspection five members of staff held a recognised qualification in child care and five held other relevant qualifications. A further five members of staff had recently completed and awaited results for a two year national certificate in child care provided by Carlow Institute of Technology. They can then progress to study for a one year diploma in child care. Two members of staff are studying for a diploma in humanities.

The inspectors were not satisfied that appropriate staff vetting procedures were in place in relation to all staff, through the taking up of employer references and securing criminal record checks from An Garda Siochana.

Two references were available for twenty-three of the staff members and one reference was available for a further three staff. The centre was unable to produce any reference dates for five members of staff, three of whom were members of the care staff. It was also noted that in fifteen instances references were dated after employment commenced.

Evidence of Garda clearance checks were available for twenty-six of the thirty-two members of staff. Sixteen of these were dated after employment commenced.

This situation is unacceptable. Staff vetting procedures are an important component of safeguarding and child protection. References and Garda clearance must be obtained for all staff working in the centre prior to commencement of duty. All outstanding references and Garda checks must be sourced immediately.

#### *4.2.5 Supervision and Support*

While the acting centre manager has made efforts to provide a programme of staff supervision, it is not provided on a regular basis. In the majority of cases staff receive formal supervision on a four to six monthly basis, although a limited number have received it on a more frequent basis. There is no record of supervision for three of the part time relief staff. The acting manager is unable to provide a more regular programme of supervision due to his work commitments associated with his dual role as acting manager for this centre and residential care services manager for the three residential centres in Carlow/Kilkenny Community care area. When the manager's post is filled on a full time basis the intention is to provide supervision on a monthly basis.

Supervision is an important source of professional support and must be provided on a regular basis.

Weekly staff meetings, hand-over meetings and other structures facilitate good communication amongst the staff group. Staff present as a focussed and professional group who provide consistent interaction with the young people. They are clear on the needs of the individual young people and work hard to progress these needs. They provide a caring living environment for the young people that is enhanced by a strong key working system, which is further discussed in section 4.5.7.

#### 4.2.6 *Training and Development*

In- service training for staff has included training in *Therapeutic Crisis Intervention (TCI); Children First, the National Child Protection Guidelines; Concerned about Suicide; Presentation Skills; Report Writing and Court Room Skills; Challenging Behaviour; Working with Children who are Sexually Abused/ Working with Sexual Abuse; and Occupational First Aid*. Members of the management team have received *Management Development Training and Providing Supervision Training*.

However inspectors noted a need for further training to guide and inform the specific work of the centre. The manager has had some discussion with two of the board's training officers in an effort to secure same. However this has not yet been organised. The board's training officer should assist the manager in drawing up a programme of staff training consistent with the needs of the young people being cared for and the requirements of the board in fulfilling those needs.

#### **Recommendations:**

4. The board should review its recruitment procedures to address the delay in filling new posts.
5. The board should ensure that staff vetting requirements are strictly adhered to and that all outstanding references and Garda checks are sourced immediately.
6. The board should provide a programme of in-service training for staff consistent with the needs of the young people being cared for.

#### 4.2.7 *Administrative files*

The recording systems are organised and maintained to facilitate effective management and accountability.

### 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-statutory children's residential units.**

To date the centre has not had the benefit of monitoring in compliance with the Child Care Regulations, 1995. However an authorised person, external to the line management of the centre, has recently been assigned the task of monitoring the centre in compliance with *Article 17 of the Child Care (Placement of Children in Residential Care) Regulations, 1995*. This person will commence the role of monitor in August 2002.

### 4.4

#### *Children's rights*

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

#### 4.4.1

##### *Consultation*

Supervising social workers and staff members consult with the young people about decisions that affect their lives and their future. The opinions and views of the young people are sought and valued. The young people, in turn, feel listened to and respected.

The young people attend their regular care plan review meetings. They are helped prepare for these meetings by their keyworkers and complete a review preparation form. They described these meetings as a real forum for progressing their individual needs and feel involved in this process.

Young people's meetings generally take place on a weekly basis. These meetings provide a forum for the young people to address any issues they may have and to make requests in relation to activities or day-to-day practices and routines in the centre. Each boy's views are recorded in the minutes of the young people's meetings.

While the young people may not always be happy with aspects of their care plan, they experience the decision making process as something in which they participate. This makes them feel more in control of their lives and their future. In the absence of this sense of control, young people, particularly in residential care, can feel frustrated and angry, feelings that are often manifested in challenging behaviour. One young person stated 'I know what the plans are for me, I know what will happen if it doesn't turn out'.

Having knowledge and clarity about their individual situations, and being consulted about them provide the young people in this centre with the sense of security they need to make progress. Management and staff are commended for their approach to and practice in this area.

#### 4.4.2 *Complaints*

The centre has a written policy in relation to complaints. It states the young person's right to make a complaint and distinguishes between a more minor complaint in relation to day to day practice in the unit and a serious complaint that may require child protection procedures. This policy should be strengthened by the inclusion of an independent designated person, external to the centre, to whom a young person can complain, and include how a person making a complaint can appeal a decision if they are unhappy with the outcome.

In practice all of the young people are aware of their right to make a complaint about any aspect of their care that they are not satisfied with. While a complaint form is available to them, the young people generally prefer to talk to any member of staff, their key worker, the manager or their social worker. All complaints are recorded. The young people expressed a confidence that staff would respond to any complaints they might make. One young person stated that he can always talk to the manager, but that this is not necessary, because there are so many staff to whom he could express any dissatisfaction. However, he believed that if he did go to the manager, the response he would receive would be that of 'take a seat, he'd listen, and get it sorted'. This confidence in management and staff in responding to any complaints was reflected in the comments made by all of the young people.

#### 4.4.3 *Access to information*

The general information booklet for all children's residential centres informs young people of their right of access to information held about them, in accordance with their own best interests. It also states that there is some information that they may not be able to read until they are older which is held in the confidential section of their care files.

The young people are aware of their right to access information held about them although they have not chosen to pursue this. This right was explained to them by their key workers on admission to the centre.

## 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. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care**

### 4.5.1 *Suitable placement and admissions*

The centre has a written policy and procedure describing the process of referral and admission. The referring social worker completes a referral form detailing relevant information about the young person and the reason for referral. Referral applications are considered by an admissions committee, after which the referring social worker and team leader are invited to address the admissions committee to further progress the referral.

Young people are admitted to the centre in a planned manner. Young people and their families are invited to visit the centre prior to admission. A placement planning meeting (which can be combined with the pre-admission visit, if the family have to travel a long distance), outlines the purpose and function of the centre, provides information on the routines and requirements of the centre, and clearly establishes the reasons for placement.

Young people are assisted to understand the reason for and the purpose of their placement. The admissions procedure states that ‘ an early priority should be an effort to reassure the young person about his life in the unit and to explain procedures carefully. It should be also explained that all the staff would like the young person’s stay to be as pleasant as possible and that although life in the unit may seem strange at first there is a purpose and an ending’.

While the admissions procedure requires that staff provide the young people with all relevant information in respect of routines, activities, rights, including the right to complain, as stated in section 4.1, there is no information booklet specific to the routines and work of the centre.

### 4.5.2 *Statutory care plans*

All placements are supported by statutory care plans, developed by the supervising social worker in consultation with others, and based on the aims and objectives of the placement.

One statutory care plan was devised prior to placement and three within one week to a month following placement. However, a fifth care plan was devised three years after placement following introduction by the community care area of a care plan format. The inspectors noted that the care plan format for

Waterford community care area does not provide for the date of the care plan. All care plans must be dated.

Young people and parents are consulted in the process of drawing up the statutory care plans. It is recently introduced practice to provide parents with copies of the care plans. While parents sign the care plans, two plans were not signed by the young people.

#### 4.5.3 *Statutory care plan reviews*

Statutory care plan reviews take place every three to four months. Reviews assess the effectiveness of the care plan and take into account the progress being made by the young people, any developments or changing circumstances, and review access arrangements where appropriate.

Young people and their parents, where possible, attend review meetings. The young people are helped to prepare for their review meetings by their key-workers and feel that they are listened to at these meetings. Progress reports in relation to the young people's placement are provided by the centre.

Minutes of review meetings are kept on the young people's care files and parents are provided with a copy in most instances – although one social worker was not sure if this was practice in her community care area.

Social work staff and centre staff are commended for their practice in relation to statutory care reviews.

#### **Recommendations:**

7. In accordance with *Article 23 of the Child Care (Placement of Children in Residential Care) Regulations, 1995*, care plans should be devised before or as soon as possible after placement.
8. All young people should sign their care plans. They should be dated.
9. All parents should receive minutes of the statutory review meetings.

#### 4.5.4 *Contact with families*

Supervising social workers and care staff facilitate family access arrangements unless otherwise restricted.

Parents are invited to attend review meetings and any decisions in relation to access are decided at these meetings.

Questionnaires completed by parents were generally very positive about the quality of care their sons had received in the centre. They referred to the progress the young people had made and included praise for the staff of the centre. The one parent available for interview stated that her son was really happy in the centre, that he was doing well in school, that he has a strong attachment to his key worker, and that she is treated with respect by the centre. She clearly had confidence in the service provided for her son.

Finally the parents of one young person wished to be contacted sooner in relation to any significant incident. The social worker explained that the practice had been to contact her in the first instance and then she would contact the parents. This issue was discussed with the centre staff and a decision made that there could be more direct contact with the parents by the centre staff when communicating incidents involving their son.

#### 4.5.5 *Supervision and visiting of young people*

This standard is met in relation to four of the young people. However a fifth young person has not had an allocated social worker since October 2001, as the social work department have been unable to fill vacant posts. The Principal Social Worker liases with the centre and attended his most recent review meeting. The young person expressed concern that he feels at a disadvantage to his peers in the centre because he does not have an allocated social worker.

This situation needs to be rectified. Each young person has a statutory right to have a social worker allocated to their care. Apart from the social work tasks involved in progressing the care, well being, and moving on plans for a young person, each young person in residential care needs to know that they have access on a regular basis to an advocate, external to the centre, to whom they can express any issues they have in relation to any aspect of their care.

The inspectors were, however, impressed at the frequency of social work visits to the rest of the young people, all of which meet with and exceed the requirements of regulation. In general social workers visit every three to four weeks, excluding family access visits, see the young people in private, and usually take them out of the centre during the visit.

Records of all social work visits are maintained by the centre.

#### **Recommendation:**

10. The board should ensure that all young people at the centre are allocated a social worker.

#### 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 to an advocate external to the unit to whom they can confide any difficulties or concerns they have in relation to any aspects of their care.**

Both social work staff and centre staff enjoy a professional working relationship in which both disciplines have confidence. It can be viewed as a partnership model of work. Social work staff spoke very positively of the professional care provided by the staff in the centre. They regard the care staff as being skilled and caring in their interaction with the young people,

displaying insight and sensitivity to their needs. They are satisfied that the young people are cared for both safely and well in the centre and that they have made noticeable progress during their placement.

In turn social workers visit the young people on a regular basis, provide sufficient background information on the young people at admission, prepare statutory care plans and attend regular statutory review meetings.

While it is not practice for social workers to read the records maintained by the centre in relation to the young people, they are advised to do so.

#### 4.5.7 *Emotional and specialist support*

The staff of the centre are aware of the emotional and psychological needs of the young people, and through the work of the psychotherapist, the key worker role and the general ethos of the centre, facilitate the assessment and meeting of those needs.

As stated in section 4.1 the centre has been without the services of the psychotherapist since February 2002, although at the time of writing the inspection report, this person has returned from sick leave. The centre has a clear statement of purpose and function, which offers assessment and therapeutic intervention for young people with specific needs. The absence of the psychotherapist has clear implications for the centre's ability to progress the care plans for these young people, a fact some of the young people themselves voiced to the inspectors. It is however commendable that two of the four young people interviewed articulated the progress they had made to date, clearly had a strong relationship with the psychotherapist, and understood the need for the work to be completed with them.

While this situation has now been rectified, the inspectors advise that it is timely to review the role of the psychotherapist. Inspectors question the ability of one person to provide an assessment and therapeutic service to the residents in the centre and their families, while also providing a follow-up service following discharge, and an outreach /consultancy service in relation to young people not resident in the centre.

In the inspectors' view, the primary focus should be placed on the residents of the centre and their families. The ethos of the service is one that supports change. Parents have an important role to play in this process. They require assistance in understanding their children's behaviour and in helping the young people to integrate the learning that takes place in the centre into family life. Family work is therefore central to the service provided and to facilitating a successful move home for the young person, where appropriate.

An important component in meeting the emotional and psychological needs of the young people is that of the key worker system. Each of the young people are assigned two key workers. There is evidence of one-to-one direct work with the young people, primarily focussed on assisting young people to

develop alternative methods of coping and managing their behaviour in a more positive way. Records of all direct work with the young people is maintained on care files. While the young people spoke positively of the staff team, they clearly view their key workers as advocates for them. They feel listened to, and through the key worker system are provided with a safe environment to reflect on their life experiences.

The staff team are commended for the extent to which they provide a consistent quality of care for the young people in a manner that allows them to feel safe, supported, consulted, and helps them look towards the future with greater confidence and self awareness.

#### 4.5.8

##### *Preparation for leaving care*

One young person was discharged from the centre shortly before the inspection commenced. The supervising social worker informed the inspectors that the staff did a lot of work helping him develop social skills and preparing him for moving on. Two members of staff have been visiting him since his discharge and will continue to support him, including attending his review meetings, for as long as is necessary.

Preparation for leaving care however is generally carried out on an informal basis. An older young person is encouraged to do his own laundry and can cook for himself. His key worker is attempting to do work with him around budgeting skills. He has also been introduced to a specific life skills programme. However, this young person is still accompanied by his key worker to purchase clothes. The reason given to explain this was that the centre uses a cheque for such purchases and the young person would probably experience difficulty getting it cashed. Arrangements should be made to rectify this situation.

The young people should be prepared for leaving the centre in ways that are appropriate to their age, understanding and maturity and reflect the type of placement they are moving on to. A formal preparation for leaving care plan should be developed by social work and care staff that reflects the work already being carried on a day to day basis, identifies the skills the young person needs to develop and puts in place mechanisms to address these. It should identify the various issues that are necessary to effect a successful transition to independent living or other arrangement. The young person and family members should be involved in developing and owning this plan.

While the centre has an 'apartment', which includes a kitchen, sitting room and bedroom area, this is currently not available to the young people as part of a preparation for leaving care programme. It is presently being used to provide office accommodation for health board employees. The inspectors were informed that other offices have been purchased which will return the apartment to the use of the centre. This is a valuable resource and one that should be available to the centre as soon as possible.

**Recommendation:**

10. A preparation for leaving care plan should be devised for each young person, appropriate to their age and maturity, that reflects the type of placement they are moving on to.

**4.5.9**      *Discharges*

Young people are discharged from the centre in a planned manner as part of the care planning process.

**4.5.10**      *Aftercare*

The SEHB employs two after care workers to support the transition of young people who have left care and reside in the Carlow/Kilkenny region.

The board has also devised an aftercare policy. While presently in draft form the intention is that it will be finalised at an advisory committee meeting in September 2002. This policy outlines the relevant legislation that underpins the provision of aftercare services, describes the principles that inform this provision and provides guidelines for practice.

The board is commended for this initiative. It would be further enhanced by the provision of information for young people, in accessible form, that outlines the aftercare supports and entitlements available to them.

**4.5.11**      *Children's case and care records*

Each of the young people has a private and secure care file maintained by the centre. The care files contain all relevant documentation including birth certificates, care orders or voluntary agreements, admission details, social history reports, care planning and review details, parental consent forms, medical details, school reports, details of one-to-one work with the young person's key-worker, assessments and other reports, and details of therapeutic programmes. Each file contains a confidential section.

The files are divided into specific sections that provide ease of access to information. Each file usefully commences with summary information detailing all previous placements, including admission and discharge dates and previous school placements. Records of unauthorised absences and the use of physical restraint facilitate a quick reference for monitoring purposes, the details of which are recorded in a separate section on significant event forms. Details of key-working are contained in key-worker manuals kept on each file.

A voluntary consent form was awaited from one young person's social worker.

The centre manager and staff are commended for the manner in which the care files are organised and maintained.

## 4.6 *Care of young people*

**Care 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. Care staff interventions show an 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 were many examples of how the young people were cared for in a manner that takes account of their wishes and individuality. They can make choices about their personal appearance and clothing with the support of staff. They have opportunities to develop and maintain interests and talents including membership of drama societies, scouts, swimming and horse riding. In short, their individuality is respected within the context of group living.

The emotional life and well-being of the young people is given particular attention. They spoke warmly of the staff team and their key workers whom they view as being advocates for them. They feel listened to and cared for both individually and as a group.

They are encouraged to take pride in their achievements. The centre displays many examples of the young people's art work and individual certificates and memorabilia are found in their bedrooms. Personal possessions are safely kept in the young people's bedrooms, and all seemed very clear on the importance of respecting each other's privacy and belongings. There is a clear rule that they do not enter each other's bedrooms and the young people respect this.

There is a sense of fun in the centre. The staff members relate warmly to the young people and enjoy sharing their own individual talents with them. The inspectors attended a school drama presented by two of the young people, the teaching staff and the manager, at which one of the parents and some members of the community, along with the care staff, attended. It involved a short dramatic presentation followed by singing that was accompanied by staff members playing guitar and violin. The inspectors noted the ease with which staff members joined with the young people in having fun, encouraging them to have pride in themselves, and ultimately providing the young people with an opportunity to share in appropriate and enjoyable social interaction with their peers and adults.

The staff and management are commended for the manner in which they care for the young people in a warm, open and respectful manner.

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

Cooking facilities are adequate and domestic in design. Young people and staff eat meals together in a pleasantly decorated dining area.

The food provided is nutritious and appetising and individual preferences are taken into account when planning meals.

#### 4.6.3 *Race, culture, religion, gender and disability*

As far as possible, within the context of the work of a high support centre, the young people enjoy similar opportunities to their peers, and are not subject to any form of discrimination.

They are facilitated in the practice of their religion taking into account the wishes of the young people and their parents.

Although the majority of staff are female, efforts are made to have at least one male member of staff on each shift as a means of providing appropriate male role models.

The centre recognises the importance of family as a source of identity. Life story work has been carried out where appropriate, and the care staff assist social work staff in facilitating family access arrangements.

#### 4.6.4 *Managing behaviour*

The centre has a written policy in relation to the use of sanctions. It provides guidance in relation to the use of sanctions and sets out the sanctions that are both permitted and prohibited by the centre. The policy is consistent with promoting the developmental needs of the young people and the sanctions used are reasonable and age appropriate.

The use of sanctions are recorded in a discrete record and monitored by the centre manager.

The staff present as being skilled in understanding and considering the underlying causes of inappropriate behaviour and there is evidence of specific programmes to support individual young people in managing their behaviour and developing new coping mechanisms.

The young people generally understand the behaviour expected of them, that positive behaviour will be rewarded and that sanctions may be applied for unacceptable conduct. It was of note that one young person, at interview, when asked what was the best thing about this centre, stated that 'he could be good'. In the view of the inspectors the staffs' ability to manage behaviour is reflected in the consistency and transparency of practice. General rules and practices are

balanced by flexibility and the ability of staff to respond to the individual challenges facing the young people and the coping mechanisms available to them.

#### 4.6.5 *Restraint*

The unit's written policy in relation to the use of physical restraint entitled 'physical contact guidelines' is very limited. Although Therapeutic Crisis Intervention is the approved method in relation to the use of physical restraint this is not stated. However the unit's practice in this area is also guided by the policy on physical restraint contained in the Carlow/Kilkenny Residential Child Care Services Policies and Procedures. The inspectors advise that the key principles outlined in this document could usefully be incorporated into the unit's own policy document. This should include the circumstances where physical restraint can be used; the manner in which it is deployed; the need for an urgent review of the care plan where a young person is being frequently restrained; and the fact that only staff trained in its use can deploy it.

Twenty-three members (out of twenty-seven) of the care staff and the psychotherapist have received training in TCI. Thirteen have received refresher training. Three members of staff, the manager and the two child care leaders, have completed the TCI trainers course.

Physical restraint has been used on nineteen occasions in relation to one young person over the past year. It is always followed by a life-space interview. A programme in relation to anger management has been used with this young person and staff commented on the positive progress he is making. The use of physical restraint is discussed at the young person's review meeting where behaviour management strategies are explored.

A discrete record detailing the times physical restraints have taken place is kept on the young person's care file. This is a necessary practice for monitoring purposes. The details of the restraints are recorded on significant event forms and the details of the life-space interview are attached. These forms are faxed to the young person's social worker. The use of physical restraint is also recorded in a separate book. It provides similar information to that recorded on the significant event forms.

#### **Recommendation:**

12. All staff should receive training in TCI.

#### 4.6.6 *Absence without authority*

The centre has a written policy in relation to unauthorised absences. It sets out the reporting requirements following an unauthorised absence and provides guidance on how a young person is to be received back into the unit.

Among the current residents one young person has absconded twelve times over the past year. In the majority of cases the staff were able to locate him and return him to the unit. Unauthorised absences are recorded on discrete records

in the young people's care files, in the young person's daily log book and the communications book. Significant event forms are completed and sent to supervising social workers.

#### **4.7**            *Safeguarding and child protection*

##### **4.7.1**          *Safeguarding*

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

There is no written policy in relation to safeguarding practices. In practice, staff are generally aware of safeguarding issues. This is enhanced by an ethos of transparency and consistency of practice; comprehensive recording systems that facilitate accountability and aid monitoring; young people's access to people outside of the centre; the common sense approach of staff in relation to one-to-one contact with the young people; the existence of a complaints procedure that the young people appear to have confidence in; the fact that appropriate steps are taken to respond to bullying; access to the manager; and the quality of key worker relationships are such that young people can raise any concerns. Such practices need to be strengthened by the provision of regular and formal supervision which provides an important forum to discuss practice and raise any concerns.

The production of written policies on safeguarding practices are required to complement existing good practice in this area. The centre is advised to refer to the guidelines on safeguarding produced by SSI.

**Recommendation:**

13. A policy on safeguarding practices should be devised.

##### **4.7.2**          *Child protection*

**There are systems in place in the unit to protect young people from abuse. Care staff are aware of and implement practices which are designed to protect young people in care.**

Staff members are aware that they are under a clear obligation to report any child protection concerns to the centre manager, who will in turn initiate child protection notification procedures, consistent with Children First Guidelines.

The centre's policy document outlines the measures to be taken in the event of an allegation of current abuse in the centre. These measures are outlined as part

of the section dealing with the complaints procedure, and entitled 'serious allegations'. These guidelines are subsequently referred to under another heading entitled 'child protection'. It is important to avoid confusion when devising policies in relation to a complaints procedure and child protection procedures. Child protection issues are dealt with under Children First Guidelines. Complaints are about any expression of dissatisfaction about the quality, lack of, or refusal, of a service that the young person complaining is entitled to use. Basically it's about giving meaningful expression to children's rights. The manager is advised to revise the policy and procedures document to clearly separate the two.

In relation to investigating allegations of past abuse against staff members the board is advised to draw up clear procedures to inform the investigative process. There is also a need to review inter board child protection notification procedures.

Seven members of staff attended a briefing session on Children First. Five received the two-day multidisciplinary training on Children First. Training in the principles and practices of child protection, consistent with Children First is required for all staff.

**Recommendations:**

14. The board should devise a clear process and procedure to inform investigations into allegations of abuse against staff members. Inter board child protection notification procedures requires review.
15. All staff should receive training in Children First.

**4.8**

***Education***

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

The centre provides on-site education in a large classroom that is bright and pleasantly decorated. To date the health board has employed the teacher and recouped her salary from the Department of Education and Science. She is assisted by a classroom assistant, employed by the board, who commenced employment in October 2001. Of the four young people resident in the centre during the inspection, three attend the on-site school. The fourth young person is attending a secondary school in the community. He very successfully completed his junior certificate while initially attending the on-site school.

Days and times of attendance at the on-site school are arranged around the individual needs of the three young people. Time spent in the classroom is complemented by art lessons provided by one of the care staff; some woodwork, which is dependant on the availability of the tutor; and outside activities such as going to a gym in another educational setting or having a cultural activity. Each young person had an individual educational programme devised in consultation with the young people, that reflected individual

capabilities and interests. Particular emphasis has been placed on literacy, numeracy and life skills. School reports on educational progress are provided for each young person's statutory review meeting.

The educational service provided in the centre is undergoing a process of change. A school principal was employed by the Department of Education in December 2001 to administer what is technically a three teacher school (one role number). This includes the three teachers in each of the board's high support centres in Kilkenny, Wexford and Waterford. The school is classified as a special school, under the special education section of Dept. of Education, and therefore functions as a national school. Recruitment for two permanent teacher posts and one temporary whole time post have also recently taken place. The successful candidates will take up these posts in September 2002.

The new school principal discussed her intention of exploring other programmes such as City and Guilds and FETAC certification programmes. Part of the role of the new school principal will be to review the educational programmes already in operation, and seek the necessary resources to develop them. The school principal informed the inspectors that she has applied for fifteen additional teaching hours to provide tuition in subjects at post primary level. It will also involve reviewing the communication structures in place between the care and teaching staff and the information needs of the teaching staff from other educational settings in relation to new admissions.

The inspectors learned of past tensions between the teaching and care staff in relation to respective roles and different expectations being held in relation to achievable goals for the young people. They were also advised that this situation has improved. In the inspectors view, the employment of an administrative school principal is an important factor in progressing the educational service provided.

#### 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 young people have a medical assessment on admission to care, the details of which are recorded on the young people's care files. Care files contain details of medical and health information and all appointments in respect of medical care or hospital visits are clearly recorded on a standard form. Care files also contain copies of parental consent forms.

The young people have access to a general practitioner who has a long involvement with the centre. Where possible, taking into account the regional nature of the service, young people can remain registered with their family general practitioner. All young people have medical cards. A no smoking policy operates in the centre.

Medication is safely stored in a medical cabinet in the staff office and all medication, both prescribed and non-prescribed is appropriately recorded.

#### **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, 1995.**

##### *4.10.1 Accommodation*

The centre is located in a large two-storey building that is in good structural repair. The exterior of the building is well maintained with ramp access to the front door. It has flower pots that the young people help maintain.. Entrance to the building is through a small pleasantly decorated lobby. The ground floor is primarily used for administrative and educational purposes. The young people's living area including kitchen, dining room, sitting room, relaxation/sensory room and bedrooms are on the first floor.

The inspectors were impressed at the high standard of décor in the centre. All efforts are clearly made to create as comfortable and domestic a setting in what is structurally an institutional type building. There are many of the young people's paintings framed and properly hung on the walls which creates a pleasant ambiance and bright atmosphere in their living area.

A relaxation room contains a range of sensory equipment, including a water bed, fibre optic devises, music system and aromatherapy. The kitchen is domestic in style; the adjoining dining room is appropriately furnished, and contains three large wall paintings painted and signed by the young people. There is a large comfortable lounge which contains a computer and play station.

Each of the young people have their own bedrooms all of which have ensuite facilities. These rooms are very personalised with personal possessions, certificates, posters, and are age typical. They are appropriately and comfortably furnished.

A garden shed holds bicycles and there is a tarmac area for ball games. An adjoining garden area has flowers and vegetables planted by the young people with the teaching staff's assistance.

In general the standard of décor and furnishings transmit an ethos of respect for the young people.

In accordance with Article 14 of the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part 111, the centre is insured against accidents or injuries.

#### 4.10.2 *Maintenance and repairs*

The centre has adequate access to the board's maintenance service, and repairs are dealt with promptly to the satisfaction of the centre manager. The centre also has access to an emergency on-call system.

The centre was experiencing a problem with a drain from the kitchen that is overflowing onto the hard surface surrounding the outlet. The centre manager explained that there was a problem with the main drainage system which needs to be addressed. In the meantime the inspectors advised that the problem must be managed on a daily basis to prevent health and safety risks.

#### 4.10.3 *Safety*

The centre has a site specific health and safety statement recently updated by the board's health and safety officer. All staff are required to sign this document as evidence of having read it.

Two members of staff are designated as health and safety officers. However they have not received training to inform this role. Two members have training in first-aid. Medication is contained in a medical cabinet fixed to a wall in the staff office. It contains a stock list of all medication in the cabinet. There are also two first aid boxes.

Food storage complies with basic food hygiene rules. Cleaning materials are stored in a locked cupboard in the laundry room.

The centre has a people carrier that ten of the staff are licensed to drive. It is insured, taxed, and contains a first aid kit, triangle, fire extinguisher and flash lamp in the case of emergency.

#### **Recommendation:**

16. The board should ensure that the two health and safety officers are provided with appropriate training.

#### 4.10.4 *Fire safety*

The inspectors received written confirmation from the board's fire officer that statutory requirements relating to fire safety have been complied with.

The centre has an automatic fire alarm system. The inspectors were informed that this system had been checked a week prior to the inspection. However there is no maintenance record kept for the fire alarm system. This should be introduced.

There are two retractable fire hoses on each floor although staff have not received training in their use. Fire extinguishers are located in three areas on the ground floor. These were last checked six months ago. One other extinguisher is located in the laundry on the first floor and was last maintained

in 1999. There was no fire blanket or extinguisher in the kitchen. This is a matter of concern as the kitchen has an integral deep fat fryer.

Smoke detectors are located throughout the centre, including the young people's bedrooms. Fire escape routes are clearly marked and unencumbered. Fire evacuation notices are posted on bedroom doors, and the young people are clear about the fire evacuation procedure.

Only two fire drills have taken place. These occurred shortly before the inspection and the other two years ago. The drills took place as part of two training sessions on fire safety and evacuation with the board's fire officer. Fire drills must be organised on a more frequent basis particularly considering the fact that the young people's living area is on the first floor.

**Recommendations:**

The manager should ensure that:

17. A maintenance record is maintained in respect of the fire alarm system and fire extinguishers.
18. All fire extinguishers are checked on a regular basis
19. A fire blanket is placed in the kitchen
20. Fire drills take place on a regular basis, the frequency of same to be discussed with the board's fire officer.
21. Staff receive training in the use of the fire hoses
22. The board's fire officer is consulted in relation to the number of fire extinguishers required for the first floor.

## 5. *Summary of Recommendations*

1. The board should ensure that the young people's therapeutic needs are consistently addressed.
2. The statement of purpose and function and accompanying practices should be available in a form that is accessible to young people, families and supervising social workers.
3. The centre manager should ensure that social workers receive copies of significant event forms as soon as possible after each event.
4. The board should review its recruitment procedures to address the delay in filling new posts.
5. The board should ensure that staff vetting requirements are strictly adhered to and that all outstanding references and Garda checks are sourced immediately.
6. The board should provide a programme of in-service training for staff consistent with the needs of the young people being cared for.
7. In accordance with *Article 23 of the Child Care (Placement of Children in Residential Care) Regulations, 1995*, care plans should be devised before or as soon as possible after placement.
8. All young people should sign their care plans. They should be dated.
9. Parents should receive minutes of review meetings.
10. The board should ensure that all young people at the centre are allocated a social worker.
11. A preparation for leaving care plan should be devised for each young person, appropriate to their age and maturity, that reflects the type of placement they are moving on to.
12. All staff should receive training in TCI.
13. Written policy in relation to safeguarding practices should be produced.
14. The board should devise a clear process and procedure to inform investigations into allegations of abuse against staff members. Inter board child protection notification procedures requires review.
15. All staff should receive training in Children First.
16. The board should ensure that the two health and safety officers are provided with appropriate training.
17. A maintenance record should be maintained in respect of the fire alarm system and fire extinguishers.
18. All fire extinguishers should be checked on a regular basis
19. A fire blanket should be placed in the kitchen.
20. Fire drills should take place on a regular basis, the frequency of same to be discussed with the board's fire officer.
21. Staff should receive training in the use of the fire hoses.
22. The manager should consult with the board's fire officer in relation to the number of fire extinguishers required for the first floor.

