



**SOCIAL SERVICES  
INSPECTORATE**

**A CHILDREN'S RESIDENTIAL CENTRE IN  
THE SOUTHERN HEALTH BOARD**

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## **1. Executive summary**

- 1.1 The inspection took place on the 26<sup>th</sup>, 27<sup>th</sup> and 28<sup>th</sup> September 2001.
- 1.2 Prospect Lodge is a five-bedded, single storey centre for young men, accepting admissions from the Southern Health Board region. It is located in an area of Cork and is operated by the Southern Health Board. Prospect Lodge, which opened in 1991, holds the distinction of being the first purpose built children's residential centre to be opened by a health board. The centre currently caters for three young men, two of whom are a few days short of their 15<sup>th</sup> birthday and the third who is 16 years old.
- 1.3 Prospect Lodge is attractively designed, bungalow-style, decorated and furnished to high standards. However, use of surveillance cameras and warning notices advising of their presence seriously detracts from the domestic appearance and nature of the building.
- 1.4 Primary care at Prospect Lodge was found to be good and care staff are accomplished at managing behaviour. However, the use of internal surveillance cameras, as an additional method of control, needs to be reviewed. Their use is now outdated against the original rationale for installing them, not adequately supported by health board guidance and raises questions concerning young people's civil liberties. These observations were acknowledged and inspectors have been advised, subsequent to the inspection, that the "*... cameras are only to be used as an additional method of observation ... at critical times*".
- 1.5 The centre currently lacks a distinctive sense of identity and purpose, sharing a number of policies with other centres in the area. In the recent past, Prospect Lodge was required to operate as a 'de facto' high support unit, and the centre has experienced difficulties in reverting to its original function. The recent development of a high support unit for boys in Cork should assist Prospect Lodge in the process of clarifying its role.
- 1.6 The care staff team provides an excellent balance between experience, qualifications and gender. Prospect Lodge provides the young people with a continuity of relationships that comes from a stable staff team. There is good staff support, which is well complemented by external management.
- 1.7 Prospect Lodge has very good and comprehensive policy statements, although there is some evidence of inconsistent application in practice.
- 1.8 Care staff at Prospect Lodge maintain good administrative and record-keeping systems. Young people's files are well organised, maintained to a high standard and afford easy access to relevant information.
- 1.9 Monitoring is in place, happens on a regularly monthly basis and has been effective in improving practice in the centre.

- 1.10 Inspectors found impressive examples of outreach work and a strong commitment to providing aftercare support.
- 1.11 Prospect Lodge have produced an excellent information booklet and a fairly comprehensive statement on children's rights.

## **2. Introduction**

The inspection of Prospect Lodge 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 formed part of a series of inspections, by the Inspectorate, of children's residential centres run by the health boards.

A pre-inspection meeting took place with the care staff team on 25<sup>th</sup> September 2001 to explain the approach being taken, and included a preliminary meeting with the young people living in the centre. Mike Lindsay and Andrew Fagan carried out the inspection, over the following three days.

### **2.1 Methodology**

Inspectors analysed information received prior to the commencement of the inspection. Census forms relating to the care staff and young people had been completed and returned. Prospect Lodge provided statistical information and details about unauthorised absences, complaints and uses of physical restraints. Questionnaires were completed and returned by parents and two social workers. Inspectors further examined the following documentation:

- The centre's draft policy and procedure document (dated March 2000; incorporates the statement of purpose)
- A general safety statement (from the Southern Health Board, dated June 1998)
- A fire and safety inspection audit report (dated September 2001)
- Reports on complaints
- The centre's administrative records
- Young people's daily records and files
- An information booklet about Prospect Lodge

Inspectors observed daily practices and routines at Prospect Lodge, and attended part of the weekly care staff meeting.

### **2.2 Acknowledgements**

The Social Services Inspectorate wishes to express its gratitude for the co-operation received from everyone concerned.

Inspectors reserve special thanks for the young people for the generous way in which they put up with our intrusion into their lives.

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

Prospect Lodge is a purpose built centre to provide places for up to five boys. The Southern Health Board established it in 1991, with the original intention of providing short to medium term intervention for young people experiencing emotional and behavioural difficulties.

At the time of the inspection there were three boys living at Prospect Lodge; two who are almost 15 years old and a third who has recently turned 16. The current residents have been at Prospect Lodge for durations of four months, two years and two years, six months.

#### 4. Standards: the findings

##### 4.1 *Statement of purpose and function*

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

Prospect Lodge has a draft written statement of purpose and function, which is adequate but can be improved upon. The statement indicates that the centre provides “... *a short to medium term residential intervention for male young persons who cannot remain at home or in their current care settings ...*”. The statement of purpose and function specifies the centre’s catchment area as Cork City and County and County Kerry. It does not, however, state the age range of young people the centre provides for, although this is indicated in the centre’s written admissions criteria. However, whilst written draft policy stipulates that Prospect Lodge provides for adolescent males aged between 12 and 18 years old, the unit manager indicated that practice was moving towards preparing young people to leave around 16 years old, in order to gain experience of semi-independent living (see paragraph 4.5.8). The statement explains that “... *the service is accessed through referrals from Area Child Protection Teams*”. This information can be misleading as it implies that the service is specific to boys who have been through the child protection system. Upon clarification, inspectors found that referrals are made through community care area teams, located within social work departments. These teams do carry responsibility for child protection matters, but also form an intrinsic part of the overall child and family support service.

The statement of purpose and function does not accurately reflect how the centre has operated. Prospect Lodge has, as a ‘stop gap’ measure, functioned as a high support unit. However, this has never been the centre’s defined purpose and there have not been sufficient staffing levels to fulfil this role effectively. The centre has taken five emergency admissions in the past, one within the last couple of months. Decisions about placing emergency admissions are not easy. On the one hand, young people in crisis need a service, which at times includes immediate access to residential child care.

However, on the other, there is general acceptance that unplanned admissions can be disruptive to a centre that has worked hard on creating a stable and settled environment. This has prompted a re-think within the health board about how best to meet the needs of the individual centre, whilst taking account of the overall needs of the service. Although Prospect Lodge has shown commendable flexibility, managers have worked hard to ensure that unplanned admissions do not become a regular occurrence for a centre not intended to take emergencies. In recognition of the need to relieve some of the pressures placed upon the service the health board have one emergency unit in operation in Kerry and have plans to develop another in Cork.

The centre's written statement of purpose and function is incorporated into its draft policy and procedures document. Essentially, whilst this is a hybrid document incorporating elements found extensively in the policies and procedures of other centres, care staff at Prospect Lodge have had a major input into it. However, the statement is not as well integrated into other health board services as it could be and it is timely, in light of recent service developments, for the centre's statement to be reviewed. These developments include a number of centres transferring over from the voluntary child care sector in April of this year, and the health board having recently opened its own high support unit for boys in Cork.

## 4.2 *Management and care staffing*

**The centre 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 management structure within Prospect Lodge comprises of an acting unit manager, who is responsible for the day-to-day running and administration of the centre, and for managing the work of the care staff team. He has been acting unit manager since January 2000. There is an acting deputy unit manager, who assists in this task and deputises in the absence of the acting unit manager. The centre has four workers at child care leader grade. One is currently seconded to undertake the registration and inspection of voluntary run children's residential centres, another is currently seconded to provide staff training in therapeutic crisis intervention and a third is on long-term sick leave.

The centre is not currently managed by a person holding a qualification recognised by the Department of Health and Children. However, the present acting unit manager is currently undertaking a professional course of training, on a part-time basis, and brings many years relevant experience in residential child care work.

There are good systems in place for ensuring the quality of care provided by Prospect Lodge. The acting unit manager is externally supervised and regular monitoring takes place.

The acting unit manager is line managed by the child care manager for the North Lee community care area, who, in turn, reports to the general manager. The child care manager provides formal and planned supervision on a monthly basis. The child care manager chairs a meeting of all unit managers and deputies, within the community care area, every four to five weeks. The agenda typically covers staffing, complaints, therapeutic crisis intervention and working protocols. The child care manager acts as the designated *authorised person* for the area, for the purpose of carrying out the board's monitoring role. The general manager is one of five within the health board. He co-ordinates residential child care services and liaises with the Department of Health and Children regarding funding the health board's service plans. The general manager has visited the children's residential centres and works closely with the child care manager. The management structure provides a good model, which supports care workers at Prospect Lodge in their task.

#### 4.2.2 *Register*

A "register of residents" is currently maintained at Prospect Lodge and inspectors verified that this is kept in accordance with requirements set out in Article 21 of the Child Care Regulations, 1995. The register is up to date and contains details of each young person's name; date of birth; name of parent/guardian; home address and phone number; previous address (e.g. care placement); date of admission; care status; name of social worker; and date, reason and place of discharge. Entries in the register cover all admissions and discharges since November 1991, when the centre opened, and each entry is signed and dated. Prospect Lodge are commended for maintaining a detailed and informative register. External managers stated that they are considering the possibility of having a copy of each register held centrally, which is advisable.

#### 4.2.3 *Notification of significant events*

The acting unit manager said that family members, social workers and managers are notified of all significant events. People inspectors asked had formed the impression that they were being consistently notified. However, inspectors found examples of significant events that key people did not seem to be fully aware of. Written guidelines would be useful, as there is no agreed definition of what constitutes "significant events" or clarity about which persons these should be notified to.

Details of any notification of a significant event should be recorded and available for the purposes of monitoring.

### **Recommendations**

- **The health board should provide written guidance advising on what is a significant event and indicating persons the centre are required to notify.**



- **Prospect Lodge should keep a record of all notifications of significant events.**

#### 4.2.4

#### *Care staffing*

Care staff employed at Prospect Lodge are required to have had satisfactory Gardai and employment reference checks. However, there is evidence that two temporary and relief care staff were permitted to commence duties at Prospect Lodge before all checks had been completed. Verbal checks had been carried out and the procedure for obtaining Garda clearances had been set in motion. Both members of staff had previously worked in other children's residential centres, within the Southern Health Board. However, this practice falls short of requirements as set out in health board policy. The procedure for recruiting permanent posts requires a formal application, sometimes supported by curriculum vitae. According to the acting unit manager and child care manager all permanent staff have been appropriately vetted. Records of such are held by the Personnel Department. However, in spite of numerous requests, inspectors have not been facilitated with evidence to support what we have been told. In consequence, we are unable to confirm whether effective safeguards are being consistently applied in respect of staff recruitment.

The staffing complement for Prospect Lodge, as currently designated, comprises of one acting unit manager<sup>1</sup>, one acting deputy unit manager<sup>2</sup>, four permanent child care leaders (two of whom are currently seconded to other duties), four permanent child care workers (one of whom acts as the centre's designated aftercare worker), three temporary child care workers, two relief trainee child care workers, one temporary trainee child care worker, a temporary bean a ti<sup>3</sup> and a part-time clerical officer. Inspectors noted differences, in the number and status of staff, from the official complement as set out in the centre's statement of purpose. Two staff, currently employed as child care workers, hold recognised qualifications for child care leader status. Respectively, they each have in excess of four and ten years post-qualifying experience in residential child care. As with many centres, Prospect Lodge is engaged in the process of clarifying the professional status of care workers. Care staff who were previously employed as assistant houseparents or houseparents are now, as a consequence of a national pay agreement, variously regarded as trainee child care workers, child care workers or child care leaders. However, the new status of many care staff has still to be fully processed by the health board, and given recognition in terms of pay and officially held job titles.

The two most senior care staff in the centre are currently employed in an acting capacity. In terms of providing consistency of leadership this is not a satisfactory state of affairs and the health board are encouraged to appoint a permanent unit manager and deputy unit manager.

The centre employs a part-time clerical officer, who splits her time between Prospect Lodge and Gleann Alainn. She provides excellent support as is

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<sup>1</sup> NOTE: Substantive post as permanent child care worker.

<sup>2</sup> NOTE: Substantive post as permanent child care worker.

<sup>3</sup> The position is officially Cook/Domestic, but literally translates to "the woman of the house".

reflected in good administration systems. These contribute greatly to the efficient organisation and management of the centre. The deployment of a clerical officer at Prospect Lodge has proven to be a great success, which other children's residential centres are encouraged to consider.

The care staff team offers a good balance in respect of qualifications, experience, age and gender. Most care workers at Prospect Lodge have third level and vocational qualifications related to working with young people. According to staff census information, four members of care staff have completed courses of professional training in child care, as recognised by the Department of Health and Children, and three others are currently undertaking training that will lead to similar awards. There are intelligent, educated and informed care staff at Prospect Lodge, who benefit from being able to confidently apply a good theoretical knowledge to practice. The balance of the centre will improve further as other care staff complete their courses of professional training in child care work. There are seven female and nine male care staff giving the centre a good balance in terms of gender. The staff team comprises eight staff who have worked in the centre for more than five years, offering considerable experience and continuity. The team is also nicely balanced out by staff who started working at Prospect Lodge more recently.

### **Recommendation**

- **Prospect Lodge should have its senior positions filled on a permanent basis, as soon as practicable.**

## STAFF EXPERIENCE, STATUS AND QUALIFICATIONS<sup>4</sup>

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<sup>4</sup> NOTE: Emboldened qualifications denote those listed by the Department of Health and Children as required for child care leader status.

CARE STAFF	LENGTH OF SERVICE IN PROSPECT LODGE	EMPLOYMENT STATUS	QUALIFICATIONS
Acting Unit Manager (M) #1	9 years, 11 months	Permanent, Full-time	Cert. in Youth and Community Work
Acting Deputy Unit manager (F) #2	5 years, 8 months	Permanent, Full-time	<b>Nat. Diploma in Child Care (NCEA)</b>
Child Care Leader (F) #3	8 years, 10 months	Permanent, Full-time (Seconded to other duties)	<b>Nat. Diploma in Child Care (NCEA)</b>
Child Care Leader (M) #4	6 years	Permanent, Full-time (Seconded to other duties)	<b>Diploma in Applied Social Studies in Social Care (NCEA)</b>
Child Care Leader (M) #5	9 years	Permanent, Full-time	Post-Grad. Diploma in Child Protection (UCC)
Child Care Leader (F) #6	3 years 10 months	Permanent, Full-time	BA in Social Studies (Holland)
Child Care Worker (F) #7	1 year, 2 months	Permanent, Full-time	<b>Diploma in Applied Social Studies in Social Care (NCEA)</b>
Child Care Worker (M) #8	5 months	Permanent, Full-time	NVQ III in Caring for Children and Young People
Child Care Worker (M) #9	3 years, 6 months	Permanent, Full-time	
After Care Worker (F) #10	8 years, 5 months	Permanent, Full-time	Registered General Nurse (GNC)
Child Care Worker (F) #11	7 months	Temporary, Full-time	Nat. Cert. in Applied Social Studies in Social Care (NCEA)
Child Care Worker (M) #12	8 months	Temporary, Full-time	
Child Care Worker (M) #13	1 month, 4 years	Temporary, Full-time	
Trainee Child Care Worker (M) #14	3 months	Temporary, Full-time	
Trainee Child Care Worker (F) #15	3 months	Relief	Diploma in Youth and Community Work (UCC)
Trainee Child Care Worker (M) #16	1 year, 6 months	Relief	Nat. Cert. in Applied Social Studies in Social Care (NCEA)

#### 4.2.5 *Supervision and support*

Written policy describes regular supervision as vital to maintaining good professional standards. It envisages supervision providing care staff with “...an opportunity to constructively discuss difficulties and challenges they are facing in their work”. The written policy provides for each member of care staff to receive planned, one-hour long supervision; at least once per month. However, this slightly contradicts existing unwritten policy, which the acting unit manager advises is for each member of staff to have formal supervision every six weeks. The written policy needs to be updated to reflect changes in practice.

The acting unit manager and the acting deputy unit manager variously supervise care staff. However, neither has benefited from training in supervision. Two other members of staff from Prospect Lodge have, although

they are not involved in formal supervision. This is an anomaly that ought to be addressed, as care staff are entitled to be supervised by persons suitably trained in the task. At present, the acting unit manager relies upon elements of his training in therapeutic crisis intervention for structuring and recording staff supervision. Inspectors do not consider this to be entirely appropriate, especially when training and recording materials specific to supervision are available.

Care staff confirm that they do receive regular formal supervision once per month, usually for about one hour. They are encouraged to contribute to the agenda and typical issues include roles and responsibilities, individual work with young people, coping with stress and reviewing specific incidents that have occurred. A recent member of staff recalls having quarterly appraisal reports done during his one-year probationary period. Upon completion a letter is sent confirming permanent status.

Some care staff commented on the good support available on the infrequent occasions that assaults happen. Trauma counselling is available, the team are very supportive of colleagues and managers are perceived to be approachable, sensitive and responsive.

Team meetings are held each week and these mainly concentrate upon the young people. The agenda also allows others issues to be considered, training being a recent example. A clinical psychologist, who works with the centre, attends these. Whilst staff attendance is not compulsory, most care workers get to attend at least every one in two team meetings.

Care staff are further supported by “team days”, which are typically held every six to eight weeks and held away from the centre. These tend to have a training dimension. A recent example involved a residential with the clinical psychologist, exploring practices in working with challenging behaviours. Impressively, these include some highly effective joint days aimed at the staff and young people finding solutions together. Inspectors commend the support provided to care staff through team days.

### **Recommendations**

- **Managers involved in staff supervision should avail of appropriate, in-service training.**
- **Written policy, in respect of the frequency of supervision, should be amended to reflect practice.**

#### *4.2.6 Training and development*

The health board supports training and all permanent care staff at Prospect Lodge have participated on 5-day courses in therapeutic crisis intervention (TCI). The acting unit manager and one of the child care leaders are both TCI instructors and the latter is currently seconded to provide training across the health board. Permanent staff have also attended two-day training sessions in

Children First.<sup>5</sup> Some staff have also been on courses in First Aid, fire safety, court work and working with aggressive children. The acting unit manager tries to share opportunities for staff to attend courses, and attendance carries an obligation to feedback the key content of the course to the team.

There is no formal induction training, although new staff are given a health board information pack, a copy of the draft policy and procedure document and are required to undergo training in TCI. New staff also benefit from being mentored by more experienced colleagues for a time.

A training officer has recently been employed and he is putting together a training strategy. Prospect Lodge's acting unit manager has been consulted about the training needs of his staff group.

The health board are doing more to support care workers in obtaining professional qualifications. Three members of Prospect Lodge's staff team are known to have applied for assistance with training. If accepted, the health board's scheme will help with the costs, replacement hours and time off for study and examinations.

#### 4.2.7

#### *Administrative files*

There are good administrative systems in place at Prospect Lodge and these contribute towards the efficient running of the centre. Credit for much of this is due to the services of a clerical officer, which the centre retains for two and a half days each week. Relevant information is easy to locate.

Communication and report writing are two areas in which managers have noted improvements.

#### 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 centres.**

The child care manager acts as the health board's *authorised person* to monitor standards at Prospect Lodge. In fulfilling this task he visits the centre on a monthly basis, checking records of sanctions, complaints, incidents and unauthorised absences. He seeks the views of young people about life in the centre. Since carrying out this role, the child care manager has seen improvements in practice. However, he considers that the monitoring role would more appropriately be carried out by a person not holding direct line management responsibility for the centre. Inspectors concur with this view.

#### 4.4

#### *Children's rights*

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

<sup>5</sup> Children First: National Guidelines for the Child Care Sector (Children, 1999)

#### 4.4.1

#### *Consultation*

Prospect Lodge has a comprehensive and impressive written statement of children's rights, which provide the guiding principles for the centre's draft policy and procedure document. To summarise this proclaims that;

- *the young person's welfare is paramount*
- *young people's individuality should be acknowledged*
- *young people have a right to protection from harm*
- *young people have a right to fulfil their potential*
- *young people have a right to planned care*
- *young people have a right to a safe, anti-discriminatory environment*
- *young people have a right to shared professional expertise*
- *young people's contact with family should be promoted*
- *young people's cultural background should be respected*
- *young people have a right to health care and education*
- *young people are entitled to information about Prospect Lodge, including the complaints procedure*
- *young people are entitled to have a named key worker and social worker*
- *young people have a right to be heard and involved in decisions which affect them*

Prospect Lodge is commended for having produced a very good statement of children's rights, and attempted to embody this into the centre's policies and procedures. However, the statement could be improved. Some key rights are omitted; such as i) young people's rights of access to files and other information written about them, ii) young people's rights to privacy and confidentiality, iii) young people's rights to associate with friends and join groups, iv) young people's rights to keep personal possessions and v) young people's rights to preparation and support when leaving care. Also, best practice in the task of developing statements of rights emphasises the importance of consulting young people's own views. Doing so ensures that statements of children's rights are fully relevant and meaningful to the young people who are the intended beneficiaries of them.

Policy provides for weekly house meetings as a forum for reviewing issues that arise. Care staff used to facilitate such meetings but these do not take place at present. Whilst the written policy is to be commended there was little evidence that practice matched it. Young people's views are not generally consulted about the running of the centre, although the boys did chose the destination of this year's holiday. Other examples include young people's views being consulted in respect of statutory reviews, usually by recourse to their filling up forms. They also attend statutory reviews, but not necessarily for the whole meeting.

Whilst inspectors found individual examples of good practice, more could be done at Prospect Lodge to consult the views of young people. At present, this is largely left for key workers to do on an individual basis and practice shows that young people at Prospect Lodge are provided with limited opportunities for expressing their views.

### **Recommendation**

- **Prospect Lodge should consider practice guidelines, produced by the Social Services Inspectorate, which are intended to help children’s residential centres improve practice in the area of children’s consultation.**

#### 4.4.2

#### *Complaints*

Prospect Lodge has a complaints policy, which is set out in the draft policy and procedure document and summarised in the information booklet. This emphasises young people’s right to complain and advises that all complaints will be taken seriously. The policy provides examples of types of complaint young people might have and indicates persons to whom a complaint can be made. The policy document makes reference to a “designated complaints officer”. However, none of the staff, social workers or young people were aware of any person having such a role and the information booklet makes no mention of them. The complaints policy can be improved. Most significantly, the procedure ought to make clearer the steps to be taken upon receipt of complaints. There is a lack of clarity on this and, at present, staff are mainly guided in respect of who they should notify. In practice, it is at the discretion of staff and managers at Prospect Lodge how each complaint is dealt with, including if and at what point it should go outside the centre. This fails to promote a transparent or fair system for handling complaints, and presents as Prospect Lodge acting as judge in its own cause. The policy adopted by Prospect Lodge also needs to be better integrated with arrangements that the health board have in place for handling complaints.

There were 38 formal complaints made over a two-year period (1999 – 2001). These reveal a mixture of complaints. Seven were about young people complaining of feeling physical pains and aches, ten were against other young people and seven complaints were about how young people had been treated by other agencies. Care staff did respond promptly to get young people appropriate medical attention. However, they were less able to make an impact upon how young people treated each other or were treated outside of the centre. Of the remaining fourteen complaints, that were more specific to care practices in the centre, ten were about house rules (of which four were repeated complaints). All fourteen complaints found in favour of the centre, and the young people who had complained were left with explanations of why things could not change. Whilst inspectors do not wish to comment on the merits of individual complaints, the fact that no complaint was upheld lacks credibility. On evidence available, the prospects of young people influencing staff actions and decisions, that they perceived as unfair, were too remote.

The complaints policy has recently been supported by a new complaints form. This is divided into two sections, one for completion by the young person and

the other to be filled out by the member of staff receiving the complaint. The new form represents a significant improvement over its predecessor, and is designed to encourage a more thorough, inclusive and prompt response to complaints. It has only been used a few times to date, and early indications show that it has promoted a more effective way of handling complaints. Prospect Lodge are commended for the initiative shown in developing a more user-friendly approach to complaints.

Inspectors are further encouraged by the health board examining ways of making its complaints system fairer and more independent.

### **Recommendation**

- **The health board should take account of practice guidelines, produced by the Social Services Inspectorate, designed to help improve arrangements for considering complaints in children's residential centres.**

#### *4.4.3*

#### *Access to information*

Prospect Lodge does not have written policy and procedures setting out young people's rights to see information that is written about them. Given the emphasis placed on children's rights providing the centre's overriding principles this is a regrettable omission. A statement of young people's rights to see their files is, however, included in the information booklet, produced to explain what life in the centre is like. Policy on this subject remains confused, and needs to be resolved on the presumption that young people have a right to see what is written about them. Inspectors noted that the production of the information booklet has, to a considerable extent, updated and improved aspects of the draft policy and procedure document. We would advise care staff and managers to take account of this; otherwise the centre will continue to operate with contradicting policy statements.

Staff and social workers would benefit from written guidance on access to files, as practice of sharing personal information with young people is confusing and inconsistent. As a start, the health board have provided many with booklets explaining the Freedom of Information Act, 1997 and a few care workers from Prospect Lodge attended a workshop on this. However, none of the staff interviewed were sure about the policy on access to files.

Prospect Lodge has produced an impressive information booklet, which is intended for and available to young people. It is well designed, interesting and informative. It provides information about key-workers, reviews, files, rules, holding, complaints procedure, pocket money, contact with family and friends, activities, religion, health, safety and aftercare. It benefits from having been professionally published, which makes it a very attractive looking booklet. Whilst inspectors are reluctant to criticise what has been an otherwise excellent piece of work, we would like to have seen evidence of young people being consulted about the booklets content.

### **Recommendations**



- **The health board should issue written guidelines to care staff and social workers setting out its expectations, and procedures, regarding young people’s rights of access to information.**
- **The health board should take account of practice guidelines, produced by the Social Services Inspectorate, designed to help improve arrangements for sharing information with young people in children’s residential centres.**

#### 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*

Prospect Lodge has an admissions policy, which sets out how referrals are made, the centre’s admissions criteria and the role of the case management team in deciding upon admissions. This is supported by a detailed process involving pre-admission visits, meetings and overnight stays intended to ensure that admissions are a positive experience for young people. The complete admissions policy and procedure is set out in sections 1, 3 and 6 of the document and would be easier to follow if it were contained within the one section.

Referrals to Prospect Lodge are made by social workers. An application form is completed, signed by social worker and team leader, and this is forwarded to the acting unit manager. The acting unit manager, when satisfied that he is in possession of all requested information and is aware that a vacancy has arisen, convenes a meeting of the admissions/discharge committee. The admissions/discharge committee comprises of the principal social worker, a senior psychologist and the acting unit manager. A decision on whether a young person will be admitted to Prospect Lodge rests with the admissions/discharge committee. At the time of the inspection there were no young people on the waiting list for Prospect Lodge. Care staff and social workers spoke positively about the admissions process, providing clarity of role and objectivity in decision-making. Prospect Lodge, in common with many other children’s residential centres in the area, have quite tight admissions criteria and feel that these new structures help reduce the incidence of inappropriate or unplanned admissions. A social worker commented on how it had helped her to focus upon tasks that needed to be completed.

This policy is widely understood and accepted. Young people were positive about the admissions process. Even though each felt that they were given limited choice about being admitted to the centre, they appreciated being given time to visit Prospect Lodge in advance of moving there.

#### 4.5.2

#### *Statutory care plans*

There is partial compliance with Article 23 of the Child Care Regulations 1995. Two of the three young people currently have written care plans. These were in place prior to their admission to Prospect Lodge, and are updated regularly to reflect court requirements. Current practice requires social workers to submit a written care plan as part of the referrals procedure. However, the policy and procedure document refers only to the production of a placement plan, indicating another area where the centre's written policy statements are not well harmonised with its practices. One social worker has not produced a care plan. Although he thinks that the young person, whose case he is managing, should have a written care plan he considers that a large caseload works against him completing this task. Inspectors do not find these are convincing reasons. Care planning is a statutory requirement, an essential foundation for good quality child care and fundamental to avoiding a young person drifting in care. Other social workers, with the support of a case management team<sup>6</sup>, have produced written care plans and consistently kept these up to date. An example involves a care plan recently updated to take account of a young person's leaving care needs. Written care plans are of a high standard, being clearly typed and containing sections to guide social workers on areas to be covered. Each care plan is clear, manageable and task focused. They include the views of young people and family, arrangements for contact, identify the aims of the care plan, arrangements for healthcare and education, proposed placement options, responsibility for implementation, tasks to be completed and details of next scheduled review. Whilst examples of written care plans seen by inspectors were good, one in particular stood out as an exemplary model of what can be achieved. It was not only impressive as a recording exercise, but also contributed greatly to a shared understanding of what was happening for the young person concerned.

In addition to written care plans, keyworkers at Prospect Lodge produce placement plans. These help inform individual work done with young people. However, whilst evidence from practice shows that placement plans are broadly integrated into the overall care planning process, the draft policy and procedure document does not reflect this.

#### **Recommendation**

- **A written care plan should be produced, as a matter of urgency, for the young person who does not currently have one.**

#### 4.5.3

#### *Statutory care plan reviews*

Regulations concerning statutory care reviews require that these are intended for the particular purpose of reviewing each child's written care plan. They should take place at regular intervals, varying according to the duration each child has been in a residential centre, the frequency of reviews should be informed by the care plan. Article 25 (5) of the Child Care Regulations provides details of matters that reviews should have regard to and consider.

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<sup>6</sup> Consisting of the unit manager, principal social worker, social worker, psychologist and key-worker.

In practice, reviews are held frequently for all three young people, in line with centre policy. The frequency of reviews, for two young people, is largely influenced by court dates and typically takes place at two to three monthly intervals. The other young person has monthly reviews irrespective of court. Exceptionally, information provided to inspectors by the centre shows an example of a period of two years, three months between review meetings for one young person. For two of the three young people, currently resident, reviews meetings are guided by written care plans. According to draft policy, those invited to review meetings include members of the case management team<sup>7</sup>, the young person and family members, where possible. This is reflected in practice. Young people usually attend and are assisted by care staff in preparing for these by completing a form designed to help obtain their views. Social workers and care staff also complete review forms. However, there is no form for parents to fill up, and this might be an aspect of practice that Prospect Lodge and social workers might wish to develop. Young people indicated that they felt that they were listened to at reviews, although there was criticism about how long it sometimes takes to implement decisions. Decisions taken at reviews are not consistently implemented, sometimes because key personnel are not available or expectations are unrealistic. In the past, there have been issues of professionalism, in respect of all parties being prepared to accept the requirements of collective decision-making. Prospect Lodge, mindful of these problems, recently initiated the practice of forming a core group<sup>8</sup> to oversee the implementation of review decisions. Core groups meet approximately every four to six weeks. Early indications are that these have improved working together and accountability. This innovative approach to reviews is commendable and should be incorporated into the centre's policy and procedure document.

The requirement to hold statutory reviews is addressed in the draft policy and procedures document, and this guides all of the professionals involved as to the frequency and conduct of reviews. The policy promotes good practice.

#### 4.5.4 *Contact with families*

Young people have good contact with family. This includes regular visits and phones calls, and all three have opportunities to spend some time at home. Parents are kept well informed about what is happening in their son's lives and the family member interviewed had high praise for the work done by staff. He confirmed that family can ring up at any reasonable time. Family members are respected, involved in decisions and are made to feel welcome in the centre.

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

Two social workers visit boys at Prospect Lodge monthly, whilst the third social worker tends to visit every three months. The first two social workers typically see their respective young person in private and often take them outside of the centre on their visits. The other social worker's visits are quite brief. Social workers do not read files kept in the centre and rely for their information about how well young people are doing on what they are told.

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<sup>7</sup> See paragraph 4.5.2

<sup>8</sup> Made up of the two key-workers, social worker, teacher, unit manager, youth worker and the young person.

Social workers are obliged to ensure that the care provided meets the requirements of Child Care Regulations, 1995<sup>9</sup>. Talking with care staff and young people will go along way to satisfy them on this. However, records kept in the centre provide an important source of information about what is happening in young people's lives and how well the placement continues to meet their needs.

### **Recommendation**

- **Social workers should, from time to time, access information kept on young person's care file and daily records.**

#### 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 centre to whom they can confide any difficulties or concerns they have in relation to any aspects of their care.**

Social workers generally provide good support for young people placed at Prospect Lodge. Social workers and care staff enjoy good working relationships and the latter particularly value the time that social workers make to visit and keep in contact with the centre. There is a good understanding of roles and social workers have a clear understanding of what Prospect Lodge expects of them. Information is mutually shared between care staff and social workers, and there is evidence that decisions are taken in partnership. Young people can access their social workers and are encouraged to contact them whenever they feel the need. Social workers saw themselves as providing young people with an advocate, outside of the centre. The development of this role is encouraging and acts as a vital safeguard. However, during a six month period, when the health board were experiencing staffing problems, one young person had four different social workers. This is not a situation conducive to developing relationships in which young people feel able to confide in social workers.

#### 4.5.7

#### *Emotional and specialist support*

Young people generally receive emotional support through a combination of Prospect Lodge's key-worker system and the provision of a living environment that provides stability and consistent expectations. The first part of a young person's placement at Prospect Lodge focuses on getting young people to settle down and respond to consistent boundaries. The key-working system provides two named care workers, whose role includes ensuring that young people's needs are individually identified and addressed. Key-working duties include co-ordinating contact and links with family, schools, health services and social workers. Key-workers are responsible for developing a placement plan, informed by the young person's care plan. The placement plan is

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<sup>9</sup> Re: Article 24 (4)

particular in addressing the young person's interests, daily programme and needs, and a core group<sup>10</sup> has input into the placement plan.

A clinical psychologist, based within the child and adolescent psychology service, is available to the centre during the week. This is part of an area wide service, in which there is one designated clinical psychologist identified for each children's residential centre. The clinical psychologist for Prospect Lodge engages in individual pieces of work with the young people, for example the development of programmes in anger management. The clinical psychologist has also conducted educational assessments. An additional benefit of her role is in supporting staff development; attending team meetings, facilitating training sessions and acting as a consultant to the team on behaviour management. More recently, the clinical psychologist has been helping care staff to focus on the emotional impact on young people of surveillance cameras, which were brought into the centre during a time of crisis.

In the past, the centre has also used other specialist support, such as the services of a play therapist. Care staff and social workers indicate that access to these services has improved greatly over the past year. Access to specialist services is now measured in terms of days or weeks; rather than months, or even years. The health board are commended for the specialist services that they have put in place to support work done at Prospect Lodge.

#### 4.5.8 *Preparation for leaving care*

Prospect Lodge has a draft written policy indicating that it provides a service for young people up to the age of 18 years. However, the acting unit manager insisted that current practice in the centre is to encourage young people who reach 16 years of age to prepare for and move onto something more suited to their needs. With this in mind, developments are taking place to establish hostel type accommodation for care leavers within the locality and staffed from Prospect Lodge. The needs of young people leaving care from Prospect Lodge are currently being addressed through the care planning and review forum. One young person is doing some work with the centre's aftercare worker, to prepare him for moving from Prospect Lodge. He has participated in a programme of independence training run by the youth service. His social worker and care staff are doing follow up work. The young person's leaving care needs are regularly considered at his reviews and, the plan is that he will not move on until he is ready. The social worker said that she is not under any pressure to move him from Prospect Lodge, even though he has reached 16 years of age. However, in spite of care staff having constantly reassured him that there is no pressure to be moving on, the young person will have been made aware from admission onwards of the 16-year age limit and may experience this as a pressure. Care staff and his social worker have talked with him about the need to move on, but not until a suitable alternative placement is found. There is no definite written plan for him to leave Prospect Lodge. In

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<sup>10</sup> See paragraph 4.5.3

ideal conditions, the social worker believes it would be preferable for him to remain in residential care rather than move to more independent surroundings.

Prospect Lodge and the health board need to be careful to make sure that the application of a blanket policy, such as arbitrary upper age limits, does not operate against the individual merits of each young person's welfare. The young person's welfare is the paramount consideration and where there is any risk of a policy failing to promote this it should be set aside. Subsequent to the inspection, managers have sought to reassure inspectors that they are "... *not operating against the individual merits of the young person*". Inspectors accept reassurances given in this particular case, however current policy statements are less than convincing about future intentions.

### **Recommendation**

- **Prospect Lodge, in consultation with external management, should clarify its policy of having an upper age limit.**

#### 4.5.9

##### *Discharges*

Prospect Lodge has a good written policy on discharging young people from the centre. This provides for young people to be discharged on a planned basis and accountability is built into the process by decisions requiring to be approved by the admissions/discharge committee.<sup>11</sup> The centre's policy distinctly, and commendably, prohibits young people being discharged as a sanction.

#### 4.5.10

##### *Aftercare*

Aftercare support is a feature of work done at Prospect Lodge. Its importance is reflected in the designation of a child care worker as the centre's aftercare worker. She has been fulfilling this role for just over a year and is currently working with eight ex-residents, on an outreach basis. Time is set aside within the rota and she is able to work flexible hours to facilitate aftercare duties. This is an innovative measure, which is due to be reviewed shortly. This includes consideration of purchasing another premises from which to operate a semi-independent style accommodation. Another impressive aspect of the centre's practice is how it welcomes back, for visits, young people who previously lived there. Work at Prospect Lodge complements a range of positive measures that are being developed to support young people leaving care.

The health board is developing a regional strategy in relation to aftercare services. A study is currently being undertaken by the health board to look into the needs of care leavers, current provision and evaluate what new services need to be developed. External managers advised inspectors that once completed a plan will be drawn up, costed and submitted to the Department of Health and Children for funding. Complementary services are being developed and Pathways, a new five-bedded centre for young people who are homeless, was recently opened. A supported lodging project is also in the

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<sup>11</sup> referred to in paragraph 4.5.1.

process of being developed. The health board's commitment to providing an aftercare service is encouraging and inspectors will watch developments with interest.

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

Records kept within the centre are of an excellent standard.

The centre operates a dual filing system. Files are divided into two sections. The first file is referred to as the "current file" and contains information for up to two months. The second file is used to retain all information beyond two months. Files are excellently maintained, well organised and benefiting from clearly labelled sections. The two sections of each file both contain a frontsheet with all relevant personal information and contact details. The first file consists mainly of daily log reports for each young person. The second file is catalogued into copies of care plans, details of unauthorised absences, details of use of physical restraints, use of sanctions, complaints, medical details, reviews, fortnightly reports (written up by key-workers), educational details, legal correspondence and miscellaneous. There are some minor differences in how each young person's second file is organised, as reflected in their different circumstances.

Inspectors are impressed with young people's files at Prospect Lodge and commend these to other centres who are interested in good record-keeping.

#### 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*

Young people benefit from good primary care, which takes account of individual need whilst promoting a sense of community. Boy's interests are supported and encouraged. Examples of some activities boys are involved in at Prospect Lodge include pool, play station, board games, television and use of a boxing bag. Outside of the centre young people have varied experiences, including a range of sports, which some staff have keen interests in. Fishing is quite popular for one boy, and there is a member of staff who is a qualified canoeing coach. Activities for the day are generally planned at the 2pm staff handover meetings and young people have a say in this. They have recently enquired about karting, horse-riding and quad-biking. These are quite hazardous activities. Staff will want to ensure that young people are adequately insured and that such activities are supervised by competently training instructors. This was the case when young people went paintballing, whilst on holiday in Wales. Young people at Prospect Lodge are able to

participate in many activities similar to that of their peers. This includes the opportunity for young people to engage in activities and groups in the community. They are able to develop friendships outside of the centre, although vetting is done if young people stay with their friends' family overnight.

Care staff at Prospect Lodge are good at organising social and sporting events, which involve themselves and young people. A recent example is a football match that has been arranged against a 'rival' centre. It is evident that Prospect Lodge, as a community, are looking forward to the match. There is evidence that these types of joint event are a regular occurrence.

Young people at Prospect Lodge are encouraged to take a share of responsibility for personal hygiene, washing, cooking, keeping their rooms tidy and gain some, albeit limited, experience of budgeting. The boys generally get on well with each other and have acclimatised well to the demands of group living. Prospect Lodge's key-worker system and the ethos of the centre focuses on young people being treated as individuals. This has helped young people avoid becoming institutionalised and too dependent upon the centre.

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

Young people are offered a reasonable and varied choice of food. The centre benefits from good cooking facilities and most meals are prepared by the centre's bean a ti. Young people at Prospect Lodge are consulted about meals and enjoy food that is appetising, plentiful and nutritious. There are limited examples of young people preparing meals themselves, which is a skill some will benefit from when they leave care. Also, for the same reason, young people could be more encouraged to participate in the weekly shopping.

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

There is no guidance for care staff on anti-discriminatory practice. The centre should promote this and have a culture that is open to challenging stereotypical attitudes to women. In addressing these, the centre needs to review the title and role of the bean a ti, taking into account the messages this conveys about women's work. The person performing these duties is a valued member of the care staff team in her own right and it may not be conducive to promoting good anti-discriminatory practice having a job title that emphasises female domesticity.

Prospect Lodge acknowledge family as a source of heritage and culture for young people. Care staff and social workers promote contact with family, and there is evidence of attempts to engage family more in the lives of young people at Prospect Lodge.

Weekly attendance at mass used to be compulsory at Prospect Lodge, up until just over two years ago. Young people and parents are now consulted about their religious preferences and their views on this respected. Although young people and their parents identify their religion as Roman Catholics, at present,



none are practicing. However, last year one young person from the centre was confirmed. There are care staff who regularly offer to accompany the boys to religious services on Sundays, but they never take them up on this.

#### 4.6.4 *Managing behaviour*

There is detailed written guidance, which is broadly in line with the written sanctions policy that applies to Loughmahon and Gleann Alainn. These are also health board run children's residential centres. The policy identifies permitted sanctions consisting of; withholding pocket money; financial compensation; additional chores; withdrawal of privileges/activities; removal of possessions; use of time out; removal from the group and amendment of routine. A list of sanctions that are not permitted is included. These are any form of physical, emotional or psychological punishment; restriction of liberty; any activity which could be regarded as degrading; interference with family contact arrangements; interference with pocket money outside of stated parameters; withdrawal of positive activities and, restrictions on access, visits and other communication. Prospect Lodge's statements of permitted and non-permitted sanctions are clearer on the question of withholding pocket money, by indicating that this can only be done up to a maximum period of one month.

The section of policy and procedures dealing with sanctions commences with guidance on positive use of discipline.

However, whilst there are great similarities to be found in written policy, practice reveals key differences in Prospect Lodge's approach to managing behaviour. Unlike Loughmahon and Gleann Alainn, the centre no longer uses a points system. Instead, it tries to apply consequences, for unacceptable behaviour, that are tailored to the individual circumstances of each boy. There is evidence that care staff encourage young people to take responsibility for amending their own behaviour. For example, a young person uses the play station excessively at times and would continue to do so without some limits being put on this. When he exceeded his allocated time care staff used to turn the play station off, but realised that this was taking responsibility away from the young person to make the decision. Now, it is up to him to switch it off and if he exceeds the agreed time he faces the consequence of having the amount of time on the play station reduced the following day. This represents a well thought out and developmentally appropriate approach to a specific behavioural problem. Its virtue lies in that it firmly places responsibility on the young person, and enables him to learn from the consequences of his actions.

As an additional method of observation and control surveillance cameras were introduced in June 2000. Managers explained that they were intended to guard against intruders from outside and provide protection to vulnerable young people inside. However, it is significant that their introduction followed a sustained period in which there were assaults on care staff and damage to property. During this period, Prospect Lodge operated as a de facto high support unit and took security measures that it considered necessary to restore some order to the centre. The use of surveillance cameras has contributed to the security of the building, protecting it from intruders. Their use has also had an impact on reducing the incidence of physical assaults within the centre, against staff and acts of bullying, and serious damage to property. This may

provide convincing evidence for retaining them. However, notable reductions in these types of incident are only partly attributable to the presence of surveillance cameras. Other significant factors include a more stable group of residents, clearer admissions procedures and a staff team more confident in managing challenging behaviours. Inspectors found no recent incidents of serious assaults, damage to property or intrusions. A year after their introduction to the centre the rationale for putting in surveillance cameras probably no longer exists. The centre is not operating at the same level of crisis and is working with a different group of young people. Methods of control can raise ethical dilemmas, and in the use of surveillance cameras, managers and care staff must address inevitable civil liberties issues. The cameras inevitably impinge upon young peoples' privacy. Their use, if at all, should be exceptional and subject to clear guidelines, processes of accountability and review. Inspectors formed the view that Prospect Lodge has moved on and long since outgrown the need to rely on surveillance cameras.

Given that use of surveillance cameras represents a serious breach of children's rights to privacy the centre ought to reconsider whether the original reasons for installing them still exist. Inspectors consider the use of surveillance cameras to be inappropriate.

Since the inspection Prospect Lodge have reviewed the use of surveillance cameras. The internal cameras are now mostly switched off and only deployed at critical times.

### **Recommendations**

**The health board should adopt a policy on the use of additional methods of control, including written guidelines that specify how children's residential centres obtain permission to use them.**

**Prospect Lodge should consider whether the deployment of surveillance cameras in the centre is appropriate.**

**Prospect Lodge should update its written policies and procedures to ensure that these reflect the centre's practice.**

#### *4.6.5*

#### *Restraint*

Written guidance is in place, which identifies therapeutic crisis intervention (TCI) as the health board's only approved method of physical restraint. All care staff have received training in therapeutic crisis intervention and most have benefited from having completed refresher courses. Care staff indicate that their training has placed great emphasis upon de-escalating techniques and this has contributed to a reduction in incidents of physical restraints. Care staff are now guided to consider whether physical restraint is necessary and, if so, whether it can be carried out safely.

In practice there have been few occurrences of physical restraint over the past year, which some care staff link with discharges of more difficult young people from the centre.

#### 4.6.6 *Absence without authority*

Care staff are provided with clear written procedures to follow in the event of an unauthorised absence. This sets out they should inform and the need to make a record of all incidents. Care staff understand and follow these procedures well. In practice, they exercise a degree of discretion especially if the boy has gone off for a short while because he needs some time to cool off. On these occasions care staff only start to notify Gardai, social workers and parents when it is apparent that the boy is not coming back. Sometimes care staff look for boys who are absent or else, if they know where they are, may opt to monitor the situation. Inspectors think that practice at Prospect Lodge is applied with a good deal of commonsense.

Records show that they are significantly fewer unauthorised absences than compared with six months ago.

### 4.7 *Safeguarding and child protection*

#### 4.7.1 *Safeguarding*

**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.**

Inspectors found a number of safeguards in place at Prospect Lodge and awareness amongst care staff of them. All care staff have been subject to employment checks and there are good monitoring systems in place.

Care staff provided examples of safeguarding practices within the centre. For instance, they regularly check in with each other and ensure that they know where young people are. They leave doors open when in a room alone with a young person and sometimes ring up staff on the mobile phone when they are out of the centre with one of the boys. Inspectors were told that a culture of openness is promoted, where care staff can express concerns and discuss challenging issues within the team. Individual care staff can challenge other people's practices, that they are concerned about, and this has led to a satisfactory resolution of problems. A recent example of this concerned the practice of care staff taking young people into their own homes and questions as to whether this confuses professional boundaries. Generally, inspectors consider that this is not advisable. Care staff should only take children into their own homes as part of an agreed care plan and when an assessment of the home has been carried out. Without this level of transparency and accountability care staff are open to all sorts of suggestions, the least of which is one of favouritism. However, more significantly the health board will continue to ignore a common factor in the methods used by individuals who have used their positions of responsibility to abuse children in their care. This does not imply that all care staff who take children into their homes constitute a risk of harm. However, given the modus operandi of most of the serial abusers of children in care the health board will want to ensure that all necessary safeguards are properly considered and applied. This example

serves as an illustration that Prospect Lodge needs to apply a more coherent and consistent approach to safe care practices. Other examples of where improvements are needed include complaints handling, dealing with allegations, setting professional boundaries, having a clear anti-bullying policy and consulting young people's views.

Care staff and managers in the centre consider that the use of surveillance cameras contribute towards safeguarding young people as it allows for close supervision of the bedroom corridor where incidents of bullying have occurred in the past. This may be the case. However, surveillance cameras are not an adequate substitute for good practice. A good start would involve a written policy on bullying, which sets out strategies for preventing and discouraging it.

### **Recommendation**

- **The health board should take account of practice guidelines, produced by the Social Services Inspectorate, designed to help improve safeguarding and child protection in children's residential centres.**

#### 4.7.2

#### *Child protection*

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

The centre has written guidelines for care staff and they confirmed that they know what to do if young people make allegations of abuse. All staff interviewed understood the reporting procedures that operate within the health board and many had attended briefing sessions on the implementation of Children First national guidelines. Managers and social workers also had a clear understanding of the actions that they would be required to take.

However, more child protection training would support care staff in understanding the abuse that many young people they work with have experienced, and give them the skills, knowledge and competence to deal more effectively with challenging, and often unresolved, issues that young people have.

#### 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 three young people are in education, even though some have experienced past difficulties staying in schools. Education is given a lot of attention at Prospect Lodge and young people receive encouragement and support. Care

staff have successfully advocated on behalf of young people to keep them in their schools and there is good liaising with teachers.

Two young people are in special education. The other young person attends Youth Reach, where he has recently enjoyed notable successes in his junior certificate. His family are proud of his achievements.

#### 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.**

Young people at Prospect Lodge enjoy good health. There is a named doctor for the centre and he routinely examines young people on admission.

Some care staff are trained in first aid and one is a qualified nurse.

The young people have sustained injuries (e.g. falling off a bike) and have experienced no delays in getting medical attention. Prospect Lodge are in possession of written parental consents to medical treatment for all young people. One of the young people has an asthmatic condition and uses an inhaler.

Smoking is discouraged and the centre policy does not permit anyone to smoke on the premises. One of the young people has been known to smoke very occasionally, but this represents considerable progress from his previous smoking habit.

There are sex education booklets available and care staff answer questions that young people put to them. However, the centre does not provide young people with a structured approach to issues of sex education and sexual health advice, and consider that what is taught in schools adequately addresses what the boys need to understand at present. Inspectors challenge this assertion. Many young people in care have negative experiences of relationships and may have formed distorted views of sexuality. The school curriculum alone will not suffice in helping all young people, with whom Prospect Lodge is obliged to work, acquire an understanding about healthy sexual development.

#### **Recommendation**

- **Prospect Lodge should introduce use of individual assessments and programmes, to ensure that young people's emotional and psychological needs are adequately and consistently addressed in respect of their sexual health development.**

#### 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 centre 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*

Prospect Lodge is a five-bed, purpose built, bungalow style accommodation, which provides an excellent residence for young people. The centre is reasonably situated for all local amenities, shops, schools and public transport.

In accordance with *Article 14 of the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III*, the centre is adequately insured against accidents or injuries to children. The health board supplied details of Employers' Liability, Public Liability, and Combined Property insurance policies, which are valid until 31st December 2001.

##### 4.10.2 *Maintenance and repairs*

Prospect Lodge are reasonably supported by the health board's maintenance section which, ideally, is located in a hospital directly across the road. Emergency repairs are attended to promptly and maintenance section provides a call out service to support this. Non-urgent repairs typically take a few days, but it is generally a good service.

##### 4.10.3 *Safety*

Safety issues are being to be addressed at Prospect Lodge. The acting deputy unit manager acts as the centre's health and safety officer, and is responsible for ensuring that the centre provides a safe environment for young people to live and staff to work. Part of her role includes ensuring that hazards are identified and promptly reported. In accordance with the Safety, Health and Welfare at Work Act 1989 the health board has a general safety statement, issued in June 1998, and this is applicable to Prospect Lodge. A health and safety audit was carried out on 13 September 2001 and the report identified twenty-two hazards. Amongst the concerns requiring attention are; potentially harmful chemical usage and storage; evacuation exit signs; trip hazards; deep fat fryer, oil burner and extractor fan in kitchen; overloaded electrical sockets; inadequate notices for designated fire exits; non-fire retardant bed linen and curtains and some electrical appliances require replacement plugs. A letter from the health board's fire & safety officer to the acting unit manager, dated

24 September 2001, identifies work to be carried out and specifies actions that have already been taken to address some of the hazards.

#### 4.10.4 *Fire safety*

Matters concerning fire safety are receiving attention at Prospect Lodge. On 21 September 2001, as a follow up measure to the health and safety audit, the centre's acting deputy manager and the health board's fire & safety officer conducted an inspection of the premises. They used a fire safety audit checklist to record their findings and to indicate action to be taken. The fire safety audit checklist indicates that Prospect Lodge generally has adequate precautions against the risk of fire, including effective means of escape, and arrangements for detecting, containing and extinguishing fires and maintenance of fire-fighting equipment. The centre is protected by a central fire alarm system, smoke detectors throughout the building and emergency lighting. The equipment is regularly checked and maintained, by the company that installed the fire safety system.

The checklist sets out a detailed plan for ensuring the safety of the centre; and addresses the need for improvements in signs for indicating exit routes, regular conduct of fire evacuation drills, monitoring of fire precautions, staff training, secure storage of inflammable materials, checking and replacing non-fire retardant furniture and furnishings, replacing faulty electrical equipment, reviewing the adequacy of fire extinguishers and updating the centre's emergency procedures plan. Fire safety training had been arranged to take place at Prospect Lodge on 4 October 2001.

## 5. *Summary of Recommendations*

### Notification of significant events

- **The health board should provide written guidance advising on what is a significant event and indicating persons the centre are required to notify.**
- **Prospect Lodge should keep a record of all notifications of significant events.**

### Care staffing

- **Prospect Lodge should have its senior positions filled on a permanent basis, as soon as practicable.**

### Supervision and support

- **Managers involved in staff supervision should avail of appropriate, in-service training.**

- **Written policy, in respect of the frequency of supervision, should be amended to reflect practice.**

#### Consultation

- **Prospect Lodge should consider practice guidelines, produced by the Social Services Inspectorate, which are intended to help children's residential centres improve practice in the area of children's consultation.**

#### Complaints

- **The health board should take account of practice guidelines, produced by the Social Services Inspectorate, designed to help improve arrangements for considering complaints in children's residential centres.**

#### Access to information

- **The health board should issue written guidelines to care staff and social workers setting out its expectations, and procedures, regarding young people's rights of access to information.**
- **The health board should take account of practice guidelines, produced by the Social Services Inspectorate, designed to help improve arrangements for sharing information with young people in children's residential centres.**

#### Statutory care plans

- **A written care plan should be produced, as a matter of urgency, for the young person who does not currently have one.**

#### Supervision and visiting of young people

- **Social workers should, from time to time, access information kept on young person's care file and daily records.**

#### Preparation for leaving care

- **Prospect Lodge, in consultation with external management, should clarify its policy of having an upper age limit.**

#### Managing behaviour

- **The health board should adopt a policy on the use of additional methods of control, including written guidelines that specify how children's residential centres obtain permission to use them.**



- **Prospect Lodge should consider whether the deployment of surveillance cameras in the centre is appropriate.**
- **Prospect Lodge should update its written policies and procedures to ensure that these reflect the centre's practice.**

#### Safeguarding

- **The health board should take account of practice guidelines, produced by the Social Services Inspectorate, designed to help improve safeguarding and child protection in children's residential centres.**

#### Health

- **Prospect Lodge should introduce use of individual assessments and programmes, to ensure that young people's emotional and psychological needs are adequately and consistently addressed in respect of their sexual health development.**