



**SOCIAL SERVICES  
INSPECTORATE**

**A CHILDREN'S RESIDENTIAL CENTRE IN  
THE NORTHERN AREA HEALTH BOARD  
COMMUNITY CARE AREA 6**

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## **Summary of Findings**

This section contains a brief summary of the main findings and conclusions of the re-inspection of a children's residential centre which took place on the 15<sup>th</sup>, 16<sup>th</sup> and 17<sup>th</sup> October, 2002. Readers wishing a more detailed account should refer to the main sections of the report.

The centre had previously been inspected in February 2002. The inspection found that there were a number of practices that failed to meet the National Standards for Children's Residential Centres or the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995. In view of these findings, the centre was re-inspected in October 2002, to examine the extent to which deficits outlined in the previous report were addressed. This reinspection report outlines the recommendations made in February 2002 and the action taken to implement these recommendations during the following seven months.

Inspectors were satisfied at the programme of action that has taken place to address the deficits outlined in the first inspection report and to implement the recommendations made.

On reinspection the staff group presented as a more cohesive team that have gained greater confidence in their professional practice. They are guided by a strong management team including the manager, deputy manager and alternative care manager. The post of deputy manager has been introduced since the last inspection. The number of staff working in the centre has been rationalised and the centre no longer employs agency staff. A programme of staff induction and formal supervision has been introduced. Greater access to internal training is available.

A policy and procedures manual has been devised to inform practice in the centre. This is in draft form and requires further revision and consultation. Reference to specific policies are made through out the report. When completed it will require ratification by the board.

A new system of record keeping has been introduced. It provides for ease of access to information and facilitates accountability.

There is a greater awareness of and improved practice in relation to children's rights. Direct work and more focussed intervention with the children is evident. This is enhanced by the development of the key worker role and individual skills of staff members.

Practice and policy in relation to working with parents has greatly improved. All efforts have been made to encourage parent and sibling access to the centre.

Social workers visit the children regularly and review records maintained by the centre. All of the children have an allocated social worker and updated care plans.

The centre has been subject to an impressive programme of decoration and new furnishings. The décor is of an extremely high standard. It provides for a very comfortable and pleasant living environment, of which the children are very proud. The children's art work is impressively framed and displayed throughout the house.

The Manager of Alternative Care has a local monitoring role in relation to all residential centres in CCA 6. However the requirements of Article 17 have not been met by the provision of an independent monitor, outside the line management structure. The inspectors were informed that the board is currently reviewing how best to meet this requirement and that consideration is being given to establishing a post of independent monitor.

As outlined throughout the report, the inspectors are satisfied that significant progress has been made in relation to implementing the recommendations made by SSI and the centre is now working to a good standard of care.

## **Introduction**

The inspection of this children's 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 (15<sup>th</sup>, 16<sup>th</sup> and 17<sup>th</sup> October 2002). The inspectors involved were Ann Ryan (lead inspector) and Mike Mc Namara (support inspector).

The centre had previously been inspected in February 2002. The inspection found that there were a number of practices that failed to meet the National Standards for Children's Residential Centres or the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995. In view of these findings, the centre was re-inspected in October 2002, to examine the extent to which deficits outlined in the previous report were addressed.

The primary focus of this inspection was therefore to inspect the board's progress in implementing the recommendations of the previous inspection. This is reflected in the format of the report, which outlines the recommendations made in February 2002 and the action taken to implement these recommendations during the following seven months.

## **Methodology**

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

- The children's care files;
- The daily log books;
- All administrative records;
- Census forms on children;
- Data on staff;
- Questionnaires completed by social workers and teachers;
- Policy and procedures document;
- Health and Safety Statement.

During the course of the inspection the inspectors interviewed the manager of alternative care; the deputy manager and three members of the care staff. They also interviewed the two social workers for the children, one parent and two of the three children resident in the centre. The third child was on holidays with his parents and a member of the care staff during the inspection. The general manager for community care area 6 was also interviewed.

## **Acknowledgements**

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

### **Standard 1**

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

***Recommendation from Inspection Report April 2002.***

***The board should ensure that the purpose and function of the centre is reviewed.***

***Practice in the centre should be directed by formal written policies and procedures.***

***Information booklets for children and parents should be produced.***

This recommendation has been substantially implemented. The previous inspection questioned the statement of purpose and function, which provided for residential care for children from the age of two years onwards. This statement has been reviewed and amended to reflect general board policy that young people under the age of eight years should not be placed in residential care, except in very exceptional circumstances.

The statement of purpose and function is now supported by a number of key policies and procedures that inform practice in the centre. Although in draft form, significant work has been completed on devising this document. The staff have been involved in a number of policy development days, facilitated by the board's training officer. Consultation with staff supported a greater sense of ownership of the policies. Parents have received a copy of the draft document and arrangements are being made to discuss and go through the contents with them. Following further consultation with senior board managers, and necessary amendments made, the policy document will be subject to board approval.

A number of suggestions for amendments to the policy document are outlined throughout the report. However, the inspectors commend managers and staff for the significant work they have completed in devising this document.

An information booklet has been produced for the children, which will be particularly beneficial for new admissions to the centre. It was devised with the help of the children in the centre and contains many of their drawings and art work. The information booklet for parents is in draft form.

#### **Recommendation:**

The policy document should be completed, following wider readership, and the necessary amendments made. The information booklet for parents should be completed.

## **Standard 2**

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

### ***Recommendation from Inspection Report April 2002.***

***The board should ensure that the post of manager is recruited for and filled on a permanent basis.***

This recommendation has not been implemented. While there is a temporary manager in post, the board has been unable to proceed with recruitment to permanent post for the manager. This issue still remains subject to agreement reached with unions in relation to salary scales and relevant qualifications. The general manager has agreed to pursue same.

Inspectors commend the board for developing the management structure of the centre by appointment of a deputy manager. This person, qualified in residential child care, provides additional support to the centre manager in relation to the overall management, administration, and development of the centre. However she is also appointed on a temporary basis. In the interests of permanency and stability, management posts should be filled on a permanent basis.

### **Recommendation:**

The board should ensure that management posts are filled on a permanent basis.

### ***Recommendation from Inspection Report April 2002.***

***The board should ensure that a policy is developed to inform practice in relation to the recording and notification of significant events.***

This recommendation has been implemented. A standard practice has been introduced in relation to recording and notifying significant events. All significant events are recorded on incident forms and maintained on the children's files. They are signed by the staff members present, counter signed by the manager, and a commentary made as to the appropriateness of the action taken. These are copied to the children's social workers. Social workers confirmed that they are made aware of all significant events and that overall communication with the centre is of a high standard.

### ***Recommendation from Inspection Report April 2002.***

***The board should ensure that all staff are aware of the supports available for qualifying training; vetting requirements are rigorously adhered to; a programme of regular and formal supervision is provided; new staff receive induction training; and an in-service training audit is completed to inform staff training needs.***

These recommendations have been implemented. Staff members are aware of the supports available for qualifying training. Two members of staff are currently being seconded for qualifying training at diploma and degree level. There is a training plan to release other named individuals next year.

Efforts have been made to rectify the deficits in relation to vetting requirements. Garda clearance is available for all staff members. All but one member of staff have two references on file and ten out of fourteen staff have a third reference.

A programme of regular supervision has been implemented. The centre manager receives supervision from the manager of alternative care every six weeks. It takes place outside the centre and is recorded. The manager in turn supervises the deputy every six weeks. Supervision of care staff is divided between the manager and the deputy manager. The policy is to meet with staff every six weeks although this can go to eight weeks. Supervision notes are taken and kept in the staff's personnel files. The staff interviewed confirmed that they find this a useful process and one that supports and informs their work. Inspectors caution that the programme of supervision should be maintained at six week intervals.

There have been two new members of staff since the last inspection. Both confirmed that they received induction training. This took the form of being introduced to an induction pack, including an explanation of the policies and procedures that inform the work of the centre. They were both facilitated to shadow staff, while being supernumerary to the work rota, for approximately 1 ½ weeks.

The last inspection report noted a poor history of in-service training. Only three members of staff had been trained in Therapeutic Crisis Intervention (TCI) and two others participated in a briefing session on 'Children First'. This situation has been significantly improved. Apart from one member of staff who has been on sick leave for a number of months, all have now attended a briefing session on 'Children First'. Ten have attended the two-day training session on same.

One staff member has received training on Child and Play Development and two members of staff are currently attending a Teenage Health Initiative, run by the NAHB's Training Unit. This programme, carried out over eleven weeks, provides training in teenage health and sex education issues, and requires that the staff members implement the programme in the centre, before certification is awarded.

Eleven of the staff have received training in TCI, three of whom have also completed refresher training. The inspectors were informed that dates for outstanding training in TCI and refresher training have been set.

A staff facilitator has also been available to the centre on three occasions. The facilitator has worked with the staff to examine practice and team work issues, particularly in relation to the amount of change the centre has gone through. It is intended to continue with this service in the future as a means of examining practice collectively and enhancing team cohesiveness. Finally, a member of staff from another care centre has recently started working with the team and sharing his centre's practice in relation to behaviour management.

***Recommendation from Inspection Report April 2002.***

***The board should ensure that administrative records are maintained in a manner that supports sufficient retrieval of information and the requirements of accountability.***

This recommendation has been implemented. A new system of record keeping has been introduced in the centre. There is evidence of discrete and consistent record keeping in relation to sanctions, significant incidents, allegations or complaints; administration of medication and other relevant issues. The inspectors do not prescribe to a particular format for keeping records. What is required is that the manner in which records are kept is one that supports easy access to information and the requirements of accountability. This has been achieved by the centre.

**Standard 3**

**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.**

***Recommendation from Inspection Report April 2002.***

***The board should ensure that the centre is monitored in accordance with the requirements of Article 17 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.***

This recommendation has not been implemented. The Manager of Alternative Care has a local monitoring role in relation to all residential centres in CCA 6. However the requirements of Article 17 have not been met by the provision of an independent monitor, outside the line management structure. The inspectors were informed that the board is currently reviewing how best to meet this requirement and that consideration is being given to establishing a post of independent monitor.

**Recommendation:**

The board should ensure that the centre is monitored in accordance with the requirements of Article 17 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

**Standard 4**

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

***Recommendation from Inspection Report April 2002.***

***The board should consider practice guidelines, produced by the SSI, intended to improve practice in the area of consultation. A complaints procedure must be devised and outstanding complaints addressed. Staff should receive guidance on the Freedom of Information Act, 1997, and on how a young person's right to information informs practice.***

Inspectors noted an improvement in attention to children's rights. Children's meetings are held regularly and issues raised are brought to the staff meeting, after which feedback is given to the children. They are consulted in relation to individual interests, food choices, purchase of clothing, the décor of the centre, and other daily events. They are helped

prepare for their statutory review meetings, and can attend the end of the meeting, if they so wish.

The draft policy and procedures document contains a written complaints procedure. It is accompanied by a complaints form which contains details of the complaint, the name and date other relevant people were informed, the response to the complaint, and the date the child and others received a response to the complaint. A complaints register has also been introduced. Children have access to 'I am unhappy' forms, which they can use to express any dissatisfaction or complaint. In practice these are rarely used. The children interviewed confirmed and named a number of staff they could talk to if they had a complaint. Their right to make a complaint is also contained in the new children's booklet. Outstanding complaints noted at the time of the last inspection have been addressed.

Inspectors advise that the complaints procedure is revised to deal only with a complaint or an expression of dissatisfaction about any aspect of the service provided to a young person. Staff disciplinary issues require a separate policy and procedure. The complaints policy could usefully include the principle that it is good practice to resolve issues at local level and include details of how a complaint will be addressed within the centre, including how feedback will be given to the children. It should also contain information on how a child can appeal a decision or whom they can contact outside the centre if they so wish. Parents or guardians should be notified of the complaints procedure and any complaint made by their child.

Summary guidance on the Freedom of Information Act, 1997 is available in the centre. Staff interviewed are aware of children's rights to information. Inspectors were informed that children have access to their daily log books, if they wish. They were also informed that children could access other information held on file with the guidance of their keyworkers. However the written policy in relation to access to information is somewhat confusing. The policy and procedures manual states that the centre promotes the rights of children in the service to access information held about them, and promotes the practice of sharing information 'written about children with them'. However, the new children's booklet informs children that if they wish to read their files they must discuss this with their social workers. While this might form part of the procedure it implies that it is a decision made separate to and apart from the centre. The policy manual requires revision to define that which constitutes 'information written about children', and to clearly state the procedure involved in allowing children access to their files.

**Recommendation:**

The board should ensure that the policy and procedure on complaints is revised and that clarity is provided as to children's right of access to information.

#### **Standard 5**

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

#### ***Recommendation from Inspection Report April 2002.***

***The board should ensure that the centre has a clear policy and agreed procedures describing the process of admission that is sensitive to the needs of both children and parents.***

This recommendation has been implemented. There have been no new admissions to the centre since the last inspection. However the draft policy and procedures manual outlines a clear referral and admissions procedure. The procedure for admitting a child to the centre involves a number of pre-admission visits and over night stays to ease the child's transition to the placement.

The inspectors had previously been concerned at the manner in which two siblings had been introduced to the centre. However the overall improvement in the quality of care provided by the centre provides reassurance that any future admission process will be carried out with sensitivity and in the best interest of both children and parents.

#### ***Recommendation from Inspection Report April 2002.***

***The board should ensure that written care plans are devised for each child prior to or as soon as possible after admission. Parents should receive copies of care plans. Each child's care plan should be subject to review in accordance with Article 25 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.***

As there have been no new admissions to the centre since the last inspection, practice in relation to devising care plans prior to, or as soon as possible after admission, could not be examined. However inspectors found that statutory review meetings had taken place for the three children, each of their care plans updated, and placed in their care files in the centre. Inspectors noted a two month delay in providing statutory review meetings for two siblings and emphasis the importance of adhering to the requirements of *Article 25 of the Child Care (Placement of Children in Residential Care) Regulations, 1995*. While it is the responsibility of social work staff to arrange for the review of care plans, the centre manager completes 'request for review meetings' forms, which provides a reminder of the next due date for the children's review meetings. This provides for useful gate keeping in respect of reviews.

Social workers take minutes of review meetings, and parents receive a copy. Detailed review minutes were held on file for two of the children. The minutes of the third child's review meeting, held in July 2002, were still awaited.

**Recommendation:**

Minutes of statutory review meetings should be made available to the centre as soon as possible after the meetings take place.

***Recommendation from Inspection Report April 2002.***

***The board should ensure that the centre's practice in relation to working in partnership with parents is reviewed.***

Inspectors found considerable progress in the quality of partnership work with parents and families. Staff make all efforts to accommodate parents in visiting the centre and in becoming more involved in the care of the children, such as helping a child settle at night in the centre. Inspectors are of the view that staff have become more confident and open in their practice. This has enhanced their skill and ability to work with parents and to welcome them into the centre.

The previous inspection report noted the very positive relationship the centre had with the parents of one child. At the time of the re-inspection these parents, the child and a member of the care staff were on a holiday, specific to the special needs of the particular child. However the child's social worker was unreserved in her praise for the manner in which the centre staff continues to work with the child's parents.

However, difficulties were found in relation to the level and quality of partnership work with other parents at the time of the last inspection. Inspectors highly commend the staff for the efforts they have made to address this finding. The parent of two siblings currently resident in the centre commented that she is made feel welcome in the centre and is facilitated to have more frequent visits with her children in the centre, including Sunday lunch. She is invited to significant events in her children's lives and transport arrangements are facilitated by the centre. Parents receive copies of school reports. During the inspection the inspectors noted the ease with which a visit from this parent and two other family members was accommodated by the staff. The family members were invited to accompany the child on an activity, followed by an evening meal in the centre, where the family members ate together in private. Inspectors advise that this relationship would be further enhanced by providing this parent with information on the complaints procedure and informing her in writing of any accidents her children are involved in.

Inspectors were very satisfied to learn of the increased contact between the children and their siblings in the centre, including over night stays on alternative weekends.

***Recommendation from Inspection Report April 2002.***

***The board should ensure that all children have an allocated social worker. Social workers should periodically read records kept by the centre relating to the young people they are supervising.***

This recommendation has been implemented. All of the children have allocated social workers. The children's care files and administrative records are read on a regular basis by supervising social workers.

***Recommendation from Inspection Report April 2002.***

***The board should ensure that sufficient attention is paid to meeting the emotional needs of the children. The work of the staff should be guided and informed by a consultant external to the centre.***

Inspectors were satisfied that greater attention is being given to meeting the emotional needs of the young people. Staff present as more confident in supporting the emotional well being of the children. The role of the key worker has been enhanced to provide more direct and focussed work with the children. The staff roster facilitates this practice. Placement plans have been introduced and weekly review reports are completed by key workers. Examples of direct work include the 'all about me' workbook in relation to the children's identity, and work is beginning on life story books. Individual staff have carried out programmes in relation to children's rights, the 'stay safe' programme, and work in relation to loss and separation. At the time of inspection access to sensory integration work had been approved for one child.

One member of staff was assigned to complete specific work with two siblings around loss and separation. While this is commendable the inspectors advise that this important work is more incorporated within the arena of care planning for the children and is informed by and complements the work already being carried out with the children by an outside agency.

The work of the centre is being guided and informed by on-going internal training. The inspectors advise that the development of more purposeful interaction with the children continues to be fostered, developed and resourced.

***Recommendation from Inspection Report April 2002.***

***The board should provide a written policy on aftercare provision that informs the aftercare service to be made available to all young people leaving care.***

This recommendation, although not specifically relevant to the work of the centre, has not been implemented. The board does not have a specific after-care policy outlining the supports available to the young people when they leave care.

**Recommendation:**

In accordance with the requirements of the National Standards for Children's Residential Centres, the board should provide a written policy on aftercare provision that informs the aftercare service and entitlements to be made available to all young people leaving care.

***Recommendation from Inspection Report April 2002.***

***The board should ensure that any outstanding records sourced for the children's files and the recently introduced filing system is maintained.***

This recommendation has been implemented. Outstanding information including birth certificates and reception into care forms are now contained in the children's files. The filing system that had been introduced at the time of the last inspection has been further revised. Children's files are arranged into twenty-two separate sections containing all relevant information. These include personal details and background information, legal details, care planning and review, placement planning, education, key working and details of direct work with the young people. They also contain such other discrete records as access visits, social work contact, use of sanctions, details of complaints and unauthorised absences, dental, medical, and medication records, and incident and accident reports.

It provides reasonable ease of access to information and should facilitate monitoring of practice. Inspectors advise that due to the number of individual files, contained within one overall file, vigilance is needed to prevent misfiling of information.

**Standard 6**

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

***Recommendation from Inspection Report April 2002.***

***The board should ensure that a policy on behaviour management is devised, including the use of sanctions; that there is a written policy on the use of physical restraint, and all staff are trained in TCI; that the use of physical restraint is recorded separately, monitored by the manager and line manager, and relevant people notified; and that a risk assessment on the use of physical restraint in respect of one child is carried out.***

These recommendations have been substantially implemented. The draft policy and procedures manual contains a policy on the use of sanctions. The inspectors advise that this policy is extended to include more comprehensive guidance on the use of sanctions consistent with the developmental needs of the children. It should outline sanctions that are permitted and those that are prohibited.

All sanctions are recorded in a custom made hardback book, which details the specific misconduct, details of the sanction, the name of staff applying the sanction, and the date and time the sanction was imposed. The use of sanctions is monitored by the manager and countersigned. At the time of the last inspection inspectors had concerns that some of

the sanctions used ran contrary to good practice. This has been reviewed and sanctions such as removal of bedtime stories and regularly sending children to their rooms has ceased.

The centre's policy in relation to the use of physical restraint is that of Therapeutic Crisis Intervention (TCI). Eleven of the fourteen staff have received training in TCI, three of whom have also completed refresher training. The inspectors were informed that dates for outstanding training in TCI and refresher training have been set.

There is evidence that the centre is making efforts to have a more informed approach to behaviour management. The children's files contain 'individual crisis management planning' forms which outline any safety concerns relating to the children; identify potential triggers to behaviour, and possible intervention strategies. These are devised by key workers and management and are reviewed every two months along with the children's placement plans. Two of the staff have received training in individual crisis management planning as part of refresher training in TCI.

While the approved method of physical restraint is that of TCI, in practice the physical restraint aspect of it has not been used since the last inspection, in relation to the three current residents. As recommended in the previous report, the centre received medical advice in relation to how best to manage any physical intervention with one child, due to his medical condition. Any incidents in relation to behaviour management are recorded on incidents forms and copied to social workers.

**Recommendation:**

The draft policy on the use of sanctions should be revised to provide more guidance on the use of sanctions, including those sanctions that are permitted and prohibited.

***Recommendation from Inspection Report April 2002.***

***The board should review the method of payment for some purchases so that the care status of children is not identified. All efforts should be made to develop living skills. The children's friends should be encouraged to visit the centre.***

Cash is now available for purchases and the children can accompany the staff for the weekly grocery shopping.

Staff encourage the children to bring friends to the centre, while at the same time being sensitive to issues they may have in relation to their care status.

The level of activities available to the children has continued. Individual interests and talents are promoted. As stated earlier the level of contact with the children's siblings in the centre has been actively promoted and facilitated. Siblings have 'sleep-overs' on alternative weekends reflecting a greater awareness amongst staff of the emotional investment the children have in their families.

The inspectors were impressed at the manner in which the children's art work has been framed and displayed throughout the centre. A hardback book has been produced

containing prints of this work, including prints of family photographs, which capture holiday and other memorable moments for the children.

***Recommendation from Inspection Report April 2002.***

***The centre should have a written policy in relation to unauthorised absences.***

This recommendation has been implemented. The draft policy and procedures manual contains a policy in relation to unauthorised absences, that outlines the action to be taken in the event of an unauthorised absence, including who should be notified and relevant forms to complete. Inspectors advise that this policy is revised to include the requirement to notify parents or guardians, rather than, as is stated, 'to fax a missing person's form' to the manager on call, the guardians and the gardai. The policy should also include guidance as to when certain notifications should take place.

**Standard 7**

**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.**

***Recommendation from Inspection Report April 2002.***

***The board should ensure that written policies on safeguarding practices and child protection are devised, and that staff receiving training in 'Children First'.***

Apart from one member of staff who has been on sick leave for a number of months, all have now attended a briefing session on 'Children First'. Ten have attended the two-day training session on same.

The draft policy and procedures manual contains a procedure for dealing with allegations of abuse. There are a number of statements in this policy that are not consistent with National Guidelines and need to be revised. This policy on how allegations of abuse will be responded to should refer to the child protection notification system, including the requirement to notify the child care manager. It also contains directions that should only be made by the child protection team, following notification and assessment of the allegation. Follow up treatment needs or interventions should be decided on an inter-disciplinary basis. Inspectors were also concerned to note in the policy, that the staff, in certain 'contingency' circumstances, will make the decision as to notification.

This section requires revision and should be written in conjunction with the child care manager and the senior social worker, and be consistent with the national guidelines for the protection of children as set out in 'Children First'.

An additional policy titled 'Child Protection' is also contained in the policy and procedures manual. If this is intended to be about safe care practices, it requires revision to include a broader definition of components of safe care. As it stands the emphasis is placed on ensuring that there is minimal risk associated with being alone with a child. It should be extended to include reference to many safe guarding practices, including respect for children's rights, openness and transparency of practice, appropriate staff vetting procedures, professional boundaries and so on.

**Recommendation:**

The draft policy on child protection and safeguarding requires revision in consultation with the child care manager and principal social worker.

**Standard 9**

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

***Recommendation from Inspection Report April 2002.***

***The board should ensure that the children's medical needs are rigorously attended to and are informed by written policy and procedures.***

The inspectors were assured that the children's medical needs are met. Practice is informed by a draft policy outlining the need to respond responsibly to any accidents the children are involved in, including notification of parents, and appropriate action to be taken when a child is ill.

Medication is stored in a first-aid cabinet in the staff office. However, the cabinet is not sufficiently strong and should be replaced. The use of medication both prescribed and non-prescribed is appropriately recorded in a hardback customised book. All details of doctor's visits and outcomes are recorded.

**Standard 10**

**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.**

***Recommendation from Inspection Report April 2002.***

***The board should ensure a prompt response to any repairs or maintenance needed.***

The manager of alternative care informed the inspectors that the response to maintenance needs has improved in recent months and that all emergencies are responded to promptly. Inspectors drew staff's attention to a few outstanding maintaining issues including a disconnected wall pipe outside the kitchen; an uncovered flue from the kitchen; and a large hole in the roof of garage. These should be repaired.

***Recommendation from Inspection Report April 2002.***

***The board should ensure that all staff are made aware of the contents of the safety statement. It should be made site specific. A member of staff should be designated as the health and safety officer and provided with training to fulfil this role with confidence.***

A health and safety statement is available which is site-specific. It names a member of staff as the designated health and safety officer for the centre. She last received training in March 2001. This training requires up dating. Another member of staff is the deputy health and safety officer who will act in the prolonged absence of the safety representative. This person has not received training in health and safety.

The centre manager went through the contents of the health and safety statement with staff. Five staff have completed training in first-aid and three more will do so before the end of the year.

**Recommendation:**

The health and safety representatives should receive training in occupational health and safety.

***Recommendation from Inspection Report April 2002.***

***The board should ensure that all staff receives training in fire safety and evacuation procedures. Staff and children should participate in regular fire drills that are recorded.***

Training in the use of fire equipment was provided for the majority of staff. Four staff received training in fire safety, including the designated fire officer. A new system has been introduced so that fire drills take place every four months. These are recorded in the fire register.

**Summary of Recommendations**

1. The policy document should be completed, following wider readership, and the necessary amendments made. The information booklet for parents should be completed.
2. The board should ensure that management posts are filled on a permanent basis. The board should ensure that the centre is monitored in accordance with the requirements of Article 17 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.
3. The board should ensure that the policy and procedure on complaints is revised and that clarity is provided as to children's right of access to information.
4. Minutes of statutory review meetings should be made available to the centre as soon as possible after the meetings take place.
5. In accordance with the requirements of the National Standards for Children's Residential Centres, the board should provide a written policy on aftercare provision that informs the aftercare service and entitlements to be made available to all young people leaving care.
6. The draft policy on the use of sanctions should be revised to provide more guidance on the use of sanctions, including those sanctions that are permitted and prohibited.
7. The draft policy on child protection and safeguarding requires revision in consultation with the child care manager and principal social worker.
8. The health and safety representatives should receive training in occupational health and safety.

